			*PUBLIC DISCLOS			
For	" g	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			OMB No. 1545-0047
	-		Do not enter social security numbers on this form as	•		Open to Public
Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t			Inspection
AF	or th	e 2022 calenda	ar year, or tax year beginning ${ m OCT}$ 1 , 2022 and e	ending S	EP 30, 2023	
	heck if pplicab	le: C Name of	organization		D Employer identific	ation number
	Addre chang	ess WILD	ERNESS SOCIETY ACTION FUND			
	Name	e Doing bu	usiness as		82-174299	96
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr		PENNSYLVANIA AVE, NW	200	800-843-9	
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,492,560.
	Amer returr	WASH	INGTON, DC 20006		H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: JAMIE WILLIAMS		for subordinates	? Yes 🔀 No
		SAME .	AS C ABOVE		H(b) Are all subordinates in	
		empt status:	501(c)(3) X $501(c)$ (4) (insert no.) 4947(a)(1) c	or 527	- '''''''''''''''''''''''''''''''''''''	list. See instructions
	Vebs		WILDERNESSACTION.ORG		H(c) Group exemption	
	orm o art l	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: ZUL / N	State of legal domicile: DC
			·····································	SCHEDU		
e	1	Briefly describ	e the organization's mission or most significant activities: SEE S	зсперо		
Governance		Chaok this has	if the experimetion discontinued its ensystians or discos	ad of more	than 05% of its not ass	ata
/err	2	Check this box				6
ğ	4		6			
<u>م</u>	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2022 (Part V, line 2a)			0
ties	6		of volunteers (estimate if necessary)		6	
Activities &	-		d business revenue from Part VIII, column (C), line 12			0.
¥			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		932,805.	1,475,253.
nue	9		ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		2,621.	16,962.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	345.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		935,426.	1,492,560.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		88,000.	64,508.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		297,441.	457,885.
, nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25) 114,28	39.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		741,473.	786,112.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,126,914.	1,308,505.
	19	Revenue less	expenses. Subtract line 18 from line 12		-191,488.	184,055.
t Assets or d Balances		-			ginning of Current Year 1,360,296.	End of Year 1,425,681.
Sset	20	Total assets (F			292,305.	173,635.
Net A	1		(Part X, line 26)		1,067,991.	1,252,046.
ينتغيب	22 art II	Signature	fund balances. Subtract line 21 from line 20		1,007,391•	1,434,040.
		-	declare that I have examined this return, including accompanying schedules	and statem	ants and to the best of my	knowledge and helief it is
	-		Declaration of preparer (other than officer) is based on all information of wh			הווטישוטעט מווע טפווטו, וג וט
<u></u>	00116			ποτιρισμαισι		

Sign	Signature of officer	Date							
Here	DAVID SEABROOK, EXECUTIVE	VICE PRESIDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	J. CALVIN MARKS			if self-employed	P0122697	3			
Preparer	Firm's name JOHNSON LAMBERT LI	LP		Firm's EIN 52-	1446779				
Use Only	Firm's address 4242 SIX FORKS ROA	AD, SUITE 1500							
	RALEIGH, NC 27609	Phone no. 919 –	719-6400						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

6/9/24, 7:39 PM	https://efile.prosystemfx.com/	,
Product: Exempt Name: Wilderness Society Action Fund	Category:	IRS Center: Ogden e-Postmark: 6/9/2024 5:15 PM
FEIN: ***** 2996	Plan Number:	Notification:
Bank Info: Fiscal Year Begin Date: 10/1/2022 IRS Message:	Fiscal Year End Date: 9/30/2023	eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
06/09/2024	22X:821742996:V1	Upload Started			Marks,Calvin	
06/09/2024	22X:821742996:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
06/09/2024	22X:821742996:V1	Ready to transmit - Validation Complete				
06/09/2024	22X:821742996:V1	Transmitted to FD	56370820241610327e01			
06/09/2024	22X:821742996:V1	Accepted by FD on 6/9/2024				

ID Status Date

Status

State/Other

State Category

FBAR BSA ID

FBAR

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

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

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

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

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

Type of	r Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	r identification r	number (TIN)
print	WILDERNESS SOCIETY ACTION FUND					2996
File by the due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, see 1801 PENNSYLVANTA AVE. NW		ions.			
instruction			ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) DAVID SEABROOK	07				
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I request an automatic 6-month extension of time until <u>AUGUST 15, 2024</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or tax year beginning <u>OCT 1, 2022</u>, and ending <u>SEP 30, 2023</u>. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	0.		
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			<i>.</i>
-	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-TI	E for payment

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

Form 8868 (Rev. 1-2022)

	990 (2022) WILDERNESS SOCIETY ACTION FUND 82-1742996 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WILDERNESS SOCIETY ACTION FUND WORKS WITH PARTNERS AND LAWMAKERS
	TO INFLUENCE POLICY RELATED TO PUBLIC LANDS. THIS INCLUDES PUBLIC
	LANDS' ROLE AS PART OF THE CLIMATE SOLUTION, THEIR IMPORTANCE IN
	ADDRESSING THE EXTINCTION CRISIS AND THE IMPORTANCE OF ALL PEOPLE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,052,619. including grants of \$ 64,508.) (Revenue \$)
	THE ACTION FUND HAS ACHIEVED SUCCESS IN MOVING FORWARD IMPORTANT
	LEGISLATION FOR PUBLIC LANDS INCLUDING THE GREAT OUTDOORS AMERICA ACT
	AND OTHER IMPORTANT BILLS THAT HAVE ADVANCED OUR MISSION. IT HAS ALSO
	SUCCESSFULLY OPPOSED NUMEROUS MEASURES THAT WOULD SET ITS MISSION BACK.
	IT HAS HELD DECISION MAKERS ACCOUNTABLE, IN AN EFFORT TO BOTH ADVANCE
	OR STOP LEGISLATION AND CREATE A BETTER POLITICAL CLIMATE FOR OUR WORK.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(code) (Expenses \$) (nevenue \$)
4d	Other program services (Describe on Schedule O.)
÷υ	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,052,619.
4e	Total program service expenses 1,052,019.

Form 990 (ACTION	FUND
Part IV	Ch	ecklist of Required Schedu	les	S		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	L

Form	990	(2022)
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 Form 990 (2022)
 WILDERNESS
 SOCIETY
 ACTION
 FUND

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

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

<u>Form</u>	990 (2022) WILDERNESS SOCIETY ACTION FUND 82-1742	<u>996</u>	P	_{age} 5	
Par					
			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			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	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	Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b	Х		
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8			
	sponsoring organization have excess business holdings at any time during the year?				
9					
	a Did the sponsoring organization make any taxable distributions under section 4966?				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	40-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a			
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a			
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans				
<u>د</u>	Enter the amount of reserves on hand				
14a		14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
10	excess parachute payment(s) during the year?	15		x	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16		16		х	
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Form	990	(2022
	330	12022

WILDERNESS SOCIETY ACTION FUND

Check if Schedule O contains a response or note to any line in this Part VI

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X

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

Sec	tion A. Governing Body and Management				
		-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	6			
b	Enter the number of voting members included on line 1a, above, who are independent	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_		v
-	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				v
•	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			v	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Vaa	Na
100	Did the examination have lead chapters, branches, or effiliates?		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		- 23
U	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110			11a	х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Onn			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a	- 23	x
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>		120		- 23
С	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	21	x
15	Did the process for determining compensation of the following persons include a review and approval by independent		17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO. Executive Director, or too management official		15a		X
h	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		10.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		Tou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section s	501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,,		
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy. and	financ	cial	
	statements available to the public during the tax year.	,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	DAVID SEABROOK - 800-843-9453				
	1801 PENNSYLVANIA AVE, NW STE 200, WASHINGTON, DC 20006				

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is bo fficer and a director/tru		is both	n an	compensation	compensation	amount of	
	week (list any							from the	from related organizations	other compensation
	hours for	· direc				b B		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e som p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMIE WILLIAMS	1.00									
PRESIDENT	39.00	1		х				0.	392,544.	45,860.
(2) DAVID SEABROOK	10.00									
EXECUTIVE VICE PRESIDENT	30.00			Х				0.	270,837.	38,295.
(3) DEBORAH LIU	10.00									
VICE PRESIDENT & GENERAL COUNSEL	30.00			Х				0.	248,554.	41,304.
(4) MARIA HANDLEY	30.00									
EXECUTIVE DIRECTOR (FROM MAR '23)	10.00			Х				0.	154,584.	36,590.
(5) MICHAEL MANTELL	1.00									
CHAIR	2.00	Х		Х				0.	0.	0.
(6) GREG AVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TOM BARRON	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) CARL FERENBACH	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(9) JACQUELINE MARS	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) MOLLY MCUSIC	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
		 								
										

Form 990 (2022) WILDERNES	SS SOCIE	TY	A	CT.	IO	N	FU	JND	82-1	7429	96 Page	8	
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t Co		· · /				
	(B) Average			(C Posi		า		(D)	(E)		(F)		
Name and title	hours per		not c	heck i	more	than c s both		Reportable compensation	Reportable compensatio		Estimated amount of		
	week					or/trust		from	from related		other		
	(list any	ector						the	organizatior		compensation	1	
	hours for related	Individual trustee or director	ee			Highest compensated employee		organization	(W-2/1099-MI		from the		
	organizations	rustee	ll trust		ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC))	organization and related		
	below	idual t	In stitutio nal tru stee	er.	Key employee	est col	er				organizations		
	line)	ln div	Instit	Officer	Key e	Highe	Former				-		
												—	
												—	
												—	
												_	
												_	
1b Subtotal								0.	1,066,5		162,049		
c Total from continuation sheets to Part VI								0.	1 0 6 6 5	0.		•	
d Total (add lines 1b and 1c)								0.	1,066,5		162,049	•	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е		^	
compensation from the organization											Yes N	0	
3 Did the organization list any former officer.	diractor truct			mol	<u></u>	~ ~r	hia	hast companyated amp		Г		'n	
line 1a? If "Yes," complete Schedule J for s	,					'	0		,		3 X		
4 For any individual listed on line 1a, is the su										····			
and related organizations greater than \$150											4 X		
5 Did any person listed on line 1a receive or a										····· -			
rendered to the organization? If "Yes." corr	plete Schedule	e J fo	or su	ich r	bers	on .		-			5 X		
Section B. Independent Contractors												_	
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	6100,000 of com	pensati	on from		
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		0	(C)		
				TO			_				ompensation	—	
M&R STRATEGIC SERVICES, 1 AVE NW 7TH FL, WASHINGTON				TC	0.1.			DIGITAL ADVE SERVICES	RITEING		100 010		
AVE NW /IH FE, WASHINGION	1, DC 20	05	0				-	SERVICES			123,013	•	
												—	
												—	
2 Total number of independent contractors (i	ncluding but no	ot lin	nitec	to t			ted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation				1	L							

	1 990					SO	CIETY AC	TION FUND		82-1742	996 Page
Ра	rt V		Statement of Re								
			Check if Schedule O o	contai	ns a respo	nse (or note to any lin	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Turiction revenue	business revenue	sections 512 - 51
ts ts	1 :	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	I	b	Membership dues		1b						
s, G Ame	(С	Fundraising events		1c						
Gift Jar J	(Related organizations								
) sr jimi	(Government grants (contr								
itio er S	1		All other contributions, gifts,			1					
Otho			similar amounts not included				475,253.				
ont nd (9	-	Noncash contributions included in	lines 1a	-1f 1g	5		1,475,253.			
<u>a</u> C		h	Total. Add lines 1a-1f				Business Code	1,4/5,255.			
	•	_					Business Code				
vice	2 8										
Serv		c									
ver ver		d									
Program Service Revenue		e									
Pro	1	f	All other program service	reveni	ue		-				
			Total. Add lines 2a-2f			· · · · · · · · · · · · · · · · · · ·					
	3		Investment income (includ	ding di	ividends, ii	ntere	st, and				
			other similar amounts)					16,962.			16,962
	4		Income from investment of	of tax-e	exempt bo	nd p	roceeds				
	5		Royalties	······							
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss))			(ii) Others				
	7 8		Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
Ð			Less: cost or other basis and sales expenses	7b							
venue			Gain or (loss)	70 7c							
			Net gain or (loss)								
Other Re			Gross income from fundraisi			·····					
oth	-		including \$	-	-						
-			contributions reported on								
			Part IV, line 18			8a					
	I		Less: direct expenses			8b					
	(С	Net income or (loss) from	fundra	aising ever	nt <u>s</u>					
	9 ;		Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s <u></u>					
	10 a		Gross sales of inventory, I								
			and allowances			10a					
			Less: cost of goods sold			10b	<u> </u>				
		U)	Net income or (loss) from	Sales		у	Business Code				
sn	11 :	a					240.1000 0046				
Miscellaneous Revenue		a b									
scellaneo Revenue		c									
lisc. Re		-	All other revenue				900099	345.			345
ž			Total. Add lines 11a-11d					345.			
			Total revenue. See instruction					1,492,560.	0.	0.	17,307

X

	Check if Schedule O contains a response		his Part IX		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	64,508.	64,508.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	371,820.	264,458.	63,843.	43,519.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	86,065.	61,214.	14,778.	10,073.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,316.	4,025.	95.	196.
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	375,873.	351,377.	8,025.	<u>16,471.</u> 27,857.
12	Advertising and promotion	197,004.	142,522.	26,625.	27,857.
13	Office expenses	31,190.	22,593.	4,208.	4,389.
14	Information technology	5,000.	4,197.	533.	270.
15	Royalties				
16	Occupancy				
17	Travel	15,780.	13,389.	1,655.	736.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,941.	2,495.	308.	138.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,372.	1,891.	3,741.	1,740.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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	DUES & SUBSCRIPTIONS	10,000.	8,394.	1,067.	539.
b	FILING FEES	4,742.	1,216.	2,407.	1,119.
с	MAILING LIST	103.	74.	14.	15.
d					
е	All other expenses	131,791.	110,266.	14,298.	7,227.
25	Total functional expenses. Add lines 1 through 24e	1,308,505.	1,052,619.	141,597.	114,289.
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)				

Part IX Statement of Functional Expenses

Form 990 (2022)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

WILDERNESS S	OCIETY	ACTION	FUND
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		Check if Schedule O contains a response or note	e to any	y line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,282,536.	1	669,304.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		50,000.	4	384,500.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				13,615.	9	365,105.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,859. 30,087.			
	b	Less: accumulated depreciation	10b	30,087.	14,145.	10c	6,772.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	1,360,296.	16	1,425,681.
	17	Accounts payable and accrued expenses	287,305.	17	168,590.		
	18	Grants payable		18			
	19	Deferred revenue	5,000.	19	5,045.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		21			
Se	22	Loans and other payables to any current or form	er, director,				
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelation	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, pay	to related third				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		····· -		25	4 8 9 6 9 8
	26	Total liabilities. Add lines 17 through 25			292,305.	26	173,635.
6		Organizations that follow FASB ASC 958, chee	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.		_	1 01 0 001		<u> </u>
alan	27			······ -	1,017,991.	27	625,752.
B	28			······	50,000.	28	626,294.
nnc		Organizations that do not follow FASB ASC 95	58, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.		Ļ			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
t A:	31	Retained earnings, endowment, accumulated inc		······ -		31	
Ne	32				1,067,991.	32	1,252,046.
	22	Total liabilities and net assets/fund balances			1 360 296.	33	

Form **990** (2022)

Part X Balance Sheet

F orm	000	0000
Form	990	(2022

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 492, 560. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 308, 505. 3 Revenue less expenses. Subtract line 2 from line 1 3 184, 055. 4 1, 067, 991. 4 1, 067, 991. 5 Met assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 067, 991. 6 Donated services and use of facilities 6 7 7 Revenue (must equal Part X) 8 0 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)) 1, 252, 046. Part XII Financial Statements and Reporting 10 1, 252, 046. 7 Ithe organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash Accrual Other 2a X 1 Accounting method used t	Form	990 (2022) WILDERNESS SOCIETY ACTION FUND	82	-1742	996	Pa	_{ge} 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,492,560. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,308,505. 3 Revenue less expenses. Subtract line 2 from line 1 3 184,055. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 4 1,067,991. 5 Net unrealized gains (losses) on investments 6 6 7 6 7 7 8 9 0. 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 1,252,046. 9 0. 9 0. 1,252,046. 1,252,046. Part XII Financial Statements and Reporting 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X 11 Yes No 1 2a X 1 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XI Reconciliation of Net Assets									
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 308, 505. 3 Revenue less expenses. Subtract line 2 from line 1 3 184, 055. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 067, 991. 5 Met unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 newstment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 252, 046. 7 Imancial Statements and Reporting 7 1, 252, 046. Check if Schedule O contains a response or note to any line in this Part XII 7 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI									
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 308, 505. 3 Revenue less expenses. Subtract line 2 from line 1 3 184, 055. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 067, 991. 5 Met unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 newstment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 252, 046. 7 Imancial Statements and Reporting 7 1, 252, 046. Check if Schedule O contains a response or note to any line in this Part XII 7 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other											
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		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000					

Form **990** (2022)

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

WILDERNESS	SOCIETY	ACTION	FUND	82-1742996
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed
(a)	(b)	(0
No.	Name, address, and ZIP + 4	Total con

<u>1</u>	<u>N/A</u>	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$134,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

(d)

Type of contribution

82-1742996

(c)

Total contributions

Schedule B (Form 990) (2022)

Page **2**

WILDE	ILDERNESS SOCIETY ACTION FUND 82-						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
7	<u>N/A</u>	\$51,13	39. Person X Payroll Image: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
8	<u>N/A</u>	\$50,00	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
9	<u>N/A</u>	\$50,00	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

WILDERNESS SOCIETY ACTION FUND

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

(b)

Description of noncash property given

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

from

Part I

Employer identification number

(d)

Date received

82-1742996

(c)

FMV (or estimate)

(See instructions.)

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
WILDE	RNESS SOCIETY ACTION FU	IND	82-1742996
Part III	Exclusively religious, charitable, etc., contributed	tions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	y. For organizations ess for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional	l space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee

S	С	Н	Е	D	U	L	Ε	D	

Department of the Treasury

(Form 99	9 0)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

WILDERNESS SOCIETY ACTION FUND

Employer identification number 82-1742996

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	in easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		is that describes the
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,, _,, _	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		, ,,
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	As a statistical statistic Fauna 2000, David V		^
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022
	09-01-22		(

Sche	Schedule D (Form 990) 2022 WILDERNESS SOCIETY ACTION FUND 82-1742996 Page 2										
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, oi	r Other S	Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	make sign	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
с	c Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	how the	ey further t	he organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	on answered "	'Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.		-					·		
1a	Is the organization an agent, trustee, custodia	In or other intermed	iary for c	ontributior	ns or other ass	sets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							······ —			
			Ũ						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-]
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	/ears	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
č	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ant year and balance	l a (lina 1 a)) held as:						
a	Board designated or quasi-endowment	•	%	, column (e							
h	Permanent endowment	%									
с С		/0									
U	The percentages on lines 2a, 2b, and 2c shou	•									
39	Are there endowment funds not in the posses		ation that	are held a	nd administer	ed for the					
ou	organization by:	Sion of the organize		are neia a						/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme		Willont it								
	Complete if the organization answered), Part IV	, line 11a. S	See Form 990	, Part X, lin	ie 10.				
	Description of property	(a) Cost or o			t or other		umulate	А	(d) Book	value	<u> </u>
		basis (investr		• •	(other)	• •	eciation		(a) Book	value	
1a	Land		,		. /	1					
	Buildings										
	Leasehold improvements										
	EquipmentOther				36,859.		30,08	37.	6	.7	72.
			V. ochur				,	•		,7	
Total	. Add lines 1a through 1e. (Column (d) must ec	iuai Form 990, Part	A. COIUM	<u>п (в), line</u>	(UC.)			Schodula	D (Form		
								ocneuule		J30)	2022

Schedule D	(Form 990) 2022	WILDERNESS	SOCIETY	ACTIO	N FUND	82-1742996 Page 3
Part VII		Other Securities.				
	Complete if the org	anization answered "Yes"	on Form 990,	Part IV, line [·]	11b. See Form 990, Part X, li	ne 12.
(a) Descrip	otion of security or cate	JOIY (including name of security)	(b) Book	value	(c) Method of valuation:	: Cost or end-of-year market value
(1) Financia	al derivatives					
(2) Closely	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	h) must squal Form 00(), Part X, col. (B) line 12.)				
		Program Related.				
		•	on Form 990.	Part IV. line [.]	11c. See Form 990, Part X, li	ne 13.
	(a) Description of		(b) Book			: Cost or end-of-year market value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		D, Part X, col. (B) line 13.)				
Part IX	Other Assets.					
	Complete if the org			Part IV, line	11d. See Form 990, Part X, li	
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
<u>(4)</u>						
(5)						
<u>(6)</u> (7)						
(8)						
(9)						
	ımn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 15)			
Part X	Other Liabilitie	es.				· · · · · · · · · · · · · · · · · · ·
	Complete if the org	anization answered "Yes"	on Form 990,	Part IV, line [.]	11e or 11f. See Form 990, Pa	art X, line 25.
1.	(a) D	escription of liability				(b) Book value
(1) Fec	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	ımn (b) must equal Fo	orm 990. Part X. col. (B) lin	e 25)			

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

Sche	dule D (Form 990) 2022 WILDERNESS SOCIETY ACTION	FUND	82-1742996 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT THE SOCIETY HAS PROPERLY MAINTAINED ITS

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

2023.

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2022
Department of the Treasury	Compi		Attach to Form		11 IV, III 2 1 01 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization WILDERNES	S SOCIETY	ACTION FUN	D				Employer identification number $82 - 1742996$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than s	•				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WALLOWA RESOURCES							
401 NE FIRST ST STE A ENTERPRISE							
OR 97828 UNITED STATES -							
ENTERPRISE, OR 978	91-1794627	501(C)(3)	20,000.	0.			CONSERVATION PROJECTS
PARTNERSHIP PROJECT ACTION FUND							
1225 EYE STREET NW SUITE 307							
WASHINGTON DC 20005 UNITED STATES							
- WASHINGTON,	81-0606786	501(C)(4)	18,008.	0.			CONSERVATION PROJECTS
RURAL VOICES FOR CONSERVATION							
COALITION 1130 SW MORRISON ST,							
STE 150 - PORTLAND, OR 97205	91-1794627	OTHER	9,500.	٥.			CONSERVATION PROJECTS
MONTANA WILDERNESS ASSOCIATION							
80 S. WARREN STREET HELENA MT							
59601 UNITED STATES - HELENA, MT							
59601	51-0198932	501(C)(3)	7,000.	0.			CONSERVATION PROJECTS
	<u> </u>		<u> </u>				L
2 Enter total number of section 501(c)(3) a			e line 1 table				<u>2.</u> 2.
3 Enter total number of other organization	s listed in the line 1	I TADIE					

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

82-1742996

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
But IV Ormalian stalls from the Davids the information					

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

PART I, LINE 2:

GRANTS TO OTHER ORGANIZATIONS ARE REQUESTED AND MONITORED BY PROGRAM STAFF.

THE PRIMARY CRITERION FOR A GRANT IS THE RECEIVING ORGANIZATION WILL USE

THE FUNDS FOR ACTIVITIES WHICH SUPPORT THE ACTION FUND'S MISSION. A

REQUEST IS SENT TO THE WSAF FINANCE DEPARTMENT WITH THE FOLLOWING

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

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

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

RELATIONSHIPS; 4) A STATEMENT FROM A STAFF MEMBER STATING THAT THERE EXISTS

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

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	22)
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Department of the Treasury	Attach to Form 990.		Open to		ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	Inspe		ah au
Name of the organiz	WILDERNESS SOCIETY ACTION FUND		identificatio		nber
Part I Quest	ons Regarding Compensation	02	114299	0	
				Yes	No
1a Check the app	opriate box(es) if the organization provided any of the following to or for a person listed on Form	990		163	NO
	A, line 1a. Complete Part III to provide any relevant information regarding these items.	000,			
	or charter travel Housing allowance or residence for perso	naluse			
	companions Payments for business use of personal re				
	nification and gross-up payments Health or social club dues or initiation fee				
	ary spending account				
		, ,			
b If any of the bo	tes on line 1a are checked, did the organization follow a written policy regarding payment or				
,	or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and o	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which,	if any, of the following the organization used to establish the compensation of the organization's	6			
CEO/Executive	Director. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
establish comp	ensation of the CEO/Executive Director, but explain in Part III.				
Compensa	tion committee Written employment contract				
	nt compensation consultant Compensation survey or study				
Form 990	of other organizations Approval by the board or compensation of	committee			
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	a related organization:				37
	ance payment or change-of-control payment?				X
•	receive payment from a supplemental nonqualified retirement plan?				X X
-	receive payment from an equity-based compensation arrangement?		4c		~
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only contine F)1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
•	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on t		///			
-	n?		5a		X
	anization?				X
	5a or 5b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	ne net earnings of:				
	n?		6a		Х
	anization?				Х
	6a or 6b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6			
	n lines 5 and 6? If "Yes," describe in Part III		7		Х
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		Х
	B, did the organization also follow the rebuttable presumption procedure described in				
Regulations se	tion 53.4958-6(c)?	<u></u>	9		
	- Deduction Act Nation and the Instructions for Forms 200	<u> </u>	duda I/Faun	000	

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & (iii) Other incentive reportable compensation compensati		compensation			reported as deferred on prior Form 990
(1) JAMIE WILLIAMS	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	377,236.	0.	15,308.	18,300.	27,560.	438,404.	0.
(2) DAVID SEABROOK	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE VICE PRESIDENT	(ii)	248,337.	2,000.	20,500.	16,682.	21,613.	309,132.	0.
(3) DEBORAH LIU	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT & GENERAL COUNSEL	(ii)	227,054.	1,000.	20,500.	15,521.	25,783.	289,858.	0.
(4) MARIA HANDLEY	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (FROM MAR '23)	(ii)	134,084.	0.	20,500.	9,658.	26,932.	191,174.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

22 WILDERNESS SOCIETY ACTION FUND

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

Page 3

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022
Part III Supplemental Information

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WILDERNESS SOCIETY ACTION FUND

Employer identification number 82 - 1742996

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

THE WILDERNESS SOCIETY ACTION FUND WORKS WITH PARTNERS AND LAWMAKERS TO

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

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

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

THEIR BENEFITS.

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

BEING TO ENJOY THEIR BENEFITS.

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

AFTER FORM 990 HAS BEEN PREPARED, IT IS EXAMINED BY THE WILDERNESS SOCIETY ACTION FUND VICE PRESIDENT OF FINANCE FOR ACCURACY AND COMPLETENESS. THE DOCUMENT IS THEN PRESENTED TO AND REVIEWED BY THE PRESIDENT AND PROVIDED TO THE GOVERNING COUNCIL FOR A FURTHER REVIEW BEFORE IT IS FILED.

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

WSAF HAS A WRITTEN CONFLICT OF INTEREST POLICY. IT IS REVIEWED ANNUALLY. ALL STAFF, INCLUDING OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, MUST CERTIFY ANUALLY THAT THEY HAVE READ AND FAMILIARIZED THEMSELVES WITH THE POLICY, AND DISCLOSE ANY POTENTIAL CONFLICTS. STAFF DISCLOSE WHETHER THEY SERVE AS BOARD MEMBERS OR OFFICERS OF ANY OTHER ORGANIZATION WHOSE MISSION AND ACTIVITIES MAY OVERLAP WITH THOSE OF WSAF. FURTHER, ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES DISCLOSE ANY RELATED ORGANIZATION RELATIONSHIPS. COMPLETED FORMS ARE REVIEWED AND ANY POTENTIAL CONFLICTS ARE DISCUSSED ADN ADDRESSED AS APPROPRIATE TO ENFORCE COMPLIANCE WITH THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization WILDERNESS SOCIETY ACTION FUND	Page 2 Employer identification number 82-1742996
	•
POLICY. ALL STAFF INCLUDING OFFICERS, DIRECTORS, TRUSTEES,	AND KEY
EMPLOYEES, NOTIFY THE ORGANIZATION IF CIRCUMSTANCES CHANGE	THROUGH THE
COURSE OF THE FISCAL YEAR AND THE CHANGED CIRCUMSTANCES AR	E DISCUSSED AND
ADDRESSED AS APPROPRIATE TO REMAIN IN COMPLIANCE WITH THE	POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM 9	
THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY I	
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMPUTER SERVICE CONSULTANTS:	
PROGRAM SERVICE EXPENSES	32,818.
MANAGEMENT AND GENERAL EXPENSES	777.
FUNDRAISING EXPENSES	1,595.
TOTAL EXPENSES	35,190.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	318,559.
MANAGEMENT AND GENERAL EXPENSES	7,248.
FUNDRAISING EXPENSES	14,876.
TOTAL EXPENSES	340,683.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	375,873.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-1742996

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

Name of the organization

WILDERNESS SOCIETY ACTION FUND

Part I

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

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

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	•	(f) Direct controlling entity	contr	3) 12(b)(13) rolled ity?
			501(c)(3))		Yes	No
CONSERVATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		Х
CONSERVATION ADVOCACY	DISTRICT OF COLUMBIA	527		N/A		X
_						
-						
_						
	Primary activity CONSERVATION	Primary activity Legal domicile (state or foreign country) CONSERVATION DISTRICT OF COLUMBIA	Primary activity Legal domicile (state or foreign country) Exempt Code section CONSERVATION DISTRICT OF COLUMBIA 501(C)(3)	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) CONSERVATION DISTRICT OF COLUMBIA 501(C)(3) LINE 7	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity CONSERVATION DISTRICT OF COLUMBIA 501(C)(3) LINE 7 N/A	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 5 CONSERVATION DISTRICT OF COLUMBIA 501(C)(3) LINE 7 N/A Image: Section 5

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WILDERNESS SOCIETY ACTION FUND

82-1742996 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	or Percentag ^{ng} ownership
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes	o
	_										

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				235613			No
	1								

Schedule R (Form 990) 2022 WILDERNESS SOCIETY ACTION FUND

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE WILDERNESS SOCIETY	С	134,500.	
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 WILDERNESS SOCIETY ACTION FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII | Supplemental Information

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