Form 990-EZ

Department of the Treasury

Internal Revenue Service

# **Short Form** Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

▶ Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form990</u>.

OMB No. 1545-1150

**Open to Public** Inspection

|            |             | 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014  pplicable: C Name of organization   | D Employer          | identifica | tion number          |  |
|------------|-------------|--|---------------------|------------|----------------------|--|
|            | Address     |  | Second desposition. |            |                      |  |
|            | Name ch     | 10-10-10-10-10-10-10-10-10-10-10-10-10-1   | 30-0656123          |            |                      |  |
|            | Initial ret |  | E Telephone number  |            |                      |  |
|            | Final       | 593%   | (775) 324-76        | 567        |                      |  |
| retur      | n/termina   | reno, rivossoscie, or count, state or province, country, and zir or loreign postar code  | F Group Exe         | motion     |                      |  |
|            | Amended     | art and the control of the control o | Number >            | .,         |                      |  |
|            |             | on pending   |                     |            |                      |  |
|            |             | ng Method: ☐ Cash ☑ Accrual Other (specify) ▶ _ H Chec   | ck ▶ 🗏 if th        | e organi   | zation is <b>not</b> |  |
|            |             |  | quired to atta      |            |                      |  |
| _          |             | pt status(check only one) - 301(c)(3) = 301(c)(7) 4(msett no.) = 4347(a)(1) or = 327   | orm 990, 990        | -EZ, or    | 990-PF).             |  |
| K Fo       | orm of or   | ganization: 🗹 Corporation 🗀 Trust 🗀 Association 🗀 Other_   |                     |            |                      |  |
|            |             | 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota 00 or more, file Form 990 instead of Form 990-EZ ▶ \$ 36,350   | l assets (Part      | II, colur  | nn (B) below)        |  |
| P          | art I       | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction   |                     |            |                      |  |
|            |             | Check if the organization used Schedule O to respond to any question in this Part I  |                     |            |                      |  |
| 3.7        | 1           | Contributions, gifts, grants, and similar amounts received   |                     | 1          | 7,090                |  |
|            | 2           | Program service revenue including government fees and contracts  |                     | 2          | 29,260               |  |
|            | 3           | Membership dues and assessments  |                     | 3          | 0                    |  |
|            | 4           | Investment income  |                     | 4          | 0                    |  |
|            | 5a          | Gross amount from sale of assets other than inventory  | 0                   |            |                      |  |
|            | ь           | Less: cost or other basis and sales expenses   | 0                   |            |                      |  |
| P          | С           | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |                     | 5c         | 0                    |  |
| Revenue    | 6           | Gaming and fundraising events  |                     |            |                      |  |
| ξē         | а           | Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a   | 0                   |            |                      |  |
| L          | ь           | Gross income from fundraising events (not including $\frac{0}{2}$ of contributions   |                     |            |                      |  |
|            |             | from fundraising events reported on line 1) (attach Schedule G if the  |                     |            |                      |  |
|            |             | sum of such gross income and contributions exceeds \$15,000)  6b   | 0                   |            |                      |  |
|            | C .         | Less: direct expenses from gaming and fundraising events   | 0                   | legro      | 1923                 |  |
|            | _ d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <u>_</u>            | 6d         | 0                    |  |
|            | 7a          | Gross sales of inventory, less returns and allowances  | 0                   |            |                      |  |
|            | ь           | Less: cost of goods sold   | 0                   | See        |                      |  |
|            | c           | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |                     | 7c         | 0                    |  |
|            | 8           | Other revenue (describe in Schedule O)   |                     | 8          | 0                    |  |
|            | 9           | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |                     | 9          | 36,350               |  |
|            | 10          | Grants and similar amounts paid (list in Schedule O)   |                     | 10         | 20,438               |  |
|            | 11          | Benefits paid to or for members  |                     | 11         | 0                    |  |
|            | 12          | Salaries, other compensation, and employee benefits  |                     | 12         | 0                    |  |
| S          | 13          | Professional fees and other payments to independent contractors  |                     | 13         | 22,065               |  |
| Expenses   | 14          | Occupancy, rent, utilities, and maintenance  |                     | 14         | 50                   |  |
| 90         | 15          | Printing, publications, postage, and shipping  |                     | 15         | 990                  |  |
| ũ          | 16          | Other expenses (describe in Schedule O)  |                     | 16         | 0                    |  |
|            | 17          | Total expenses. Add lines 10 through 16  |                     | 17         | 43,543               |  |
| 2          | 18          | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 7.00 (B) 10         | 18         | -7,193               |  |
| Net Assets | 19          | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with   |                     |            | -111.4               |  |
| A          | 5.6         | end-of-year figure reported on prior year's return)  | * * *               | 19         | 23,016               |  |
| Ne         | 20          | Other changes in net assets or fund balances (explain in Schedule O)   |                     | 20         | .0                   |  |
|            | 21          | Net assets or fund balances at end of year. Combine lines 18 through 20  |                     | 21         | 15,823               |  |
| For        | Paper       | work Reduction Act Notice, see the separate instructions.  | . No. 10642I        | Form 99    | 90-EZ (2014)         |  |

4/17/2016 9:03 PM 1 of 5

| Form 990-EZ (2014)  |  |   |                |        |                                       | Page 2                             |
|---|--|---|----------------|--------|---------------------------------------|------------------------------------|
| Part II Balance Sheets (see the ins   | tructions for Part II)   |   |                |        |                                       |                                    |
| Check if the organization used S  | Schedule O to respond to an  | y question in this Part II                                  |                |        |                                       |                                    |
|   |  | (A)   | Beginning of y | ear    |                                       | (B) End of year                    |
| 22 Cash, savings, and investments   |  |   | 23             | 3,016  | 22                                    | 21,209                             |
| 23 Land and buildings   |  |   |                | 0      | 23                                    | 0                                  |
| ${\bf 24}$ Other assets (describe in Schedule O) .  |  | -   |                | 0      | 24                                    | 0                                  |
| 25 Total assets   |  |   | 23             | 3,016  | 25                                    | 21,209                             |
| 26 Total liabilities (describe in Schedule O)   |  |   |                | 0      | 26                                    | 5,386                              |
| 27 Net assets or fund balances (line 27 o   | f column (B) <b>must</b> agree wit   | h line 21)  | 23             | 3,016  | 27                                    | 15,823                             |
| Part III Statement of Program Se  | ervice Accomplishmen   | <b>ts</b> (see the instructions for                         | Part III)      | 7854   |                                       | penses                             |
| Check if the organization used  | Schedule O to respond to an  | ny question in this Part II                                 | I. 🗏           |        |                                       | for section 501(c)(3)              |
| What is the organization's primary exempt p   |  | ness Stewardship Alliano                                    | e promotes     |        |                                       | )(4) organizations;<br>or others.) |
| on-the-ground stewardship work on protecte  |  |   |                | op the | , , , , , , , , , , , , , , , , , , , |                                    |
| Describe the organization's program service   |  |   | 100            |        |                                       |                                    |
| measured by expenses. In a clear and concis-<br>benefited, and other relevant information for | 경기 등 경기 입니다 하는 살이 되었다면 얼마를 가면 하는 사람이 되었다면 모르는 사람 하시다고 하나 그 모르  | ces provided, the numbe                                     | r or persons   |        |                                       |                                    |
| 28 NWSA Annual Meeting - NWSA co-hosted   |  | sions for participants at                                   | the            |        |                                       |                                    |
| Wilderness Act 50th Anniversary National Co   | nference. Sessions included  | partner development, wo                                     | rking with     |        |                                       |                                    |
| your agency, and volunteer recruitment.   |  | _   | 2010           |        |                                       |                                    |
| (Grants \$ 0) If this amount includes foreign of  |  | Int. The second   |                | 28a    |                                       | 3,562                              |
| 29 NWSA Group Stewardship - Worked with   | . 본 1 시설 때 한 시간  |   |                |        |                                       |                                    |
| construction. Conducted workshops and facilithat are struggling.                              | itated meetings to form new  | groups, and mentor ex                                       | sting groups   |        |                                       |                                    |
| (Grants \$ 26,767) If this amount includes for  | eign grants check here   | ► F1  |                | 29a    |                                       | 26,768                             |
| 30 NWSA Communications - Developed tool   |  | 2.00. W   | ns and land    | 29a    |                                       | 20,768                             |
| management agencies, and communicated jo  | 뭐 하는데 있다. 그의 이렇게 하지만요 않으면 하고 말했다며 없는데 하지만 없는데 있다면 하다.  | 스타일 살 되면 15 시간 10 시간 10 10 10 10 10 10 10 10 10 10 10 10 10 |                |        |                                       |                                    |
| share resources.  |  |   | 2 2            |        |                                       |                                    |
| (Grants \$ 0) If this amount includes foreign of  | rants, check here  | . ▶ 🖺   |                | 30a    |                                       | 12,560                             |
| 31  |  |   |                |        |                                       |                                    |
| (Grants \$ ) If this amount includes foreign  | grants, check here   | . • 🗈   |                | 31a    |                                       |                                    |
| 32 Total program service expenses (add I  | ines 28a through 31a)  | * * * * * * * *   | 🕨              | 32     |                                       | 42,890                             |
| Part IV List of Officers, Directors, Tr   | [HE NOTE ] 이 전에 가면 하면 되었다. [HE NOTE ] NOTE A BOTH (HE NOTE ) HE NOTE A BOTH (HE NOTE ) HE NOTE A BOTH (HE NOTE )   | 시크 시작 하는 경험 경험 전 사람이 되었다. 그 사람이 되었다면 하는 것이 되었다고 있다.         |                | ee the | instruc                               | tions for Part IV)                 |
| Check if the organization used S  | 9207426 C/A  | CONTRACTOR OF THE PROPERTY OF                               |                |        | Service Control                       |                                    |
| (a) Name and title  | (b) Average  | (c)Reportable   | (d) Health     |        |                                       | (e) Estimated amount               |
|   | hours per week devoted to position   | compensation<br>(Forms                                      | benefit        |        | pioyee                                | of other compensation              |
|   | The state of the s | W-2/1099-MISC) (if  | and def        |        |                                       |                                    |
|   |  | not paid, enter -0-)  | compen         | sation |                                       | -                                  |
| See Additional Data Table   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       | -                                  |
|   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       |                                    |
|   |  |   |                |        |                                       |                                    |
|   |  | •   |                |        |                                       | Form <b>990-EZ</b> (2014)          |

Form 990-EZ (2014) Page **3** 

| (Note the Schedule A and personal benefit contract statement requirement   | ents in t   | ne   |   |
|--|---|--|---|
| instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V  |   | r  |   |
|  |   | Yes  | No  |
|  | 33  |  | No  |
| of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change  | 34  |  | No  |
|  | 35a   |  | No  |
| If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b   |  | No  |
|  | 35c   |  | No  |
|  | 36  |  | No  |
| Enter amount of political expenditures, direct or indirect, as described in the instructions.  | 0   |  |   |
| Did the organization file Form 1120-POL for this year?   | 37b   |  | No  |
| Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were   |   |  |   |
| any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a   |  | No  |
| If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b   |   |  | İ   |
| Section 501(c)(7) organizations. Enter:  | 7   |  |   |
| Initiation fees and capital contributions included on line 9   | _   |  |   |
| Gross receipts, included on line 9, for public use of club facilities  | _   |  |   |
|  |   |  |   |
| Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that   | 40Ь   |  | No  |
|  | 0   |  |   |
|  | 0   |  |   |
| transaction? If "Yes," complete Form 8886-T  | 40e   |  | No  |
|  |   |  |   |
|  |   |  |   |
| . 경우 1988년 1988년 - 1985년 - | Г   | Yes  | No  |
| 게임하면 함께 얼마나는 사람들이 되었다면 하면 있는데 하는데 가는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하  | 42b   | 2070707  | No  |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and  |   |  |   |
|  | 42c   |  | No  |
|  |   |  |   |
| 60.25일 (1) [사진 - 1일 4년 6년 4년 1일  | • •   | ▶ 🗉  |   |
|  |   | Yes  | No  |
| 276000 000   | 44  | la   |   |
|  |   | No   | b   |
| <u></u>  |   | NO   | b<br>Taas   |
|  | '   | ė.   | 441   |
| No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide   | an  | • •  | 440   |
| 44d explanation in Schedule O  |   |  |   |
|  |   |  |   |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  No 45b Did the organization receive any payment from or engage in any transaction with a controlled er meaning, of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed in  |   |  | •   |
|  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-Tr the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a figuriation, disposition, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct orinferct, as described in the instructions.   37a  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any boans to, any officer, director, trustee, or key employee or were any such bans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 E. yearchin 4915 E. yeacchin 4915 E. ye | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 78, among others)?  If "Yes," to line \$35, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O (see instructions)  Ji Tres," to line \$35, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O (see instructions)  Ji Tres," to line \$35, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule O (see instructions)  Ji Tres," complete schedule (see a price or indirect, as described in the instructions.  Ji Tres," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions.  Ji Tres," complete Schedule L, Part II and enter the total amount involved  Section 501(C)(7) organizations. Enter:  Joint the organization from from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Ji Tres," complete Schedule L, Part II and enter the total amount involved  Section 501(C)(3) organizations. Enter:  Joint to see and capital contributions included on line 9.  Section 501(C)(3) organizations. Enter:  Joint to see and capital contributions included on line 9.  Section 501(C)(3) 501(C)(4) and 501(C)(29) organizations. Enter amount of tax imposed on organization where the section of the property organization of the property o | Did the organization engage in any significant activity not previously reported to the IRS7 If "Yes," provide a detailed description of each activity in Schedule O  Were any significant changes made to the organization of the animal of the state of the IRS7 If "Yes," provide a detailed description of each activity in Schedule O  Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-IT for the year? If "No." provide an explanation in Schedule O  Was the organization asction 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule C, Part III  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  37b Did the organization file Form 1120-POL for this year?  Were the year? If "Yes," complete Schedule L, Part II and enter the total amount involved  38b Scction 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39b Scction 501(c)(7) organizations. Enter amount of tax imposed on organization managers or disculated. Part II short forms 990 or 90-127 If "res," complete Schedule L, Part II short forms 990 or 90-127 If "res," complete Schedule L, Part II short forms 990 or 90-127 If "res," complete Schedule L, Part II short forms 990 or 90-127 If "res," complete Schedule L, Part II short forms 990 or 90-127 If "res," complete Schedule L, Part II short forms 990 or 90-127 |

| Form                                  | 990-EZ                         | (2014)   |  |   |  |  |               |            | Page 4              |
|---------------------------------------|--------------------------------|--|--|---|--|--|---------------|------------|---------------------|
|                                       |                                |  |  |   |  |  |               | Yes        | No                  |
| Oid th                                | ne organ                       | nization engage, directly or indire  | ectly, in political campaign act   | ivities on behalf of or in                        | opposition to  | 1                                      | 46<br>        | 1          | 46                  |
|                                       |                                | or public office? If "Yes," complete   |  |   | CONTRACTOR OF THE STATE OF THE STATE   | •                                      | No            | ,          | 1                   |
| Par                                   | t VI                           | Section 501(c)(3) organ  | izations only  |   |  |  |               |            |                     |
|                                       |                                | All section 501(c)(3) organ  | izations must answer que   | estions 47-49b and 5                              | 2, and comple  | te the tab                             | les for       | lines 5    | 0 and               |
|                                       |                                | 51<br>Check if the organization used   | Schedule O to respond to ar  | ny question in this Part \                        | VI   |  |               |            | E                   |
|                                       |                                |  |  |   | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   |  | •••           | Yes        | No                  |
| 7                                     |                                | e organization engage in lobbying," complete Schedule C, Part II   | g activities or have a section   | 501(h) election in effect                         | during the tax   | year?                                  | 47            |            | No                  |
| 8                                     | S V S S S S S S - 1 *          | organization a school as describ   | ed in section 170(b)(1)(A)(ii)   | ? If "Yes." complete Sch                          | edule E  |  | 48            |            | No                  |
| 9a                                    |                                | e organization make any transfer   | 1,11,11,011  | 20 20   |  |  | 49a           |            | No                  |
| i                                     |                                | ," was the related organization a  |  |   |  |  | 49b           |            | No                  |
| 0                                     |                                | ete this table for the organization  | #3 50 #3 1706 0  | employees (other than                             | officers directo   | rs. trustees                           | 1,7754,640,70 | ev.        | 10000               |
|                                       |                                | vees) who each received more th  |  |   |  |  |               | -,         |                     |
| (                                     | <b>a)</b> Nam                  | e and title of each employee   | (b) Average<br>hours per week<br>devoted to position   | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health<br>contributions t<br>benefit pla<br>deferred com   | o employee                             |               |            | d amour<br>pensatio |
| NONE                                  |                                |  |  |   |  |  |               |            |                     |
|                                       |                                |  |  |   |  |  |               |            |                     |
|                                       |                                |  |  |   |  |  |               |            |                     |
|                                       |                                |  |  |   |  |  |               |            |                     |
|                                       |                                |  | 1  |   |  |  |               |            |                     |
| f<br>51                               |                                | otal number of other employees   | 8 2 10   | independent contracto                             | rs who each reco   | · · ·                                  | <br>than \$1  |            | . ▶ <u>0</u>        |
|                                       | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated   |   | rs who each reco   |  |               |            | . ▶ <u>0</u>        |
| 1                                     | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 1                                     | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 1                                     | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 51                                    | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 51                                    | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 51                                    | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'   |   |  |  |               |            |                     |
| 51                                    | Comple                         | ete this table for the organizationsation from the organization. It  | n's five highest compensated<br>f there is none, enter "None.'<br>ress of each independent con   | tractor   |  |  |               |            |                     |
| d d                                   | Complei                        | ete this table for the organizatio<br>nsation from the organization. It<br>(a) Name and business addr  | n's five highest compensated<br>f there is none, enter "None."<br>ress of each independent con   | over \$100,000                                    | (b) Type of  | service                                | (c)           | Compe      | ensation            |
| d d 52                                | Comple<br>comper               | ete this table for the organization insation from the organization. If  (a) Name and business address and business address addre | n's five highest compensated<br>f there is none, enter "None."<br>ress of each independent con<br>not contractors each receiving<br>the A? <b>NOTE.</b> All Section 501(c  | over \$100,000 c:)(3) organizations must          | (b) Type of  | service                                | 0 le A ☑      | Compe      | ensation            |
| d d 52                                | Complei<br>comper              | ete this table for the organization insation from the organization. If  (a) Name and business address and the second seco | n's five highest compensated f there is none, enter "None.' ress of each independent con to contractors each receiving e A? <b>NOTE.</b> All Section 501(contractors examined this return, including                               | over \$100,000                                    | (b) Type of  | service  ted Schedu  and to the b      | © le A        | Yes y know | ensation            |
| d d 22                                | To Did the penaltic it is true | ete this table for the organization insation from the organization. It (a) Name and business address address and business address address and business address add | n's five highest compensated f there is none, enter "None.' ress of each independent con to contractors each receiving e A? <b>NOTE.</b> All Section 501(contractors examined this return, including                               | over \$100,000                                    | (b) Type of  | ted Schedu<br>and to the beparer has a | © le A        | Yes y know | ensation            |
| d d 22 Inder selief,                  | To Did the penaltic it is true | ete this table for the organization insation from the organization. It (a) Name and business address address and business address address and business address address and business address ad | n's five highest compensated f there is none, enter "None.' ress of each independent con to contractors each receiving e A? <b>NOTE.</b> All Section 501(contractors examined this return, including                               | over \$100,000                                    | (b) Type of  | ted Schedu<br>and to the beparer has a | © le A        | Yes y know | ensation            |
| d d d d d d d d d d d d d d d d d d d | To Did the penaltic it is true | ete this table for the organization insation from the organization. If  (a) Name and business address  | n's five highest compensated f there is none, enter "None.' ress of each independent con to contractors each receiving e A? <b>NOTE.</b> All Section 501(contractors examined this return, including                               | over \$100,000                                    | (b) Type of  | ted Schedu<br>and to the beparer has a | © le A        | Yes y know | ensation            |
| d d 52  Juder pelief,                 | To Did the penaltic it is true | ete this table for the organization insation from the organization. It (a) Name and business address address and business address address and business address address and business address ad | n's five highest compensated f there is none, enter "None.' ress of each independent con to contractors each receiving e A? <b>NOTE.</b> All Section 501(contractors examined this return, including                               | over \$100,000                                    | t attach acompless and statements, nation of which property attended to the property of the pr | ted Schedu and to the b eparer has a   | © le A        | Yes y know | ensation            |
| d d Jnder selief,                     | To Did the penaltie it is tru  | ete this table for the organization insation from the organization. It (a) Name and business address and the organization of other independence organization complete Schedules of perjury, I declare that I have e, correct, and complete. Declaration of officer Darcy Shepard Board Treasurer Type or print name and title  | n's five highest compensated f there is none, enter "None.' ress of each independent con the contractors each receiving e A? NOTE. All Section 501(contractors examined this return, including ion of preparer (other than office) | over \$100,000                                    | t attach acomples s and statements, nation of which property 2015-C Date  Check  | ted Schedu<br>and to the beparer has a | (c)           | Yes y know | ensation            |
| d<br>52<br>Jnder<br>Jndere<br>Paic    | To Did the penaltie it is true | ete this table for the organization is to from the organization. If  (a) Name and business address add | n's five highest compensated f there is none, enter "None.' ress of each independent con the contractors each receiving e A? NOTE. All Section 501(contractors examined this return, including ion of preparer (other than office) | over \$100,000                                    | t attach acomples s and statements, nation of which property 2015-C Date  Check  | ted Schedu and to the beparer has a    | (c)           | Yes y know | ensation            |
| d<br>52<br>Juder<br>Sign<br>Here      | To Did the penaltie it is true | ete this table for the organization is to from the organization. If  (a) Name and business address add | n's five highest compensated f there is none, enter "None.' ress of each independent con the contractors each receiving e A? NOTE. All Section 501(contractors examined this return, including ion of preparer (other than office) | over \$100,000                                    | t attach acomple s and statements, nation of which pr  2015-0  Date  Check self-ear  | ted Schedu and to the b eparer has a   | (c)           | Yes y know | ensation            |

4/17/2016 9:03 PM

Additional Data Form 990-EZ (2014)

Software ID: Software Version:

EIN: 30-0656123

Name: National Wilderness Stewardship Alliance

# Form 990-EZ, Special Condition Description:

# **Special Condition Description**

# Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title |                  | (b) Average<br>hours per week<br>devoted to<br>position | (c) Reportable<br>compensation<br>(Forms<br>W-2/1099-MISC)<br>(If not paid,<br>enter -0-) | (d) Health benefits,<br>contributions to<br>employee benefit<br>plans, and<br>deferred<br>compensation | (e)Estimated<br>amount of<br>other<br>compensation |
|--------------------|------------------|---|---|--|--|
| Shaaron Netherton  | Board Chair      | 5   | 0   | 0  | 0  |
| Darcy Shepard      | Board Treasurer  | 4   | 0   | 0  | 0  |
| Bill Hodge         | Board Vice Chair | 2   | 0   | 0  | 0  |
| Celina Montorfano  | Board Secretary  | 3   | 0   | 0  | 0  |
| Hawk Metheny       | Board Member     | 1   | 0   | 0  | 0  |
| Andrew Schurr      | Board Member     | 2   | 0   | 0  | 0  |
| Doug Scott         | Board Member     | 1   | 0   | 0  | 0  |
| Adam Andis         | Board Member     | 1   | 0   | 0  | 0  |
| Bob Hazelton       | Board Member     | 2   | 0   | 0  | 0  |

| -     |   |  | TI                           |  |
|-------|---|--|------------------------------|--|
| SCH   | HEDULE A  | Public Charity Status and Public Support   | OMB No. 1545-0047            |  |
| For   | orm 990 or Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. |  |                              |  |
|       | ment of the Treasury<br>I Revenue Service   | <ul> <li>► Attach to Form 990 or Form 990-EZ.</li> <li>► See separate instructions.</li> <li>► Information about Schedule A (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.</li> </ul>   | Open to Public<br>Inspection |  |
|       | of the organizat  |  | ntification number           |  |
| ation | al Wilderness Stewa   | 30-0656123   |                              |  |
| Pai   | rt I Reason f   | for Public Charity Status (All organizations must complete this part.) See instruction   | ins.                         |  |
| he o  | · ·   | a private foundation because it is: (For lines 1 through 11, check only one box.)  |                              |  |
| 1     | A church, conv  | ention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .   |                              |  |
| 2     | A school descr  | ibed in section 170(b)(1)(A)(ii). (Attach Schedule E.)   |                              |  |
| 3     | A hospital or a   | cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |                              |  |
| 4     |   | arch organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii</b> )<br>ital's name, city, and state:_   | ·                            |  |
| 5     | An organizatio  | n operated for the benefit of a college or university owned or operated by a governmental unit de  | scribed in                   |  |
|       | section 170(b   | o)(1)(A)(iv). (Complete Part II.)  |                              |  |
| 6     | A federal, state  | e, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>   |                              |  |
| 7     |   | n that normally receives a substantial part of its support from a governmental unit or from the generation $170(b)(1)(A)(vi)$ . (Complete Part II.)  | eneral public                |  |
| 8     | A community t   | rust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)  |                              |  |
| 9     | An organizatio  | n that normally receives: (1) more than $33_{1/3}\%$ of its support from contributions, membership fe  | es, and gross                |  |
|       | receipts from a   | ctivities related to its exempt functions—subject to certain exceptions, and (2) no more than 33   | /3% of                       |  |
|       |   | m gross investment income and unrelated business taxable income (less section 511 tax) from b  | usinesses                    |  |
|       |   | e organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)   |                              |  |
| 10    |   | n organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>  |                              |  |
| 11    | more publicly s   | n organized and operated exclusively for the benefit of, to perform the functions of, or to carry o<br>upported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)</b><br>Igh 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.   | (3). Check the box in        |  |
| а     | organization(s  | porting organization operated, supervised, or controlled by its supported organization(s), typicall<br>) the power to regularly appoint or elect a majority of the directors or trustees of the supporting<br>t IV, Sections A and B.  |                              |  |
| b     | Type II. A su<br>management of  | pporting organization supervised or controlled in connection with its supported organization(s), be the supporting organization vested in the same persons that control or manage the supported <b>e Part IV</b> , Sections A and C.   |                              |  |
| c     | Type III fund supported org   | tionally integrated. A supporting organization operated in connection with, and functionally integration(s) (see instructions). You must complete Part IV, Sections A, D, and E.   | E 12 A                       |  |
| d     | functionally inti<br>instructions).   | -functionally integrated. A supporting organization operated in connection with its supported of egrated. The organization generally must satisfy a distribution requirement and an attentiveness of unust complete Part IV, Sections A and D, and Part V.   | requirement (see             |  |
| е     |   | if the organization received a written determination from the IRS that it is a Type I, Type II, Type II, Type II, Type III, Type IIII, T | e III functionally           |  |
| f     |   | Type III non-functionally integrated supporting organization.  ber of supported organizations  | • —                          |  |
| rovid |   | ormation about the supported organization(s).  |                              |  |
|       |   | orted (ii) FIN (iii) Type of (iv) Is the organization listed (v) Amount  | of (vi) Amount o             |  |

| (i) Name of supported<br>organization | (ii) EIN | (iii) Type of<br>organization<br>(described on lines<br>1- 9 above or IRC<br>section (see | (iv) Is the orga<br>in your governin | 경기 시작하는 보이다 그 씨는 보이네가 가셨었다. | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|----------|---|--------------------------------------|-----------------------------|---|---|
|                                       |          | instructions))  | Yes                                  | No                          |   |   |
| ıl                                    |          |   |                                      | -                           |   |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2014

4/17/2016 9:03 PM 1 of 9

|      | dule A (Form 990 or 990-EZ) 2014   | (2W) (2C)        | 590 WA 503 WA      | ELEVENOUN ENGLES   | ASSESSACIONES SA NO                    |                    | Page <b>2</b>   |
|------|--|------------------|--------------------|--------------------|--|--------------------|-----------------|
| Pa   | rt II Support Schedule for Organia   |                  |                    |                    |  |                    |                 |
|      | (Complete only if you checked the  |                  |                    |                    |  | led to qualify     | under Part III. |
| 1220 | If the organization fails to qualif  | y under the te   | ists listed belov  | v, piease comp     | nete Part III.)                        |                    |                 |
|      | ction A. Public Support  |                  | T 50000 NORTH-     | 1 0 0 000000       | 1                                      | D DOMEST PROPERTY. |                 |
|      | ndar year (or fiscal year beginning in)  | (a) 2010         | (b) 2011           | (c) 2012           | (d) 2013                               | (e) 2014           | (f) Total       |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include              |                  |                    |                    |  |                    |                 |
|      | any "unusual grants.")   |                  |                    |                    |  |                    |                 |
| 2    | Tax revenues levied for the organization's   |                  |                    |                    |  |                    |                 |
|      | benefit and either paid to or expended on  |                  |                    |                    |  |                    |                 |
| -    | its behalf   |                  |                    |                    |  |                    |                 |
| 3    | The value of services or facilities furnished by a governmental unit to the organization |                  |                    |                    |  |                    |                 |
|      | without charge   |                  |                    |                    |  |                    |                 |
| 4    | Total. Add lines 1 through 3   |                  |                    |                    |  |                    |                 |
| 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.   |                  |                    |                    |  |                    |                 |
| Se   | ction B. Total Support   |                  |                    |                    | 4                                      |                    |                 |
|      | ndar year (or fiscal year beginning in)  | (a) 2010         | <b>(b)</b> 2011    | (c) 2012           | (d) 2013                               | (e) 2014           | (f) Total       |
| 7    | Amounts from line 4  |                  |                    |                    |  |                    |                 |
| 8    | Gross income from interest, dividends,   | Ç.               |                    |                    |  |                    | ľ               |
|      | payments received on securities loans, rents,  |                  |                    |                    |  |                    |                 |
|      | royalties and income from similar  |                  |                    |                    |  |                    |                 |
| 9    | Net income from unrelated business   |                  | +                  |                    | 1                                      |                    | +               |
| -    | 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.  |                  |                    |                    | 1                                      |                    | <u> </u>        |
| 12   | Gross receipts from related activities, etc. (see  | instructions).   |                    |                    | 11 11 11 11 11 11 11 11 11 11 11 11 11 | 12                 | -tx             |
|      | First five years. If the Form 990 is for the or  |                  |                    |                    |  | ion 501(c)(3) or   | ganization.     |
| 13   | check this box and <b>stop here</b>  | 5                |                    |                    |  |                    | garnzacion,     |
| Se   | ection C. Computation of Public Suppo  | ort Percentac    | ie                 |                    |  |                    |                 |
| 14   | Public support percentage for 2014 (line 6, col  |                  |                    | n (f))             | 4.747.01.0                             | 14                 |                 |
| 15   | Public support percentage for 2013 Schedule A  |                  |                    |                    |  | 15                 |                 |
|      | 33 1/3% support test—2014. If the organiza   |                  |                    |                    |  | TOTAL .            | have            |
| 16a  |  |                  |                    | 58                 |  | 10                 |                 |
| 544  | and <b>stop here.</b> The organization qualifies as a                                    |                  | -                  |                    |  |                    |                 |
| b    | 33 1/3% support test—2013. If the organiza   |                  |                    |                    |  |                    |                 |
|      | box and <b>stop here.</b> The organization qualifies                                     |                  | • •                |                    |  |                    | ▶ □             |
| 17a  | 10%-facts-and-circumstances test—2014. is 10% or more, and if the organization meets     |                  |                    |                    |  |                    |                 |
|      | in Part VI how the organization meets the "fac   |                  |                    |                    | 5600 F 5000 C                          | 3 3.5              |                 |
|      | organization   |                  |                    |                    |  |                    | ▶ □             |
| b    | 10%-facts-and-circumstances test—2013.   |                  |                    |                    |  |                    |                 |
| 95   | 15 is 10% or more, and if the organization me  | ets the "facts-a | nd-circumstances   | s" test, check thi | is box and stop                        | here.              |                 |
|      | Explain in Part VI how the organization meets  | the "facts-and-o | circumstances" te  | st. The organiza   | tion qualifies as                      | a publicly         |                 |
|      | supported organization   |                  |                    |                    |  |                    | ▶ □             |
| 18   | Private foundation. If the organization did no   | ot check a box o | on line 13, 16a, 1 | 6b, 17a, or 17b,   | check this box                         | and see            |                 |
|      | instructions   | * * * * * * *    | * * * * * * * *    |                    | * * * * * * * * *                      | * * * * * * * *    | ▶ □             |
|      |  |                  |                    |                    | Schedule /                             | A (Form 990 o      | 990-EZ) 2014    |

2 of 9 4/17/2016 9:03 PM Schedule A (Form 990 or 990-EZ) 2014

Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support |
|---------------------------|
|---------------------------|

| Caler      | ndar year (or fiscal year beginning in)   | (a) 2010                 | <b>(b)</b> 2011  | (c) 2012                                     | (d) 2013         | (e) 2014                               | (f) Total  |
|------------|---|--------------------------|--|--|------------------|--|--|
| 1          | Gifts, grants, contributions, and membership fees received. (Do not include             | 3,760                    | 32,710   | 38,397                                       | 11,240           | 36,350                                 | 122,45   |
|            | any "unusual grants.") .  |                          |  |  |                  |  |  |
| 2          | Gross receipts from admissions,   |                          |  |  |                  |  |  |
|            | merchandise sold or services performed, or facilities furnished in any activity that is | 0                        | 0  | 0  | 0                | 0                                      |  |
|            | related to the organization's tax-exempt  |                          |  |  |                  |  | ,  |
|            | purpose   |                          |  |  |                  |  |  |
| 3          | Gross receipts from activities that are not   | 12-17                    |  |  |                  | 7.0                                    |  |
|            | an unrelated trade or business under  | 0                        | 0  | 0  | 0                | 0                                      | (  |
| 545        | section 513.  |                          |  |  |                  | -                                      |  |
| 4          | Tax revenues levied for the organization's benefit and either paid to or expended on    | 0                        | 0  | o  | 0                | 0                                      |  |
|            | its behalf  |                          | ŭ  |  | ŭ                |  |  |
| 5          | The value of services or facilities furnished   |                          |  |  |                  |  |  |
|            | by a governmental unit to the organization  | 0                        | 0  | O  | 0                | 0                                      |  |
|            | without charge  |                          |  | West Dark Steel                              |                  | W1000000000000000000000000000000000000 | -100120300000  |
| 6          | <b>Total.</b> Add lines 1 through 5.  | 3,760                    | 32,710   | 38,397                                       | 11,240           | 36,350                                 | 122,45   |
| 7a         | Amounts included on lines 1, 2, and 3   | 0                        | 0  | 0  | 0                | 0                                      |  |
|            | received from disqualified persons Amounts included on lines 2 and 3 received           |                          |  |  |                  | -                                      |  |
| ь          | from other than disqualified persons that   |                          |  |  |                  |  |  |
|            | exceed the greater of \$5,000 or 1% of the  | 0                        | 0  | 0  | 0                | 0                                      | 9  |
|            | amount on line 13 for the year.   |                          |  |  |                  |  |  |
| c          | Add lines 7a and 7b   | 0                        | 0  | 0  | 0                | 0                                      | į.   |
| 8          | Public support (Subtract line 7c from line  |                          |  |  |                  |  | 122,45   |
| _          | 6.)   |                          |  |  |                  |  | (3.55)(15)   |
|            | tion B. Total Support   | (a) 2010                 | <b>(b)</b> 2011  | (c) 2012                                     | (d) 2013         | (a) 2014                               | (f) Total  |
| Jaier<br>9 | ndar year (or fiscal year beginning in)   | 3,760                    | 32,710   | 38,397                                       | 11,240           | (e) 2014<br>36,350                     | 122,45   |
| 10a        | Amounts from line 6 Gross income from interest, dividends,                              | 3,700                    | 32,710   | 30,397                                       | 11,240           | 30,330                                 | 122,45   |
| IUa        | payments received on securities loans,  | 50                       |  | 723  | 150              | 25                                     |  |
|            | rents, royalties and income from similar  | 0                        | 0  | 0  | 0                | 0                                      | 9  |
|            | sources   |                          |  |  |                  |  |  |
| b          | Unrelated business taxable income (less   |                          |  |  |                  | - 1                                    |  |
|            | section 511 taxes) from businesses  | 0                        | 0  | 0  | 0                | 0                                      | 9  |
|            | acquired after June 30, 1975.   | 0                        | 0  | 0  | 0                | 0                                      |  |
| c          | Add lines 10a and 10b.  | U                        | 0  | U  | U                | U                                      |  |
| 11         | Net income from unrelated business activities not included in line 10b, whether         |                          |  |  |                  |  |  |
|            | or not the business is regularly carried  | 0                        | 0  | 0  | 0                | 0                                      | 9  |
|            | on.   |                          |  |  |                  |  |  |
| 12         | Other income. Do not include gain or loss   |                          |  |  |                  | 1                                      |  |
|            | from the sale of capital assets (Explain in   | 0                        | 0  | 0  | 0                | 0                                      |  |
|            | Part VI.)   |                          |  |  | -                |  |  |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.).   | 3,760                    | 32,710   | 38,397                                       | 11,240           | 36,350                                 | 122,45   |
| 14         | First five years. If the Form 990 is for the o  | rganization's firs       | t, second, third.  | fourth, or fifth t                           | ax vear as a sec | tion 501(c)(3) or                      | ganization.  |
|            | check this box and <b>stop here</b>   |                          |  |  |                  |  |  |
| Sar        |   |                          |  |  |                  |  | –  |
| 15         | Public support percentage for 2014 (line 8, co  | olumn (f) divided        | by line 13. colur  | nn (f))                                      |                  | 15                                     | 100 %  |
| 16         | Public support percentage from 2013 Schedu  |                          |  |  |                  | 16                                     | 0 %  |
| 1000000    | tion D. Computation of Investment I   |                          |  |  |                  |  | - 70   |
| 17         | Investment income percentage for <b>2014</b> (line                                      | 10c. column (f)          | divided by line 1  | 3. column (f))                               | SC 10 FG FG FSC1 | 17                                     | 0 %  |
| 18         | Investment income percentage from 2013 Sc   |                          |  |  | F-               | 18                                     | 0 %  |
|            | nowers seems on the seems of  |                          | A CONTRACTOR OF THE PARTY OF TH |  |                  |  |  |
| 9a         | 33 1/3% support tests—2014. If the organ  |                          |  |  |                  |  |  |
| 190        | more than 33 1/3%, check this box and <b>stop</b>                                       | 사건에 없었다면 그렇게 많은 나가를 하였다. | 일 내가 있었다. 그리고 하다고 했다고 있는데 어디 아이를 했다.   | 아이에 가는 살이 있다. 내가 있는 것이 없는 것이 없는 것이 없는 것이 없다. |                  |  |  |
| b          | 33 1/3% support tests—2013. If the organ  | nization did not cl      | neck a box on lir  | ne 14 or line 19a,                           | and line 16 is n | nore than 33 1/3%                      | The same of the sa |
|            | is not more than 33 1/3%, check this box and  | d stop here. The         | organization qu  | ialifies as a public                         | ly supported or  | ganization                             | ▶ □  |
|            |   |                          |  |  |                  |  |  |

Schedule A (Form 990 or 990-EZ) 2014

Page 4

### Part IV

# **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section A. A | I 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 in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1   |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     |    |
| 3а  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a  |     |    |
|     | 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) below.   | 4a  |     |    |
|     | 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). | 5a  |     |    |
| b   | <b>Type I or Type II only.</b> 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?  | 5с  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   | 6   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 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 II of Schedule L (Form 990).  | 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 <b>Part VI</b> .  | 9a  |     |    |
| b   | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b  |     |    |
| С   | Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .  | 9с  |     |    |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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 |     |    |
|     | Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described in (a) above?  | 11a |     |    |
|     | 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.   | 11b |     |    |
| C   | 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 |     |    |

Schedule A (Form 990 or 990-EZ) 2014

4 of 9 4/17/2016 9:03 PM

|   | ection B. Type I Supporting Organizations   |          | Yes         | N |
|---|---|----------|-------------|---|
| , | 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 <b>Part VI</b> 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 the powers during the tax year. | 1        | Tes         |   |
| 1 | ony, applied to such powers during the tax year.  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        | 5           |   |
| 5 | ection C. Type II Supporting Organizations  |          | Yes         | N |
| 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1        | 5-45-20-71A |   |
| S | ection D. All Type III Supporting Organizations   |          | Yes         | N |
| 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1        |             |   |
| ( | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2        |             |   |
| 1 | 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.   | 3        |             |   |
| S | ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst   | ructio   | ns):        |   |
|   | 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 (Activities Test. Answer (a) and (b) below.   | (see III | Yes         |   |
| 1 | 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 <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the   | 2a       | Tes         | N |
|   | organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  |          |             |   |
|   | 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 <b>Part VI</b> 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       |             |   |
| ( |   |          |             |   |
|   | Parent of Supported Organizations. Answer (a) and (b) below.  |          |             |   |
| 1 | Parent of Supported Organizations. Answer (a) and (b) below.  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 VI.  | 3a       | 200         |   |

5 of 9 4/17/2016 9:03 PM

| Sch<br>F                        | edule A (Form 990 or 990-EZ) 2014 Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting   | Or   | aan    | izations                | Page <b>6</b>                  |
|---------------------------------|--|------|--------|-------------------------|--------------------------------|
|                                 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on<br>-functionally integrated supporting organizations must complete Sections A through I                         | Nov. | 20,    | 1970. See instructions. | . All other Type III           |
| Section A - Adjusted Net Income |  |      |        | (A) Prior Year          | (B) Current Year<br>(optional) |
| 1                               | Net short-term capital gain  |      | 1      |                         |                                |
| 2                               | Recoveries of prior-year distributions   |      | 2      |                         |                                |
| 3                               | Other gross income (see instructions)  | Г    | 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<br>(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):  | 1    |        |                         |                                |
| а                               | Average monthly value of securities  | 18   |        |                         |                                |
| b                               | Average monthly cash balances  | 1 b  | ,      |                         |                                |
| С                               | Fair market value of other non-exempt-use assets   | 10   |        |                         |                                |
| d                               | Total (add lines 1a, 1b, and 1c)   | 10   | i      |                         |                                |
| е                               | <b>Discount</b> 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   |      | $\neg$ |                         |                                |

\_Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

6 of 9 4/17/2016 9:03 PM

TY Form 990 Schedule A

Schedule A (Form 990 or 990-EZ) 2014

Page 7

| Section D - Distributions  | Current Year                    |                            |                            |
|--|---------------------------------|----------------------------|----------------------------|
| 1 Amounts paid to supported organizations to accomplish  |                                 |                            |                            |
| 2 Amounts paid to perform activity that directly furthers excess of income from activity           | exempt purposes of supported    | l organizations, in        |                            |
| 3 Administrative expenses paid to accomplish exempt pur  | rposes of supported organizati  | ons                        |                            |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                                 |                            |                            |
| 5 Qualified set-aside amounts (prior IRS approval require  |                                 |                            |                            |
| 6 Other distributions (describe in Part VI). See instruction                                       |                                 |                            |                            |
| 7Total annual distributions. Add lines 1 through 6.  | 15                              |                            |                            |
| 8 Distributions to attentive supported organizations to w  | hich the organization is respon | sive (provide              |                            |
| details in Part VI). See instructions  |                                 |                            |                            |
| <b>9</b> Distributable amount for 2014 from Section C, line 6                                      |                                 |                            |                            |
| 10 Line 8 amount divided by Line 9 amount  |                                 |                            |                            |
| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions     | (ii)<br>Underdistributions | (iii)<br>Distributable     |
| Distributable amount for 2014 from Section C, line   |                                 | Pre-2014                   | Amount for 2014            |
| 6  |                                 |                            |                            |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)  |                                 |                            |                            |
| 3 Excess distributions carryover, if any, to 2014:   |                                 |                            |                            |
| <b>a</b> From 2009 <u>X</u>  |                                 |                            |                            |
| <b>b</b> From 2010 <u>X</u>  |                                 |                            |                            |
| <b>c</b> From 2011 X   |                                 |                            |                            |
| <b>d</b> From 2012 <u>X</u>  |                                 |                            |                            |
| e From 2013  |                                 |                            |                            |
| f Total of lines 3a through e  |                                 |                            |                            |
| g Applied to underdistributions of prior years   |                                 |                            |                            |
| h Applied to 2014 distributable amount   |                                 |                            |                            |
| i Carryover from 2009 not applied (see   |                                 |                            |                            |
| instructions)  |                                 |                            |                            |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                                 |                            |                            |
| 4 Distributions for 2014 from Section D, line 7:   |                                 |                            |                            |
| \$_  |                                 |                            |                            |
| a Applied to underdistributions of prior years   |                                 |                            |                            |
| <b>b</b> Applied to 2014 distributable amount  |                                 |                            |                            |
| c Remainder. Subtract lines 4a and 4b from 4.  |                                 |                            |                            |
| 5 Remaining underdistributions for years prior to  |                                 |                            |                            |
| 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                 |                            |                            |
| 6 Remaining underdistributions for 2014. Subtract  |                                 |                            |                            |
| lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                 |                            |                            |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.                              |                                 |                            |                            |
| 8 Breakdown of line 7:   |                                 |                            |                            |
| <b>a</b> From 2010 X   |                                 |                            |                            |
| <b>b</b> From 2011 X   |                                 |                            |                            |
| <b>c</b> From 2012 X   |                                 |                            |                            |
| d From 2013  |                                 |                            |                            |
| e From 2014  |                                 |                            |                            |
|  |                                 | Schedule A (F              | Form 990 or 990-EZ) (2014) |
|  |                                 |                            | , ,                        |

Schedule A (Form 990 or 990-EZ) 2014

Page 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).

**Facts And Circumstances Test** 

Return Reference Explanation

Part III, line 12

Schedule A (Form 990 or 990-EZ) 2014

8 of 9 4/17/2016 9:03 PM

# **Additional Data**

Software ID: Software Version:

**EIN:** 30-0656123

Name: National Wilderness Stewardship Alliance

T-

**SCHEDULE 0** 

(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.

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

OMB No. 1545-0047

TIN:

Open to Public Inspection

Name of the organization
National Wilderness Stewardship Alliance
30-0656123

Return Reference Explanation

Part I, Line 10 Forest Service Kiosk Reimbursable Granting Program

Part II, Line 26 Restricted donations for our Boots on the Ground project funding for 2015

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2014

1 of 2 4/17/2016 9:02 PM

# **Additional Data**

Software ID: Software Version:

**EIN:** 30-0656123

Name: National Wilderness Stewardship Alliance