# Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Α                       | For the    | e 2019 calen    | dar year, or tax year beginning                  | g September 1                    | , 2019, and end       | ling A          | ugust    | 31                  | , <b>20</b> 20           |            |  |
|-------------------------|------------|-----------------|--|----------------------------------|-----------------------|-----------------|----------|---------------------|--------------------------|------------|--|
| В                       | Check i    | f applicable:   | C Name of organization National                  | Wildlife Federation Ac           | tion Fund             |                 |          | D Emplo             | oyer identification numb | er         |  |
|                         | Address    | s change        | Doing business as                                |                                  |                       |                 |          |                     | 74-2556532               |            |  |
| $\overline{\Box}$       | Name c     | -               | Number and street (or P.O. box i                 | if mail is not delivered to stre | eet address)          | Room/suite      |          | E Teleph            | none number              |            |  |
| $\overline{\Box}$       | Initial re | -               | 1200 G St., NW                                   |                                  |                       | Suite 900       | o        | 703-438-6071        |                          |            |  |
| $\exists$               |            | urn/terminated  | City or town, state or province, of              | country, and ZIP or foreign o    | ostal code            |                 |          |                     |                          | _          |  |
| H                       |            | ed return       | Washington, DC 20005                             | odnay, and Eli or foroign p      | 30.00                 |                 | - 1      | G Gross             | receipts \$              |            |  |
| $\vdash$                |            |                 | F Name and address of principal of               | ficer: Varia Daettia             |                       | H/eV lo f       |          |                     | or subordinates? Yes     | No         |  |
|                         | Applica    | tion pending    | AC COURT FOR TO 1                                |                                  |                       |                 |          |                     | es included? Yes         |            |  |
| _                       | Tay ave    | mot status      | 1200 G St., NW Washington,<br>501(c)(3) 501(c) ( |                                  | 4947(a)(1) or 527     |                 |          |                     | st. (see instructions)   | 140        |  |
| -                       |            | empt status:    |  | (insert no.)                     | 4947 (a)(1) UI 327    |                 |          |                     | number >                 |            |  |
| 7                       |            |                 | wfactionfund.org                                 | Пон. ъ                           | Try II                |                 |          |                     |                          | _          |  |
|                         |            |                 | Corporation Trust Associ                         | ation ☐ Other ►                  | L Year of for         | mation: 19      | 89       | M State             | of legal domicile: DC    | _          |  |
| H                       | art I      | Summa           |  |                                  |                       |                 |          | <del> </del>        |                          |            |  |
|                         | 1          |                 | scribe the organization's miss                   |                                  |                       |                 |          |                     |                          |            |  |
| Activities & Governance |            | people from     | n all walks of life and political                | stripes to elevate their         | voices and becon      | ne champion     | s for v  | vildlife            | and the wild             |            |  |
| пап                     |            | places they     | y call home.                                     |                                  |                       |                 |          |                     | ********************     |            |  |
| Je.                     | 2          | Check this      | s box ▶ 🗌 if the organization                    | n discontinued its ope           | rations or dispose    | ed of more t    | than 2   | 5% of               | its net assets.          |            |  |
| Ô                       | 3          | Number of       | f voting members of the gove                     | erning body (Part VI, li         | ne 1a)                | . 2 2 2         |          | 3                   |                          | 14         |  |
| ᇮ                       | 4          | Number of       | f independent voting membe                       | ers of the governing bo          | ody (Part VI, line 1  | b)              | 9        | 4                   |                          | 14         |  |
| ies                     | 5          | Total numl      | ber of individuals employed i                    | in calendar year 2019            | (Part V, line 2a)     | . # # #         | 4        | 5                   |                          | 0          |  |
| ₹                       | 6          |                 | ber of volunteers (estimate if                   | _                                |                       |                 | 9        | 6                   |                          |            |  |
| Act                     | 7a         |                 | lated business revenue from                      | = :                              |                       |                 | <u>.</u> | 7a                  |                          | 0          |  |
| 1                       | b          |                 | ted business taxable income                      |                                  |                       |                 | 2        | 7b                  |                          | 0          |  |
|                         | 1 -        | THOU GITTOIG    | tod padinood taxaalo mootiis                     |                                  |                       |                 | r Year   |                     | Current Year             | _          |  |
|                         | 8          | Contribution    | ons and grants (Part VIII, line                  |                                  | 13,638                | 854,            | 633      |                     |                          |            |  |
| Revenue                 | 1          |                 | ervice revenue (Part VIII, line                  |                                  |                       |                 |          | 15,050              | 034,                     | 0          |  |
|                         | 9          | •               |  |                                  |                       | -               |          | 200                 |                          | _          |  |
| Re                      | 10         |                 | t income (Part VIII, column (A                   |                                  |                       | -               |          | 300                 |                          | 808        |  |
|                         | 11         |                 | enue (Part VIII, column (A), lin                 |                                  |                       |                 |          | 139                 |                          | 544        |  |
| _                       | 12         |                 | nue-add lines 8 through 11 (                     |                                  |                       |                 | 5        | 14,077              | 952,                     | - 8        |  |
|                         | 13         |                 | d similar amounts paid (Part                     |                                  |                       |                 |          | 0                   |                          | 0          |  |
|                         | 14         |                 | aid to or for members (Part I                    |                                  |                       |                 |          | 0                   | 200                      | _          |  |
| S                       | 15         | Salaries, of    | ther compensation, employee                      | benefits (Part IX, colur         | nn (A), lines 5–10)   |                 | 2        | 71,221              | 350,                     | <u>073</u> |  |
| Expenses                | 16a        | Profession      | nal fundraising fees (Part IX, o                 | column (A), line 11e)            |                       |                 |          | 0                   |                          | _          |  |
| ĝ                       | b          | Total fund      | raising expenses (Part IX, co                    | lumn (D), line 25) 🕨 _           |                       |                 |          |                     |                          | SN         |  |
| ш                       | 17         | Other expe      | enses (Part IX, column (A), lir                  | nes 11a-11d, 11f-24e)            |                       |                 | 2        | 70,815              | 252,                     | 237        |  |
|                         | 18         | Total expe      | enses. Add lines 13–17 (must                     | equal Part IX, columr            | n (A), line 25) .     | 54              | 42,036   | 602,                | 310                      |            |  |
|                         | 19         | Revenue le      | ess expenses. Subtract line                      | 18 from line 12                  |                       |                 | (2       | 3,959)              | 350,                     | <u>675</u> |  |
| or                      |            |                 |  |                                  |                       | Beginning o     | f Curre  | nt Year             | End of Year              |            |  |
| ssets or                | 20         | Total asse      | ts (Part X, line 16)                             |                                  |                       |                 | 32       | 26,436              | 549,                     | 593        |  |
| Ass                     | 21         |                 | ities (Part X, line 26)                          |                                  |                       |                 | 18       | 86,177              | 59,                      | 846        |  |
| Net Ass<br>Fund Ba      | 22         |                 | or fund balances. Subtract                       | line 21 from line 20             |                       |                 |          | 40,259              | 489,                     |            |  |
|                         | art II     |                 | re Block   |                                  |                       |                 |          |                     |                          | _          |  |
|                         |            |                 | , I declare that I have examined this            | return, including accompan       | ving schedules and st | atements, and   | to the b | pest of m           | nv knowledge and belief, | it is      |  |
| tru                     | e, correc  | ct, and complet | te. Declaration of preparer (other than          | n officer) is based on all info  | rmation of which prep | arer has any kr | nowledg  | je.                 |                          |            |  |
| _                       |            |                 | 11100  |                                  |                       |                 | T        |                     |                          |            |  |
| Sig                     | an         | Signat          | ture of officer                                  |                                  | 500                   | 20              | Date     | _                   | * - 1 1 V                | _          |  |
|                         | ere        | I Signal        | Carlos Dore                                      | Atte 6                           | NO DIE                | etor            |          | 2                   | 124121                   |            |  |
| пе                      | er e       | 70              | a maint name and title                           | 11) C                            | AC DIV                | 0101            |          |                     |                          |            |  |
| _                       |            | 1.4             | or print name and title                          | Droporado desentente             |                       | Date            | T        | O                   | T if PTIN                | _          |  |
| Pa                      | id         | Print/Type      | e preparer's name                                | Preparer's signature             |                       | Date            |          | Check L<br>self-emp | <b>→</b> "               |            |  |
|                         | epare      | er              |  |                                  |                       |                 |          |                     | noyou                    | _          |  |
|                         | se On      |                 | me <b>&gt;</b>                                   |                                  |                       |                 | Firm's I |                     |                          |            |  |
|                         |            | Firm's add      |  | 4                                | 1                     |                 | Phone    | no.                 |                          | _          |  |
| Ma                      | v the I    | RS discuss      | this return with the preparer                    | shown above? (see in             | structions)           |                 |          |                     | . ☐ Yes ☐ N              | lo .       |  |

| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in the  | his Part III  |
|------|--|---|
| 1    | Briefly describe the organization's mission:   |   |
|      | The National Wildlife Federation Action Fund provides the tools and resource   | es to enable people from all walks of life and political  |
|      | stripes to elevate their voices and become champions for wildlife and the wild   |   |
|      |  |   |
| 2    | Did the organization undertake any significant program services during t prior Form 990 or 990-EZ?   |   |
| 3    | Did the organization cease conducting, or make significant changes services?   |   |
| 4    | Describe the organization's program service accomplishments for each expenses. Section 501(c)(3) and 501(c)(4) organizations are required to the total expenses, and revenue, if any, for each program service reported  | report the amount of grants and allocations to others,  |
| 4a   | (Code: ) (Expenses \$ 178,810 including grants of \$   | ) (Revenue \$   |
|      | Action Center: Comprehensive digital campaigns that included advocacy em social media were executed for more than 40 national and local policy issues multi-year campaigns for priority legislation such as the Recovering America Fund - and engaged our digital audiences to help defend against attacks on tenvironmental protections that are now in the crosshairs of the Trump admin digital channels included natural infrastructure, chronic wasting disease, wild standard. | throughout the year. We combined work on existing 's Wildlife Act and the Land and Water Conservation he Clean Water Rule, the Clean Power Plan and other istration. New national policy initatives supported via |
| 4b   | (Code: ) (Expenses \$ 67,764 including grants of \$ Capacity Building: Increased the membership list of the Action Fund to build Great American Outdoors Act and Recovering America's Wildlife Act.  | I support for conservation issues, including the  |
|      |  |   |
| 4c   | (Code:) (Expenses \$ 62,844 including grants of \$ Louisiana: The Action Fund endorsed and supported candidates running for on candidates who support Mississippi River Delta restoration.   |   |
|      |  |   |
| 4d   | ,  |   |
| 46   | (Expenses \$ 111,851 including grants of \$ ) (Revenue Total program service expenses ▶ 421.269  | enue \$   |

| Part     | Checklist of Required Schedules  |     |     |          |
|----------|--|-----|-----|----------|
|          |  |     | Yes | No       |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   |     | /        |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | 1   |          |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   | 1   | 14       |
| 4        | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 4   |     | 1        |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | 1        |
| 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   |     | 1        |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | 1        |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |     | 1        |
| 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   | 24  | 1        |
| 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  |     | 1        |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 |     | 1        |
| 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 |     | 1        |
| C        | 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 |     | 1        |
| ď        | 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 |     | 1        |
| e        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | 1        |
| 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 | 1   |          |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | 1        |
|          | 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 | 1   |          |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | <b>/</b> |
| 14a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | 14a |     | ✓        |
|          | 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 | -   | 1        |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | <b>√</b> |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16  |     | _        |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |     | ·        |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  | 18  | 1   |          |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19  |     | _        |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | 7        |
| b        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |          |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | 1        |

| Part | Checklist of Required Schedules (continued)  |     |      |          |
|------|--|-----|------|----------|
|      |  |     | Yes  | No       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |      | 1        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |     |      |          |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23  |      | 1        |
| 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 |      | 1        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |      |          |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |      |          |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |      |          |
| 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 |      | 1        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |      |          |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |      | ,        |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |      | 1        |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |     |      |          |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a |      | 1        |
| ь    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |      | 1        |
| c    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |      | 1        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |      | 1        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |      | 1        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |      | 1        |
| 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  |      | 1        |
| 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  |      | 1        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  | 1    |          |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |      | 1        |
| 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   | <b>Section 501(c)(3) organizations.</b> 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  |      | <b>✓</b> |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38  | 1    |          |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance  |     |      |          |
|      | Check if Schedule O contains a response or note to any line in this Part V   |     | Yes  | No       |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     | . 00 |          |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |      |          |
| C    | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |      |          |
|      | reportable gaming (gambling) winnings to prize winners?  | 1c  | 1    |          |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued)  | _    |      |       |
|------|--|------|------|-------|
|      |  |      | Yes  | No    |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |      | Họi: | . J   |
| h    | Statements, filed for the calendar year ending with or within the year covered by this return  [5] If at least one is reported on line 2s, did the expenientian file all required federal employment to write means.                       | 2b   | 102  |       |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 20   |      |       |
| 20   | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 0-   | -    |       |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a   | -    | /     |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b   | - 5  |       |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a   |      | 1     |
| b    | If "Yes," enter the name of the foreign country ►  See instructions for filling 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   |      | 1     |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b   |      | 1     |
| C    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c   |      |       |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |      | X    |       |
| b    | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a   | -    | 1     |
| 7    | gifts were not tax deductible?   | 6b   |      |       |
|      |  |      |      | - 44  |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a   |      |       |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b   | -    |       |
| C    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 7.0  | -    |       |
| U    | required to file Form 8282?  | 7c   |      |       |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  |      |      |       |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e   |      |       |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f   | _    | - 12  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g   |      |       |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h   |      |       |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 10   | 44.0 |       |
|      | sponsoring organization have excess business holdings at any time during the year?   | 8    |      |       |
| 9    | Sponsoring organizations maintaining donor advised funds.  |      | 1.00 |       |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a   |      |       |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b   |      |       |
| 10   | Section 501(c)(7) organizations. Enter:  | Ť.   | 1000 |       |
| а    | Initiation fees and capital contributions included on Part VIII, line 12   |      |      | 100   |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |      | MI   | 11.3  |
| 11   | Section 501(c)(12) organizations. Enter:   | No.  |      |       |
| а    | Gross income from members or shareholders  | 75 U |      | 0.0   |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |      |      |       |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a  |      |       |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |      | 1    | 100   |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 1,00 |      | AUG S |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  | 13a  |      |       |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |      |      |       |
| C    | Enter the amount of reserves on hand   | ğ. L | 200  |       |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  |      | 1     |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.   | 14b  |      |       |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |      |      |       |
|      | excess parachute payment(s) during the year?   | 15   |      | 1     |
|      | If "Yes," see instructions and file Form 4720, Schedule N.   |      |      |       |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16   |      | 1     |

| Part       | o (2019)  Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,  | and        |          | "No      |
|------------|--|------------|----------|----------|
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Schedule O |            |          |          |
| Conti      | Check if Schedule O contains a response or note to any line in this Part VI  |            | •        | . 🗸      |
| Secti      | on 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   |            |          |          |
|            | 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.  |            | m. c     |          |
| b          | Enter the number of voting members included on line 1a, above, who are independent . 14  | or .       |          | JIE      |
| 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          |          | 1        |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .  | 3          |          | 1        |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5          |          | 1        |
| 5<br>6     | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 6          |          | 1        |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a         |          | 1        |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b         | 7        | 1        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            |          |          |
| а          | The governing body?  | 8a         | 1        |          |
| ь          | Each committee with authority to act on behalf of the governing body?  | 8b         | <b>✓</b> |          |
| 9          | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9          |          | 1        |
| Secti      | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue Co      | _        | il .     |
|            | Division of the second of the  | 40-        | Yes      | No /     |
| 10a        | Did the organization have local chapters, branches, or affiliates?   | 10a        | -        | <b>V</b> |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        | 6        |          |
| . 11a<br>b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 11a        | <b>/</b> |          |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | 1        |          |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | 1        |          |
| C          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c        |          | 1        |
| 13         | Did the organization have a written whistleblower policy?  | 13         | 1        |          |
| 14         | Did the organization have a written document retention and destruction policy?   | 14         | 1        |          |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 4          |          |          |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | 15a<br>15b | _        | 1        |
| b          | Other officers or key employees of the organization  | 190        |          | V        |
| 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        | 8,       | 1        |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   | in i       |          |          |
|            | organization's exempt status with respect to such arrangements?  | 16b        |          |          |
|            | on C. Disclosure   |            |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ DC  |            |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)   | (Sec       | tion 5   | 01(c)    |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.   | inter      | est p    | olicy,   |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and rec   | ords       | <b>•</b> |          |

| Part VII | Compensation of Officers, Directors, To | rustees, Key Employees, | <b>Highest Compensated</b> | Employees, and |
|----------|---|-------------------------|----------------------------|----------------|
| 24       | 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization | n nor any relate  | d org                          | anız                  |          |              | ompe                         | ense         | ited any current                 | officer, director,                        | or trustee.   |  |
|--|---|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|----------------------------------|---|---|--|
| (A)  | (B)   | /do r                          | ot ol                 | Pos      | C)<br>sition | e than                       | 000          | (D)                              | (E)  Reportable compensation from related | (F)   |  |
| Name and title                             | Average<br>hours<br>per week  | box,                           | unle                  | ss pe    | erson        | is both<br>tor/trus          | h an<br>tee) | Reportable compensation from the |   | Estimated amount of other compensation                |  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former       | organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)          | from the<br>organization and<br>related organizations |  |
| (1) Martha Darling                         | 2   |                                | T                     |          |              |                              |              |                                  |   |   |  |
| Board Chair                                |   | 1                              |                       | 1        |              |                              |              |                                  | 340                                       |   |  |
| (2) Jameson French                         | 1   |                                |                       |          |              |                              |              |                                  |   |   |  |
| Board Vice-Chair                           |   | 1                              |                       | 1        |              |                              |              |                                  |   |   |  |
| (3) Bruce Wallace                          | 1   |                                |                       |          |              |                              | П            |                                  |   |   |  |
| Board Secretary                            |   | 1                              |                       | 1        |              |                              |              |                                  |   |   |  |
| (4) Stephen Allinger                       |   |                                |                       | Ī        |              |                              |              |                                  |   |   |  |
| Board Treasurer                            |   | 1                              |                       | 1        |              |                              |              |                                  |   |   |  |
| (5) Cristina Antelo                        | 1   |                                |                       |          |              |                              |              |                                  |   |   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (6) Jessie Bradley Director                | 1   | 1                              |                       |          |              | i a                          |              | -                                |   |   |  |
| (7) Don Hooper                             | 1   | <b>-</b>                       | $\vdash$              | -        | $\vdash$     | 1                            | +            |                                  |   |   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (8) Jerrold Jung                           | 1   | · •                            | $\vdash$              |          | $\vdash$     | 1                            | +            |                                  |   |   |  |
| Director added 2/2020                      |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (9) Chris Misner                           | 1   | <u> </u>                       | $\vdash$              | $\vdash$ | $\vdash$     |                              | +            |                                  |   | -   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (10) Cathy Novelli                         | 1   | Ť                              | $\vdash$              |          | +            |                              | +            |                                  |   |   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (11) Rob Vernon                            | 1   | Ť                              |                       |          | 1            | 1                            | 10           | -                                |   | T   |  |
| Director                                   | <del>-</del>  | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (12) Beth Viola                            | 1   | T .                            | $\vdash$              |          | $\vdash$     |                              | T            |                                  |   |   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (13) Mary Van Kerrebrook                   |   | İ                              |                       |          | 1            |                              |              | /a <sup>1</sup>                  |   |   |  |
| Director                                   |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |
| (14) Michael B Staebler                    | 1   |                                |                       | 17       | $\top$       |                              | T            |                                  |   |   |  |
| Director - added 1/2020                    |   | 1                              |                       |          |              |                              |              |                                  |   |   |  |

| Part VII Section A. Office                            | ers, Directors, 1     | Trustees,   | Key                            | Em                    | _             |                     | s, ar                           | d F      | lighest Compe                         | nsated Emplo                              | yees (c       | ontinue  |
|---|-----------------------|---|--------------------------------|-----------------------|---------------|---------------------|---------------------------------|----------|---------------------------------------|---|---------------|--|
| m = A   |                       | (7)   |                                |                       | •             | <b>C)</b><br>iition |                                 |          | (5)                                   | (F)                                       |               | <b>(</b> 5)                                      |
| (A) Name and title                                    |                       | (B) Average hours   | box,                           | unles                 | neck<br>ss pe | mor<br>rson         | e than<br>is both<br>or/trus    | n an     | (D) Reportable compensation           | (E)  Reportable compensation from related | of            | (F)<br>ted amour<br>other                        |
|   |                       | per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer       | Key employee        | Highest compensated<br>employee | Former   | from the organization (W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | fro<br>organi | pensation<br>om the<br>zation and<br>organizatio |
| (15) Marry Harris                                     |                       | 1   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| Director - retired 11/2019                            |                       |   | 1                              | 11                    |               |                     |                                 |          |                                       |   |               |  |
| (16) Collin O'Mara                                    |                       | 1   |                                |                       | ,             |                     |                                 |          | 0.505                                 |   |               |  |
| President<br>(17) Benjamin Kota                       |                       | 1   |                                | -                     | 1             |                     |                                 |          | 9,595                                 |   |               | 1,3  |
| Assistant Secretary                                   |                       |   |                                |                       | 1             |                     |                                 |          |                                       |   |               |  |
| (18) Karla Raettig                                    |                       | 40  |                                |                       |               |                     |                                 |          |                                       | -   |               |  |
| Executive Director                                    |                       |   |                                |                       |               | 1                   |                                 |          | 59,339                                |   |               | 7,9  |
| (19)  | *************         |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| (20)  | ****                  |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| (21)  |                       |   |                                |                       |               |                     |                                 |          | F                                     |   |               |  |
| (22)  |                       |   |                                |                       |               |                     | -4                              |          |                                       |   |               |  |
| (23)  |                       |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| (24)  |                       |   | ,                              |                       |               |                     |                                 |          |                                       |   |               |  |
| (25)  |                       |   |                                |                       |               |                     |                                 |          |                                       |   | -             |  |
| 1b Subtotal   |                       |   |                                |                       |               |                     |                                 | <b>•</b> | 68,934                                |   |               | 9,3  |
| c Total from continuation d Total (add lines 1b and   |                       |   |                                | 100                   |               |                     | 8                               |          |                                       |   |               |  |
| Total number of individu<br>reportable compensatio    | als (including but    | not limited   |                                |                       |               |                     |                                 | e) w     | ho received more                      | e than \$100,000                          | of            |  |
| reportable compensatio                                | ii iioiii iile organi | Zation  |                                |                       |               |                     |                                 |          |                                       |   |               | Yes N  |
| 3 Did the organization li employee on line 1a? If     |                       |   |                                |                       |               |                     |                                 | mpl      | oyee, or highes                       | t compensated                             | 3             |  |
| 4 For any individual listed                           | •                     |   |                                |                       |               |                     |                                 | naı      | nd other compet                       | sation from the                           |               |  |
| organization and relate                               |                       |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| individual  | · · · · · ·           |   |                                | •                     |               |                     |                                 |          | ·                                     |   | 4             | 1  |
| 5 Did any person listed or                            | line 1a receive o     | r accrue co   | ompe                           | nsat                  | tion          | fro                 | m any                           | uni      | related organizat                     | ion or individual                         | 5             |  |
| for services rendered to<br>Section B. Independent Co |                       | rii res, c  | ompi                           | ere                   | SUL           | ieut                | ile J i                         | or s     | acri persori .                        | 80 80 80 80 BB                            | 5             |  |
| 1 Complete this table for                             | or your five high     |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| compensation from the                                 | (A)                   | * ********  | Salioi                         | 1 IOI                 | LITE          | ca                  | leriua                          | yea      | (B)                                   |   | (C)           |  |
| Na  | ame and business add  | ress  |                                |                       |               | -                   | 51                              |          | Description of serv                   | rices                                     | Compensa      | ition  |
|   |                       |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
|   |                       |   |                                |                       |               |                     |                                 |          |                                       |   |               |  |
| 2 Total number of indep                               |                       |   |                                |                       |               |                     |                                 | th:      | ose listed above                      | e) who                                    | II le b       | 2.3  |
| received more than \$100                              |                       |   |                                |                       |               |                     |                                 |          |                                       |   | f it          | 000 (00  |

| Part   | : VIII | Statement of Rev                              |              |               |          |                  |   |                      |                                      |  |
|--|--------|---|--------------|---------------|----------|------------------|---|----------------------|--------------------------------------|--|
|  |        | Check if Schedule                             | Осо          | ntains a re   | espon    | se or note to an | y line in this Pa<br>(A)<br>Total revenue | rt VIII              | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514   |
| S S  | 1a     | Federated campaig                             | ns           |               | 1a       |                  |   |                      |                                      | Describing 612 611   |
| ant  | b      |   |              |               | 1b       |                  |   |                      |                                      |  |
| שַׁ פַּ  | C      | Fundraising events                            |              |               | 1c       | 18,525           |   |                      |                                      |  |
| Contributions, Gifts, Grants and Other Similar Amounts | d      | Related organization                          |              |               | 1d       | 10,525           |   |                      |                                      |  |
| اقَّا جَ   | е      | Government grants                             |              |               | 1e       |                  |   |                      |                                      |  |
| ns,  | f      | All other contribution                        |              |               |          |                  |   |                      |                                      |  |
| e ii   |        | and similar amounts no                        |              |               | 1f       | 836,108          |   |                      |                                      | In the second  |
| 듗된   | g      | Noncash contribution                          | ons in       | cluded in     |          |                  |   |                      |                                      |  |
| it d   | _      | lines 1a-1f                                   |              |               | 1g       | \$               |   |                      |                                      |  |
| Ω Æ  | h      | Total. Add lines 1a-                          | -1f .        |               |          | •                | 854,633                                   |                      |                                      |  |
|  |        |   |              |               |          | Business Code    |   |                      |                                      | A CONTRACTOR   |
| Program Service<br>Revenue                             | 2a     |   |              |               |          |                  |   |                      |                                      |  |
| e S  | b      |   |              |               |          |                  |   |                      |                                      |  |
| S  | С      |   |              |               |          |                  |   |                      |                                      |  |
| gram Ser<br>Revenue                                    | d      |   |              |               |          |                  |   |                      |                                      |  |
| <u>6</u>   | е      |   | 1001511001   |               |          |                  |   |                      |                                      |  |
| Ţ.   | f      | All other program se                          |              |               |          |                  |   |                      |                                      |  |
|  | g      | Total. Add lines 2a-                          |              |               |          |                  |   |                      |                                      |  |
|  | - 3    | Investment income                             | •            | •             |          |                  |   |                      | F                                    |  |
|  |        | other similar amoun                           |              |               |          |                  | 808                                       |                      |                                      |  |
|  | 4      |   |              |               |          |                  |   | 4                    |                                      |  |
|  | 5      | Royalties                                     | <u> </u>     |               |          |                  |   |                      |                                      |  |
|  |        | 0   |              | (i) Rea       | ll       | (ii) Personal    |   |                      |                                      |  |
|  | 6a     | Gross rents                                   | 6a           |               |          |                  |   |                      |                                      |  |
|  | b      | Less: rental expenses                         |              |               |          |                  |   |                      |                                      |  |
|  | C      | Rental income or (loss)  Net rental income or |              |               |          |                  |   |                      |                                      |  |
|  | _d     |   | (los         | (i) Securi    | tion     | (ii) Other       |   | Mark 1985            |                                      |  |
|  | 7a     | Gross amount from                             |              | (i) Securi    | ues      | (ii) Other       |   |                      |                                      |  |
|  |        | sales of assets other than inventory          | 7a           |               |          |                  |   |                      |                                      |  |
| 0  | ь      | Less: cost or other basis                     | 1a           |               |          |                  |   |                      | Control of the last                  |  |
| er Revenue   |        | and sales expenses .                          | 7b           |               |          |                  |   |                      |                                      |  |
| Š  | c      | Gain or (loss)                                | 7c           |               |          |                  |   |                      | The state of the state of            |  |
| æ  | d      | Net gain or (loss)                            | 2 2          | 8 8 8         |          | •                |   |                      |                                      |  |
|  | 8a     | Gross income fro                              | oro<br>morfu |               |          |                  | TWENT STAN                                | of the world and     | The second                           | AT STATE OF  |
| ₹  |        | events (not including                         |              | indialonig    |          |                  |   |                      |                                      | C TOWN TO 1  |
|  |        | of contributions re                           |              | d on line     |          |                  |   | and of property      | and the same                         | Lamba 16   |
|  |        | 1c). See Part IV, line                        | e 18         |               | 8a       |                  |   |                      | in the same                          |  |
|  | b      | Less: direct expens                           | es .         |               | 8b       |                  |   |                      |                                      | William Co.  |
|  | С      | Net income or (loss                           | ) from       | n fundraisir  | ng eve   | nts ►            |   |                      |                                      |  |
|  | 9a     | Gross income t                                |              |               |          |                  |   | A CONTRACTOR         |                                      | e traplet and  |
|  |        | activities. See Part                          | IV, lin      | e 19 .        | 9a       |                  |   |                      |                                      |  |
|  | b      | Less: direct expens                           |              |               | 9b       |                  |   | hard the said of the |                                      | amit miles as  |
|  | С      | Net income or (loss                           | ) from       | n gaming a    | ctivitie | s <b>&gt;</b>    |   |                      |                                      |  |
|  | 10a    | Gross sales of in                             |              | ory, less     |          |                  |   | - Villa              | 1                                    |  |
|  |        | returns and allowan                           |              |               | 10a      |                  |   |                      |                                      | The state of the s |
|  | Ь      | Less: cost of goods                           |              |               | 10b      |                  |   |                      |                                      | 1 - 1 - 0 - 0  |
| -  | С      | Net income or (loss                           | ) from       | n sales of it | nvento   |                  |   |                      |                                      |  |
| SI   |        |   |              |               |          | Business Code    |   |                      | e program                            |  |
| Dec<br>Tue   | 11a    | Loan Forgiveness                              |              |               |          |                  | 90,000                                    |                      |                                      |  |
| la<br>Ven  | Ь      | Miscellaneous Rever                           | nue          |               |          |                  | 7,544                                     |                      |                                      |  |
| Miscellaneous<br>Revenue                               | G      | All other revenue                             |              |               |          |                  |   |                      |                                      |  |
| Σ̈́  | d<br>e | All other revenue  Total. Add lines 11a       | <br>11-      |               |          |                  |   | Harris Tevrill       |                                      | DE ILIZADA   |
| -  | 12     | Total revenue. See                            |              |               |          |                  | 052 095                                   |                      |                                      |  |

|              | Statement of Functional Expenses   | .l. +                 | 46                                 |                                     | (A)                  |
|--------------|--|-----------------------|------------------------------------|-------------------------------------|----------------------|
| Sectio       | on 501(c)(3) and 501(c)(4) organizations must comp   |                       |                                    |                                     | in (A).              |
|              | Check if Schedule O contains a response  |                       |                                    |                                     | · · · · · · · ·      |
|              | t include amounts reported on lines 6b, 7b,<br>,, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | Fundraising expenses |
| 1            | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .   |                       |                                    |                                     |                      |
| 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   |                       |                                    |                                     |                      |
| <b>4 5</b> . | Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  | 158,555               | 115,032                            | 23,793                              | 19,729               |
| 6            | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 130,333               | 110,002                            | 20,700                              | 10/720               |
| 7            | Other salaries and wages   | 191,518               | 171,723                            | 17,608                              | 2,187                |
| 8            | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                    |                                     |                      |
| 9            | Other employee benefits  |                       |                                    |                                     |                      |
| 10           | Payroll taxes  |                       |                                    |                                     |                      |
| 11           | Fees for services (nonemployees):  |                       |                                    |                                     |                      |
|              |  | 82,564                | 18,015                             | 64,549                              | 0                    |
| а            |  |                       |                                    |                                     | 0                    |
| b            | Legal  | 5,935                 | 0                                  | 5,935                               |                      |
| С            | Accounting   | 20,063                | 0                                  | 20,063                              | 0                    |
| d            | Lobbying   |                       |                                    |                                     |                      |
| е            | Professional fundraising services. See Part IV, line 17  |                       |                                    |                                     |                      |
| f            | Investment management fees   |                       |                                    |                                     |                      |
| g            | Other. (If line 11g amount exceeds 10% of line 25, column  |                       |                                    |                                     |                      |
|              | (A) amount, list line 11g expenses on Schedule O.) .   | 11,969                | 8,448                              | 3,524                               | 0                    |
| 12           | Advertising and promotion  | 15,842                | 15,842                             | 0                                   | 0                    |
| 13           | Office expenses  | 39,745                | 35,019                             | 1,207                               | 3,519                |
| 14           | Information technology   | 43,636                | 32,727                             | 0                                   | 10,909               |
| 15           | Royalties  |                       |                                    |                                     | 1                    |
| 16           | Occupancy  |                       |                                    |                                     |                      |
|              |  | 10,019                | 8,734                              | 153                                 | 1,131                |
| 17<br>18     | Travel   | 10,019                | 8,734                              | 155                                 | 1,131                |
| 19           | Conferences, conventions, and meetings   | 121                   | 54                                 | 67                                  | 0                    |
| 20           | Interest   | 2,014                 | 0                                  | 2,014                               | 0                    |
| 21           | Payments to affiliates   |                       |                                    |                                     |                      |
| 22           | Depreciation, depletion, and amortization .  |                       |                                    |                                     |                      |
| 23           | Insurance  | 4,428                 | 0                                  | 4,428                               | 0                    |
|              |  |                       |                                    |                                     |                      |
| 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            | Miscellaneous expenses   | 175                   | 175                                |                                     |                      |
| b            | Licenses and fees  | 76                    |                                    | 76                                  |                      |
| С            |  |                       |                                    |                                     |                      |
| d            | van een projekt (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) in van de Verder (1707 termen) een teel Bearbook (Alamanian) een teel Bearbook (1707 termen) een teel Bearbook (1 |                       |                                    |                                     |                      |
| е            | All other expenses   |                       |                                    | E                                   |                      |
| 25           | Total functional expenses. Add lines 1 through 24e   | 602,310               | 421,269                            | 143,567                             | 37,475               |
| 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)  |                       |                                    | 6                                   |                      |

| Form 990 (201 | 9)   |                          | Page 11            |
|---------------|--|--------------------------|--------------------|
| Part X        | Balance Sheet  |                          |                    |
|               | Check if Schedule O contains a response or note to any line in this Pa | rt X                     | <br>               |
|               |  | (A)<br>Beginning of year | (B)<br>End of year |

|                       |     |   | <b>(A)</b><br>Beginning of year         |          | (B)<br>End of year     |
|-----------------------|-----|---|---|----------|------------------------|
|                       | 1   | Cash—non-interest-bearing   | 310,368                                 | 1        | 534,712                |
|                       | 2   | Savings and temporary cash investments  |   | 2        |                        |
|                       | 3   | Pledges and grants receivable, net  |   | 3        |                        |
|                       | 4   | Accounts receivable, net  |   | 4        |                        |
|                       | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                  |   | Sales of | THE WHAT IS            |
|                       | _   | controlled entity or family member of any of these persons  |   | 5        |                        |
|                       | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).                    | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 6        | or the order of the    |
| ts                    | 7   | Notes and loans receivable, net   |   | 7        |                        |
| Assets                | 8   | Inventories for sale or use   |   | 8        |                        |
| ۲                     | 9   | Prepaid expenses and deferred charges   |   | 9        |                        |
|                       | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a   |   |          |                        |
|                       | b   | Less: accumulated depreciation 10b  |   | 10c      |                        |
|                       | 11  | Investments—publicly traded securities  | 16,067                                  | 11       | 14,881                 |
|                       | 12  | Investments—other securities. See Part IV, line 11  |   | 12       |                        |
|                       | 13  | Investments—program-related. See Part IV, line 11.  |   | 13       |                        |
|                       | 14  | Intangible assets   |   | 14       |                        |
|                       | 15  | Other assets. See Part IV, line 11  |   | 15       |                        |
|                       | 16  | Total assets. Add lines 1 through 15 (must equal line 33)   | 326,435                                 |          | 549,593                |
|                       | 17  | Accounts payable and accrued expenses   | 81,945                                  |          | 59,846                 |
|                       | 18  | Grants payable  | 0.10.10                                 | 18       | 00,040                 |
|                       | 19  | Deferred revenue  |   | 19       |                        |
|                       | 20  | Tax-exempt bond liabilities   |   | 20       |                        |
|                       | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |   | 21       |                        |
| Liabilities           | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                       |   |          |                        |
| ia.                   |     | controlled entity or family member of any of these persons  |   | 22       |                        |
| -                     | 23  | Secured mortgages and notes payable to unrelated third parties  |   | 23       |                        |
|                       | 24  | Unsecured notes and loans payable to unrelated third parties  |   | 24       |                        |
|                       | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 104,233                                 | 25       | 0                      |
| 170                   | 26  | Total liabilities. Add lines 17 through 25  | 186,178                                 |          | 59,846                 |
| ances                 |     | Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.   |   |          |                        |
|                       | 27  | Net assets without donor restrictions   | 112,219                                 | 27       | 349,127                |
| ä                     | 28  | Net assets with donor restrictions  | 28,038                                  |          | 140,620                |
| Net Assets or Fund Ba |     | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.   |   |          |                        |
| 0                     | 29  | Capital stock or trust principal, or current funds  |   | 29       |                        |
| ets                   | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |   | 30       |                        |
| SS                    | 31  | Retained earnings, endowment, accumulated income, or other funds  |   | 31       |                        |
| Ĭ,                    | 32  | Total net assets or fund balances   | 140,257                                 | 32       | 489,747                |
| ž                     | 33  | Total liabilities and net assets/fund balances  | 326,435                                 |          | 549,593                |
|                       |     |   | 020,430                                 |          | Form <b>990</b> (2019) |

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|-----|---|---|-----|---|
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| ,,,,,   | 0 (2019)  |   |               | Р   | age 12 |
|---------|---|---|---------------|-----|--------|
| Part    | XI Reconciliation of Net Assets   |   |               |     | 720    |
|         | 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   |               |     | 52,98  |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2   |               |     | 02,310 |
| 3       | Revenue less expenses. Subtract line 2 from line 1  | 3   |               |     | 50,675 |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4   |               | 1   | 40,25  |
| 5       | Net unrealized gains (losses) on investments  | 5   |               |     | -1,185 |
| 6       | Donated services and use of facilities  | 6   |               |     | (      |
| 7       | Investment expenses   | 7   |               |     |        |
| 8       | Prior period adjustments  | 8   |               |     |        |
| 9       | Other changes in net assets or fund balances (explain on Schedule O)  | 9   |               |     |        |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |   |               |     |        |
|         | 32, column (B))   | 10  |               | 4   | 89,747 |
| 1       | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other  |   |               | Yes | No     |
| •       | If the organization changed its method of accounting from a prior year or checked "Other," ex   | kplain ir                                 | n I           |     |        |
|         | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.   |   |               |     | 1      |
|         | If the organization changed its method of accounting from a prior year or checked "Other," ex   |   | 2a            |     | 1      |
| 2a      | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:   |   | 2a<br>r<br>2b |     | 1      |
| 2a      | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?   | ed on a                                   | 2a            | 1   | 1      |
| 2a<br>b | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? .  If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant. | ed on a rsight of nt? plain on the in the | 2a 2b 2c 3a   |     | 1      |

. . .

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

**Employer identification number** 

National Wildlife Federation Action Fund 74-2556532 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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

|  | raye a                         |
|--|--------------------------------|
| Name of organization                     | Employer identification number |
| National Wildlife Federation Action Fund | 74-2556532                     |

| /o\                                    | Contributors (see instructions). Use duplicate co |                            |   |
|--|---|----------------------------|---|
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|  | N/A   | \$ 100,000.00              | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution   |
| ***********                            | N/A   | \$ 20,000.00               | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|  | N/A   | \$ 10,000.00               | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c) Total contributions    | (d) Type of contribution  |
| nakanan).                              | N/A   | \$ 10,000.00               | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c) Total contributions    | (d)<br>Type of contribution   |
| 4                                      |   | \$                         | Person  |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                 | (c) Total contributions    | (d)<br>Type of contribution   |
| ************************************** |   | \$                         | Person  |

Employer identification number

National Wildlife Federation Action Fund

74-2556532

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

| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|---------------------------|--|---|---|
|                           |  | \$  | .:                                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  | *************************************** |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** National Wildlife Federation Action Fund 74-2556532 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (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 Part I (c) Use of gift (b) Purpose 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, 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, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the Complete

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization 74-2556523 National Wildlife Federation Action Fund Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . . . . Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . No Yes 3 Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 0 ✓ Yes Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1)(2)(3)(4)(5)(6)

| Schedule |  |  |  |
|----------|--|--|--|
|          |  |  |  |
|          |  |  |  |

| Par        | t II-A                        | Complete if the organizat section 501(h)).                | ion is exempt u   | ınder section 5     | 01(c)(3) and file                  | d Form 5768 (elec  | ction under                 |
|------------|-------------------------------|---|---|---------------------|------------------------------------|--|-----------------------------|
| <b>A</b> ( | Check >                       | if the filing organization beloaddress, EIN, expenses, an |   |                     |                                    | iliated group membe  | er's name,                  |
| В          | Check ▶                       | if the filing organization che                            | cked box A and "  | limited control" p  | rovisions apply.                   |  |                             |
|            |                               | Limits on Lo<br>(The term "expenditures"                  | bbying Expenditu  |                     | )                                  | (a) Filing organization's totals   | (b) Affiliated group totals |
| 18         | Total lo                      | obbying expenditures to influen                           |   | <u> </u>            |                                    |  |                             |
| ì          |                               | obbying expenditures to influen                           |   |                     |                                    |  |                             |
| -          |                               | obbying expenditures (add lines                           | •   |                     | 9)                                 |  |                             |
| Ì          |                               | exempt purpose expenditures                               | ,   |                     |                                    |  |                             |
| •          |                               | xempt purpose expenditures (a                             |   | d)                  |                                    |  |                             |
| 1          |                               | ing nontaxable amount. Ente                               |   |                     |                                    |  |                             |
|            | If the ar                     | mount on line 1e, column (a) or (b)                       | is: The lobbying  | nontaxable amoun    | it is:                             |  | E - PRESIDE                 |
|            |                               | r \$500,000   |   | ount on line 1e.    |                                    | A CONTRACTOR OF THE PARTY OF TH |                             |
|            | Over \$5                      | 00,000 but not over \$1,000,000.                          | \$100,000 plus  | 15% of the excess   | over \$500,000.                    |  |                             |
|            | Over \$1                      | ,000,000 but not over \$1,500,000                         | \$175,000 plus  | 10% of the excess   | over \$1,000,000.                  |  |                             |
|            | Over \$1                      | ,500,000 but not over \$17,000,000                        | \$225,000 plus  | 5% of the excess of | over \$1,500,000.                  | A COLUMN TO SERVICE !  |                             |
|            | Over \$1                      | 7,000,000   | \$1,000,000.  |                     |                                    |  |                             |
| j          | Subtra<br>If there<br>reporti | e organizations that made a s                             | less, enter -0- ro on either line ar? Year Averaging F section 501(h) ele | eriod Under Sec     | ction 501(h)<br>re to complete all | 1 1 1 1  | Yes No                      |
|            |                               | Lobbyi  | ng Expenditures   | During 4-Year A     | veraging Period                    |  |                             |
|            | Cale                          | endar year (or fiscal year<br>beginning in)               | (a) 2016  | <b>(b)</b> 2017     | (c) 2018                           | (d) 2019   | (e) Total                   |
| 2          | Lobby                         | ing nontaxable amount                                     |   |                     |                                    |  |                             |
| ŀ          |                               | ing ceiling amount<br>of line 2a, column (e))             | Elements in the   |                     |                                    |  |                             |
| (          | Total lo                      | obbying expenditures                                      |   |                     |                                    |  |                             |
| (          | Grassr                        | oots nontaxable amount                                    |   |                     |                                    |  |                             |
|            | Graser                        |   |   |                     |                                    | -  |                             |
|            |                               | oots ceiling amount<br>of line 2d, column (e))            |   |                     |                                    |  | 6                           |

Schedule C (Form 990 or 990-EZ) 2019

| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred by organization managers under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  2 Carpover from last year  c Total  A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   | 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  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Taxable amount of lobbying and political expenditures (see instructions)  5   | e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2D bid the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? 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Current year  Current year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  All If notices were sent and the amount on line 2c exceeds the amount on line 3, what   | g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  j Total. 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| plicet contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  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| 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes." 1 Dues, assessments and similar amounts from members  | Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | 1   Were substantially all (90% or more) dues received nondeductible by members?   | r all Cill-A   |  | ,(O), ( | JI 36 | Cuon       |        |      |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, i answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year   |                |  |         |       |            | Yes    | No   |
| Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the  | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, i answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  5   |                |  |         |       |            |        | _    |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes."  1 Dues, assessments and similar amounts from members   | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  1 Dues, assessments and similar amounts from members   | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  |                |  |         |       |            | 1      | ,    |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3 answered "Yes."  1 Dues, assessments and similar amounts from members   | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes."  1 Dues, assessments and similar amounts from members   | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, in answered "Yes."  1 Dues, assessments and similar amounts from members  |                |  |         |       |            |        | 1    |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year   | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year   |                | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF   |         |       |            | line 3 | , is |
| political expenses for which the section 527(f) tax was paid).  a Current year  | political expenses for which the section 527(f) tax was paid).  a Current year   | political expenses for which the section 527(f) tax was paid).  a Current year   |                |  |         | 1     |            |        |      |
| b Carryover from last year  | b Carryover from last year   | b Carryover from last year   | polit          | ical expenses for which the section 527(f) tax was paid).  | of      |       |            |        |      |
| c Total   | c Total  | C Total  |                |  |         |       |            |        |      |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  |                |  | - 1     |       | ^          |        |      |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the  | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)   | 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?   |                |  |         |       |            |        |      |
|   | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  |                | • ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  |         | 3     |            |        |      |
|   | and political expenditure next year?   | and political expenditure next year?   |                |  |         |       |            |        |      |
|   | 5 Taxable amount of lobbying and political expenditures (see instructions)   | 5 Taxable amount of lobbying and political expenditures (see instructions)   |                |  | /ing    |       |            |        |      |
|   |  |  |                |  |         | _     |            |        |      |
|   | Port V Supplemental Information  | Part IV Supplemental Information   |                | THE OWNER OF THE PERSON OF THE | 18      | 5     |            |        |      |
|   | A THE STATE OF THE   | Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a  | Part IV        | Supplemental Information   |         | ); Pa | rt II-A, I | ines 1 | ar   |

|   | m 990 or 990-EZ) 2019  | Page 4   |
|---|--|--|
| Part IV                                 | Supplemental Information (continued)   |  |
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### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

| lame of the organization  |  |                                |  |   | Employer identific   | cation number   |
|---|--|--------------------------------|--|---|--|---|
| ational Wildlife Federation Action Fur  |  |                                |  |   |  | -2556532  |
| Part I Fundraising Activitie<br>Form 990-EZ filers are  | not required to                            | complete                       | this part.                                 |   |  | line 17.  |
| 1 Indicate whether the organiza   | tion raised funds                          | through any                    |  |   |  |   |
| a  Mail solicitations   |  | e [                            |  | ion of non-govern                       |  |   |
| <b>b</b> Internet and email solicitat   | tions                                      | f                              | ☐ Solicitat                                | ion of government                       | t grants   |   |
| c Phone solicitations   |  | g [                            | Special                                    | fundraising events                      | 3  |   |
| d ✓ In-person solicitations   |  |                                |  |   |  |   |
| <ul> <li>Did the organization have a w or key employees listed in For</li> <li>If "Yes," list the 10 highest pa compensated at least \$5,000</li> </ul> | m 990, Part VII) c<br>aid individuals or a | r entity in c<br>entities (fun | onnection                                  | with professional f                     | undraising services  | ? ☐ Yes 🗹 N   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity                              | custody o                      | ndraiser have<br>or control of<br>butions? | (iv) Gross receipts from activity       | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |  | Yes                            | No   |   |  |   |
| 1   |  | 100                            |  |   |  |   |
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| otal  |  |                                | anna ar Þ                                  |   |  |   |
| List all states in which the orgenistration or licensing.  lichigan   | ganization is regi                         | stered or lic                  | ensed to s                                 | solicit contribution                    | s or has been notifi   | ed it is exempt fro                                     |
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| Schedu | lle G (Form 990 or 990-EZ) 2019  |                        | Page 3          |
|--------|--|------------------------|-----------------|
| 11     | Does the organization conduct gaming activities with nonmembers?   | ☐ Yes                  | ☐ No            |
| 12     | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?                                   | ☐ Yes                  | □ No            |
| 13     | Indicate the percentage of gaming activity conducted in:   |                        |                 |
| а      | The organization's facility  |                        | %               |
| b      | An outside facility  |                        | %               |
| 14     | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                        |                 |
|        | Name ►   |                        |                 |
|        | Address ▶  |                        |                 |
| 15a    | Does the organization have a contract with a third party from whom the organization receives gaming  | _                      | _               |
|        | revenue?   | ☐ Yes                  | ∐ No            |
| b      | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$   |                        |                 |
| С      | If "Yes," enter name and address of the third party:   |                        |                 |
|        | Name >   |                        |                 |
|        | Address►   | **********             |                 |
| 16     | Gaming manager information:  |                        |                 |
|        | Name ►   | onen menne di          |                 |
|        | Gaming manager compensation ► \$   |                        |                 |
|        | Description of services provided ▶   |                        |                 |
|        | □ Director/officer □ Employee □ Independent contractor   |                        |                 |
| 17     | Mandatory distributions:   |                        | <u> 1</u> .1    |
| а      | Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                        |                 |
|        | retain the state gaming license?   | ☐ Yes                  | ∐ No            |
| b      | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ |                        |                 |
| Part   |  | ii) and (<br>al inforr | v); and mation. |
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** National Wildlife Federation Action Fund 74-2556532 Form 990 Part III, Line 4d - Other Programs NWF Action Fund educates its members on important conservation and wildlife issues through its website, email lists and social media channels. NWFAF also facilitates member communication with legislative and administrative officials through petitions, phone calls and emails. In addition, NWF Action Fund works in coalition with other organizations to promote civic engagement and participation in important federal and state elections. Form 990, Part VI, Line 11b - Organization's process to review Form 990 NWF Action Fund's Finance department compiles data and schedules for the IRS Form 990 from audited financial statements. The draft return is reviewed by the Executive Director. The NWF Action Fund's board members are provided with a draft copy of the 990 return. A Finance Committee meeting is held where the full board is invited to participate in discussing the 990 prior to filing. The Action Fund's Finance staff, General Counsel and Executive Director address and answer any questions that the board my have. Form 990, Part VI, line 12c No enforcement required during fiscal year. Form 990, Part VI, line 19 The NWF Action Fund makes its governing documents and conflict of interest policy available to the public upon request. The Action Fund makes its audited financial statements and 990's available to the public on its own website and upon request. Form 990, PartVII, Section A Compensation of Officers, Directors, Trustees, Key Employees NWF Action Fund is part of a common paymaster and all employees working on Action Funds projects are reported under the National Wildlife Federation's payroll. The Action Fund reimbursed NWF for compensation paid on its behalf. All compensations are reported in Col D even though NWF is the common paymaster.

| Schedule O (Form 990 or 990-EZ) (2019)  | Page 2                                  |
|---|---|
| Name of the organization                | Employer identification number          |
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization National Wildlife Federation Action Fund

Part

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.

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

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

2019

OMB No. 1545-0047

Open to Public Inspection

74-2556532

Employer identification number

| (a) Name, address, and EIN (if applicable) of disregarded entity  | Prin  | (b)<br>Primary activity               | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|---|---------------------------------------|---|---------------------|---------------------------|-------------------------------------|
| (1)   |   |                                       | - 53<br>-   |                     |                           |                                     |
| (2)   |   |                                       |   |                     |                           |                                     |
| (6)   |   |                                       |   |                     |                           | :4                                  |
| (4)   |   | ia.                                   |   |                     |                           |                                     |
| (9)   |   |                                       |   |                     |                           |                                     |
| (9)   |   |                                       |   |                     |                           |                                     |
| Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.  (a) (b) Name, address, and EN of related organization | ganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ons during the tax year.  (a) (b) (c) (c) (d) (d) (d) (e) (e) (d) (d) (d) (d) (d) (d) (e) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | the organization are (c)              | inswered "Yes" or  (d)  Exempt Code section         | Porm 990, Part I    | t IV, line 34, becau      | ause it had  [4] Section 512(b)(13) |
| × .   |   | i i i i i i i i i i i i i i i i i i i |   | (GVa) an amount of  | _                         |                                     |
| (1)NWFAF PAC  | Dolision Committee  | ٤                                     | 2   |                     |                           | -                                   |
|   | Olucal Collininge   | 3                                     | 176   |                     | dio di lili               | <b>&gt;</b>                         |
| (8)   | 120   |                                       |   |                     |                           |                                     |
| (4)   |   |                                       |   |                     |                           | .,*                                 |
| (5)   |   |                                       |   |                     |                           |                                     |
| (9)   |   |                                       |   | -4                  |                           |                                     |
| (2)   |   |                                       |   |                     |                           |                                     |
| For Paperwork Beduction Act Notice. see the Instructions for Form 990.  |   | Cat                                   | Cat. No. 50135Y                                     |                     | Schedule                  | Schedule R (Form 990) 2019          |

| (a)   |                      |   |   |   |                               | , 6   |  |                                 |   |                                | ŀ   |                                   |
|---|----------------------|---|---|---|-------------------------------|---|--|---------------------------------|---|--------------------------------|---|-----------------------------------|
| Name, address, and EIN of<br>related organization   | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity                 | Predominant income (related, unrelated, excluded from tax under sections 512—514) |                               | Share of total Sh income                      | (h) Share of end-of- Disproportionate year assets allocations? | (h) Disproportion allocations   | (f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (c1 partner?)                  |   | (k)<br>Percentage<br>ownership    |
| 14  |                      |   | 85  |   |                               |   |  | Yes                             | No  | Yes                            | 운   |                                   |
| (1)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
| (2)   |                      |   |   |   |                               |   | -  |                                 |   |                                |   |                                   |
| (3)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
| (4)   |                      |   |   | k   |                               |   |  |                                 |   |                                |   |                                   |
| (5)   | *                    |   | 500   |   | 1.                            |   |  |                                 |   |                                |   |                                   |
| (9)   |                      |   |   |   |                               | A.  |  |                                 |   |                                |   |                                   |
| (7)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
| Part IV 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. | lated Organiza       | itions Taxable<br>related organiz             | as a Corporal ations treated                  | tion or Tru<br>as a corpo   | st. Compliration or ti        | ete if the o<br>rust during                   | rganizatio<br>the tax ye                                       | ear.                            | ered "Yes" on   | Form 990                       | , Part i                                    | <u> </u> `≤                       |
| (a)<br>Name, address, and EIN of related organization   | organization         | <b>(b)</b><br>Primary activity                | (c) Legal domicile (state or foreign country) |   | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) |  | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets                       | (h)<br>Percentage<br>ownership | Section 512(b)(13)<br>controlled<br>entity? | (i)<br>512(b)<br>trolled<br>tity? |
| (1)   |                      |   |   |   |                               |   |  | 12                              |   |                                | Yes   | 2                                 |
| (2)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
| (3)   |                      |   |   |   |                               | ides .  |  |                                 |   | 11                             |   |                                   |
| (4)   |                      |   | 8   |   |                               |   |  |                                 |   |                                |   |                                   |
| (9)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
| (9)   |                      |   |   |   |                               |   |  |                                 |   |                                |   |                                   |
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019

Part V Transacti

| Precipit of the text, and controlled entity  (Bit, grant, or explat contribution to related organization(s)  (Bit, grant, or explat contribution to related organization(s)  (Bit, grant, or explat contribution from related organization(s)  (Bit, grant, or explat contribution from related organization(s)  (Bit, grant, or explat contribution from related organization(s)  (Bodiernds from related from from related organization(s)  (Bodiernds from from the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction from related organization(s)  (Bodiernds from from from from from from from from  | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.<br>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? | Yes lated organizations listed in Parts II–IV?                |
|--|--|---|
| ganization(s) ganization(s) ations for related organization(s) articles by related organization(s) with related organization(s) with related organization(s) stor information on who must complete this line, including covered relationsh (b) Transaction Amount involved Transaction Amount involved Transaction | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |   |
| nization(s) ganization(s) ations for related organization(s) actions by related organization(s) with related organization(s) solutions by related organization(s) with related organization(s) solution on who must complete this line, including covered relationsh (b) Transaction Amount involved Transaction Amount involved Transaction Appe (a – s)  |  | <b>q</b>  |
| nization(s) ganization(s) ations for related organization(s) with related organization(s) with related organization(s)  solution for information on who must complete this line, including covered relationsh  (a)  Transaction  (b)  Transaction  Amount involved type (a—s)  | Giff, grant, or capital contribution from related organization(s)  | 10  |
| nization(s) ganization(s) ations for related organization(s) actions by related organization(s) with related organization(s).  solutions by related organization(s).  Transaction  Transaction  Transaction  Amount involved  Type (a—s)  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationsh  The formation or who must complete this line, including covered relationship in the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete this line, including the formation or who must complete the formation or who must comp |  | 0   |
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| rization(s)  ganization(s)  ations for related organization(s)  with related organization(s)  solutions by related organization(s)  with related organization(s)  solutions for related organization(s)  mith related organization(s)  solutions for information on who must complete this line, including covered relationsh (b)  Transaction Amount involved (c)  Transaction type (a – s)  Transaction type (a – s)   |  |   |
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| ganization(s)  | Lease of facilities, equipment, or other assets to related organization(s)   |   |
| with related organization(s) with related organization(s)  solutions by related organization(s)  in for information on who must complete this line, including covered relationsh  Transaction  Transaction  Transaction  The (a - s)  The (a - s)  | rganization(s)   |   |
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# 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) (b) (c) (d) (e) (f) (d) (e) (f) (f) (f) (f) (f) (g) (f) (g) (f) (f) (g) (f) (f) (g) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | (b)<br>Primary activity | (c)<br>Legal domicile | (d)<br>Predominant  | (e)<br>Are all part                    | tners | (f)<br>Share of |                       | (h)<br>Disproportionate | (i)<br>Code V—UBI | (i)<br>General or    | (k)<br>Percentage          |
|------|--|-------------------------|-----------------------|---|--|-------|-----------------|-----------------------|-------------------------|-------------------|----------------------|----------------------------|
|      |  |                         |                       | income (related,<br>unrelated, excluded<br>from tax under | section<br>501(c)(3)<br>organizations? |       | total income    | end-of-year<br>assets | allocations?            |                   | managing<br>partner? | ownership                  |
|      |  |                         |                       | sections 512—514)   | Yes No                                 | 9     |                 | 2                     | Yes No                  |                   | Yes No               |                            |
| Ξ    |  |                         |                       |   |  |       |                 |                       |                         |                   |                      | Ÿ                          |
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| 6    |  | ×                       |                       |   |  |       | 1.              |                       |                         | :x                |                      |                            |
| (10) |  |                         |                       |   |  |       |                 |                       |                         |                   | +                    |                            |
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| (12) |  |                         |                       |   |  | Çe.   | 74              |                       |                         |                   |                      |                            |
| (13) |  |                         |                       |   |  |       | 2               | 2                     |                         |                   |                      |                            |
| (14) |  |                         |                       |   |  |       |                 |                       |                         |                   |                      |                            |
| (15) |  |                         |                       |   |  |       |                 |                       |                         |                   | 2                    |                            |
| (16) |  |                         |                       |   |  |       |                 |                       |                         |                   |                      |                            |
|      | Ť  |                         |                       |   |  |       |                 |                       |                         | Sche              | dule R (For          | Schedule R (Form 990) 2019 |

| Schedule R (                                  | Form 990) 2019  | Page 5                                  |
|---|---|---|
| Part VII                                      | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. |   |
|   | S. F.   | (F)                                     |
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