

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 20	019 calendar year, or tax year beginning and	ending		
B Ci	heck if oplicable	C Name of organization		D Employer identi	fication number
	Address change	Western Conservation Action			
	Name change	Doing business as		20-8091495	
	Initial return		Room/suite	E Telephone numb	per
	Final return/		420	303-454-335	
	term:n- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,057,307.
	Amended	Denver, CO 80202		H(a) Is this a group	return
	Applica-	F Name and address of principal officer Brendon Cechovic		for subordinate	
<u> </u>	pending	same as C above	_	ti(b) Are all subordinates	s included? Yes No
J T	ax-exem _l	ot status 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) of status 501(c) (401(c) (or 62)	If "No," attach	a list (see instructions)
į ν	Vebsite:	N/A	1	H(c) Group exempti	ion number
K Fo	orm of org	anization: x Corporation Trust Association Other	L Year	of formation: 2006	M State of legal domicile, CO
.Pa	rt I S	ummary	1		
a	1 Bri	efly describe the organization's mission or most significant activities Increa	se the st	rength,	
ξ		fectiveness & political power of Western Conservation Move			
ř.	2 Ch	eck this box If the organization discontinued its operations or dispos	sed of more	than 25% of its net	assets
8	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		з	<u> </u>
ଅ	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5 Tot	al number of individuals employed in calendar year 2019 (Part V, line 2a)		5	
₹	6 Tot	al number of volunteers (estimate if necessary)		6	
₹	7 a Tot	al unrelated business revenue from Part VIII, column (C), line 12		78	0
`_	b Ne	t unrelated business taxable income from Form 990-T, line 39		71	0
			_	Prior Year	Current Year
힐	8 Co	ntributions and grants (Part VIII, line 1h)	2 L	2,463,630	. 2,056,000
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)		0	. 0
اقِ	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		1,207	. 1,307
"	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0
	12 Tot	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,464,837	
	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1·3)	_	2,952,313	. 1,576,197
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)		0	. 0
es	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		217,504	. 160,453
EC.	, 16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		0	. 0
Š	b Tot	ral fundraising expenses (Part IX, column (D), line 25)	378.		
NN Expenses	17 Oth	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		453,911	
⋛	18 Tot	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,623,728	
اس	19 Re	venue less expenses Subtract line 18 from line 12		-1,158,891	+
Sec			Ве	ginning of Current Year	
Net Assets Fund Baland		al assets (Part X, line 16)	<u> </u>	787,250	+
	21 Tot	al liabilities (Part X, line 26)	_	302,464	
		t assets or fund balances Subtract line 21 from line 20		484,786	. 471,809
Ŗа		Signature Block			
_	•	s of perjury, I declare that I have examined this return, including accompanying scheduler		•	my knowledge and belief, it is
rue,	correct, at	nd complete. Declaration of preparer (other than officer) is based on all information of wh	nen preparer	nas any knowledge	122
		Signature of officer		Date Date	/20
Sign		•		Date	•
lere	* 	Brendon Cechovic, CEO Type or print name and title		.	
	D-			Date Check	I II PTIN
aid		Int/Type preparer's name Preparer's signature	\mathcal{L}^{-1}	7/28/2020	
				self-emplo	p01720813
-			>-1/1-	Firm's EIN	
J36 (, FIL	m's address 475 Lincoln Street, Suite 200 Denver, CO 80203	FIXE	U Dhone no 30	3 534-5953
_	<u> </u>		\sqrt{I}	Rnone no.30.	
		discuss this return with the preparer shown above? (see instructions)	4- 49- 000		X_Yes No
3200	1 01-20-20	LHA For Paperwork Reduction Activotice see the separate instruction	in 3 202		Form 990 (2019)
		l CG	DEN	عراق	
			בייש	0 [
		를 APR 0 7 2021 이			a

Forn	1990 (2019) Western Conservation Action	20-8091495	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1,			
	Increase the strength, effectiveness and political power of the		
	Western Conservation Movement.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		s X No
	prior Form 990 or 990-EZ?	Ye	s 📤 No
_	If "Yes," describe these new services on Schedule O		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L ₹6	S LALINO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	s, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 1,758,040. including grants of \$ 1,326,197.) (Revenue)	¢	
40	(Code) (Expenses \$ 1,758,040. including grants of \$ 1,326,197.) (Revenue to the Western US	16 \$	··········'
	conservation community through advocacy, educating, and lobbying		
	activities.		
			_
		•	
		•	
4b	(Code) (Expenses \$ 255,834. including grants of \$) (Revenue	ie \$)
	Special Opportunities Funds projects that complement the		
	organization's mission but fall outside targeted geographies.		
		 -	
		_	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	- S	·-
	(Code) (Lapendes) (Newtoning grains of v		
			
		···	
4d	Other program services (Describe on Schedule O)	<u> </u>	
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,013,874.		
		Form	990 (2019)

Form 990 (2019) Western Conservation Partive 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	İ		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	2	数	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	•	ŀ	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			"
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		 ^-
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40h	x	}
40	Is the organization arswered into its fine 12a, then completing schedule E , F and E in solution as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		х
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	112		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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 ² /f "Yes," complete Schedule G, Part I	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19	j	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12 If "Yes," complete Schedule I, Parts I and II	21	х	

20-8091495 Western Conservation Action Form 990 (2019) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 x Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 х 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 25b Х Schedule L, Part I 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 Х 26 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 Х 27 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) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f х "Yes." complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations x sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and х Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance

Note: All Form 990 filers are required to complete Schedule O

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?		1	1c	х	ĺ

Х

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Form	990 (2019) Western Conservation Action	20-8091495		P	age 5			
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No			
` 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1						
•	filed for the calendar year ending with or within the year covered by this return	2a 0	ļ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti	urns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	e O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a	ļ	x			
b	If "Yes," enter the name of the foreign country	,		1				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)		l	L			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b		х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	i –				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit						
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions or gifts	6a		┢			
	were not tax deductible?	. .	6b					
7	Organizations that may receive deductible contributions under section 170(c).				\vdash			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices provided to the payor?	7a					
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required	<u> </u>					
	to file Form 8282?		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-	†			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	L	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		71	1	<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file if		7g	t				
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine							
_	sponsoring organization have excess business holdings at any time during the year?	a by and	8					
9	Sponsoring organizations maintaining donor advised funds.		۲		—			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	 	\vdash			
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter		İ					
	Gross income from members or shareholders	11a		İ				
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
_	amounts due or received from them)	11b			l			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5			1			
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
_	Note: See the instructions for additional information the organization must report on Schedule O		100		-			
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	13b			i			
	Enter the amount of reserves on hand	130						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ule O	14a					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun		140					
13	excess parachute payment(s) during the year?	GIALIUII UI	45		x			
			15					
16	If "Yes," see instructions and file Form 4720, Schedule N	nt income?						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes " complete Form 4720. Schedule O	n income?	16					
	If "Yes," complete Form 4720, Schedule O			: 1	1			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section 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. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision х of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a x more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or x persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a a The governing body? x Each committee with authority to act on behalf of the governing body? 8b 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 a Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? х 15a a The organization's CEO, Executive Director, or top management official Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Scott Panter - 303-454-3351

80202

1675 Larimer Street, Suite 420, Denver, CO

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

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

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

- 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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of		
	week	\vdash	- T - T - T			ector/trusteer		from	from related	other		
	(list any hours for	recto				L		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	0.00	ag			safec	l	(W-2/1099-MISC)	(44-2/1055-141130)	organization		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** = *********************************		and related		
	below	qual	nton	=	Key employee	est co oyee	ᡖ			organizations		
	line)	tnd iv	Instit	Officer	Keye	High	Former					
(1) Brennan Bilberry	2.00											
Board Member, Treasurer	2.00	х		х				0.	0.	C		
(2) Brendon Cechovic	5.00											
Board Member, CEO WCF	35.00	х		X				0.	209,620.	37,416		
(3) Shara Kaplin	5.00											
Chief of Staff	35.00	L		х	L	<u> </u>		0.	176,400.	33,750		
(4) Leah Wieneke	5.00						1					
Chief Operating Officer	35.00			х		L	L	0.	159,432.	34,837		
(5) Molly McUsic (thru mid-2019)	2.00											
Chair	2.00			Х	L.	<u> </u>	L_	0.	0.	(
(6) Aaron Browning	5.00											
Director of Federal Public Lands	35,00		<u> </u>		<u> </u>	х	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	0.	164,667.	26,380		
(7) Sara Moffat	5.00			1								
Director of Government Relations	35.00			<u> </u>		х		0.	163,200.	35,147		
(8) Scott Panter	5.00											
Financial Manager	35.00	L	_	L		х	_	0.	101,282.	27,103		
(9) Monica Pergrossi	5.00											
Program Director	35.00	L_			_	х		0.	126,126.	30,536		
		}										
	<u> </u>	ļ		<u> </u>		_						
	<u> </u>											
		_	_		<u> </u>		<u> </u>					
		ļ										
		<u> </u>	<u> </u>		<u> </u>	_						
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		l										
		<u> </u>	\vdash	\vdash	<u> </u>	\vdash						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

20-8091495

	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	on	(F) Estimated amount of other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	- 1	fr org and	pensa om th anizat d relat anizati	e tion ted		
								i								
_																
											\neg					
	· · · · · · · · · · · · · · · · · · ·		_						-		_					
1b	Subtotal	1	<u> </u>	<u>l</u>	<u> </u>	L	<u> </u>	•	0.	1,100,			225	,169.		
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.		
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	no r	0. received more than \$100	1,100, 0,000 of reportab			225	,169.		
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·	•				10		
_											г		Yes	No		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ee, i	кеу б	emp	loye	e, o	r hig	ghest compensated emp	oloyee on	-	3				
4	For any individual listed on line 1a, is the si		le co	omp	ensa	ation	n and	d oti	her compensation from	the organization						
	and related organizations greater than \$15	•	•						•	J		4	х			
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr/	elat	ted organization or indiv	idual for services		[
	rendered to the organization? If "Yes," con	plete Schedul	e <i>J f</i>	or s	ıch	pers	son					5		х		
	tion B. Independent Contractors									****						
1	Complete this table for your five highest co the organization Report compensation for	•									ipensa	ition i	rom			
	(A)	une outendar y	Cu,	<u> </u>	·g ·	••••	<u> </u>	T	(B)	year [(C	;)			
	Name and business	address							Description of s	services	Co		isatio	n		
	Glover Park Group, 1025 F Street	NW.,														
9th	Floor, Washington, DC 20004								Consulting				116,	477.		
																
								+		_						
2	Total number of independent contractors (i		ot lii	nite	d to		se lis	ted	above) who received m	nore than						
	\$100,000 of compensation from the organi	Zativii P						•	<u>-</u>		F	orm §	990 (2	2019)		

			-0101			vatio	n Action			20-8091495	Page 9
Pa	rt V	711	Statement of Re	ven	ue						
			Check if Schedule O	conta	ıns a res	ponse	or note to any l			78	
•	•		`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1:	9	-				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		-11						1
s, G		С	Fundraising events		70	:		, , ,	-	,	
Gift lar		d	Related organizations		10	jt	556,000]			
in's		e	Government grants (contr	ributio	ons) 1	•]			
tio S r		f	All other contributions, gifts,	grants	s, and						
ĕξ			similar amounts not included	abov	e <u>1</u> 1	<u> </u>	1,500,000	<u>.</u>			
d d		g	Noncash contributions included in	lines '	la-1f 1 9	3 \$		<u> </u>			
<u>Q 4</u>		h	Total. Add lines 1a-11				<u> </u>	2,056,000			ļ
							Business Code				
ice	2	а									
er e		b									
le S		C						-			
gra Re		d						<u> </u>		<u> </u>	-
Program Service Revenue		e	A0 -15-					-			
_		f	All other program service	rever	iue						
	3	9	Total. Add lines 2a-2f Investment income (include	ding (luudand	c inter		 		[[!
	3		other similar amounts)	Jing (ividerid	S, IIII. C I	est, and	1,307			1,307.
	4		Income from investment of	of tay	.evemnt	hond i	aroceeds >	,,,,,,,			
	5		Royalties	,, tax	cacinpt	DOI IG	> Droubboas				
	ľ		Hoyanics		(i) R	eal	(ii) Personal				
	6	a	Gross rents	6a			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		ŀ	
	_		Less rental expenses	6b				1 '			
			1 a 1 a 1			1					
			Net rental income or (loss				•			i	<u> </u>
			Gross amount from sales of	\Box	(ı) Şeci	urities	(II) Other				
			assets other than inventory	7a				1			
		b	Less cost or other basis					1			
ī			and sales expenses	7ь							
Revenue		С	Gain or (loss)	7c							
æ		d	Net gain or (loss)				<u> </u>				
je.	8	а	Gross income from fundraisi	ìý êve	ints (ทบโ						ļ ·
₹			including \$		0	f		1			
			contributions reported on	line 1	tc) See						
			Part IV, line 18			8a	1	4			
			Less direct expenses			8b	•	<u> </u>			
			Net income or (loss) from		_		▶				
	9	а	Gross income from gamin	g act	ivities S						
			Part IV, line 19			9a	t -	-{			
			Less direct expenses			9 <u>b</u>	L	<u> </u>	-		
			Net income or (loss) from	-	_	ties	<u> </u>				
	10	а	Gross sales of inventory, I	ess r	etums	40.					
		_	and allowances			10a	 	+			
			Less cost of goods sold Net income or (loss) from:	00100	of invo		<u> </u>				
_		<u>د</u>	Net income of (loss) from	Sales	Of lifter	itory	Business Code	 	 		
Miscellaneous Revenue	11	a					Judiness Code		 		
nue		a b						 			
ella		C			_				1		
ဒ္ဓ			All other revenue						<u> </u>	_	
2		-	Total. Add lines 11a-11d					 	<u> </u>		1
	12	_	Total revenue See instructio	ns			>	2,057,307.	0,	0.	1,307.

20-8091495

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,576,197 1,576,197 and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 39,479 19,077 trustees, and key employees 20,402 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,714. 89,594 82,413 1,467 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,380 27,368 2,286 1,726. Other employee benefits 10 Payroll taxes Fees for services (nonemployees) Management 348 348 b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 291,711 287,477 4,234 column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 15,189 15,189 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 2,537 1,405 1,132 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 21,989 18,077 2,974 Other operational exp. 938 1,860 1,860 Other program expenses C d All other expenses 2,070,284 2,013,874 48,032 Total functional expenses Add lines 1 through 24e 8,378. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 536,843, 1 200,496. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 250,000 360,000. 3 3 Pledges and grants receivable, net . 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 407 9 414. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 787,250 560,910. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 188,064 71,601. 17 Accounts payable and accrued expenses 17 114,400. 17,500. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 of Schedule D 302.464 89,101, 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 72,058 12,593. Net assets without donor restrictions 27 459,216. Net assets with donor restrictions 412,728. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 484,786 471,809. 32 32 Total net assets or fund balances 787,250 560,910. 33 Total liabilities and net assets/fund balances

Form 990 (2019)

Form	990 (2019) Western Conservation Action '	20-809149	5	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
٠.	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,057	,307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>,</u> 070	,284.
3	Revenue less expenses Subtract line 2 from line 1	3		-12	,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		484	,786.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		471	,809.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ		ئــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		,	
	separate basis, consolidated basis, or both		١		1
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both .				1
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O			لــــا
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

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.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

14X) (SEE SE	parate msu uctions), men				
	501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of orga				E	mployer identification number
		nservation Action			20-8091495
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 52	7 organization.
1 Provide	a description of the organi	zation's direct and indirect politi	ical campaign activities	ın Part IV	
2 Political	campaign activity expendi	tures		ļ	\$ 64,375
3 Volunte	er hours for political campa	ign activities			0
Dord I D	0		d	1(0)	
Part I-B		ganization is exempt un		```	
	•	incurred by the organization un			\$
	e amount of any excise tax	5	▶ \$		
	-	on 4955 tax, did it file Form 4720	o for this year?		Yes No
	orrection made?				└── Yes └── No
Dart I-C	describe in Part IV	ganization is exempt un	der section 501(c)	excent section 5	01/6/3
	•	•		· · · · · · · · · · · · · · · · · · ·	
	• •	d by the filing organization for s	·		\$
		nization's funds contributed to d	other organizations for s		►\$ 64,375
•	function activities	. Add have 4 and 0 Faton have	Farm 4400 DOL		\$64,375
	•	s Add lines 1 and 2 Enter here	and on Form 1120-POL		▶ \$ 64,375
line 17b		4400 DOL 6-14-1-1-0			\$ 64,375 X Yes No
	filing organization file Form	•		-444	
	· ·	mployer identification number (E	•	•	• •
· ·	•	ation listed, enter the amount pa comptly and directly delivered to			
	·	additional space is needed, pro	• •		Parate Segregated Idild Of a
Pontious		,			m (a) Amount of colderal
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization:	1 ' '
				funds If none, enter	
					delivered to a separate
		1			political organization If none, enter -0-
			 	+	in notic, enter-o
	 			+	
					
					
					ļ

Par	Transactions With Related Organizations Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line 34, 35b	o, or 36						
Not	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	ın Parts II IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		х			
ь	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	X				
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
0	Loans or loan guarantees by related organization(s)				1e		х			
f	Dividends from related organization(s)				1f		Х			
9	Sale of assets to related organization(s)				1g		х			
h	h Purchase of assets from related organization(s)									
- 1	Exchange of assets with related organization(s)									
1	J Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
۰	Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p	х				
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
							_			
r	Other transfer of cash or property to related organization(s)				1r		Х			
8	Other transfer of cash or property from related organization(s)				18		х			
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	this line, including covered	relationships and transaction thresholds						
	(a) Name of related organization	(b) Transaction type (a s)	(c) Amount ≀nvolved	(d) Method of determining amount in	volved					
(1)										
(2)										
(3)					_					
(4)										
<u>(5)</u>			_							
<u>(6)</u>		<u> </u>		<u> </u>						
93218	09-10-19			Schedule	R (For	n 990)	2019			

Schedule C (Form 990 or 990-EZ) 2019 Western				20-809	
Part II-A Complete if the organizati	on is exen	npt under sectio	n 501(c)(3) and fi	ed Form 5768 (e	lection under
section 501(h)).					
A Check F if the filing organization belor	ngs to an affili	ated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of exce	ss lobbying e	xpenditures)			
B Check ▶ ☐ If the filing organization chec	ked box A an	d "limited control" pro	ovisions apply		
Limits on Lob	bying Expon	dituras		(a) Filing	(b) Affiliated group
(The term "expenditures" n)	organization's	totals
(1110 to 1111 0xpontation 0 x		no pane or meantour	<u> </u>	totals	
1a Total lobbying expenditures to influence pul	blic opinion (g	rassroots lobbying)	_		
b Total lobbying expenditures to influence a le	egislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lines 1a ar	nd 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lin	es 1c and 1d)				
f Lobbying nontaxable amount. Enter the amount	ount from the	following table in bot	h columns		
If the amount on line 1e, column (a) or (b) is:	The lobb	ying nontaxable am	ount is:		
Not over \$500,000	20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175.000	plus 10% of the exc	ess over \$1,000,000	·-	
Over \$1,500,000 but not over \$17 000 000	\$225 000) plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	00			
g Grassroots nontaxable amount (enter 25%	of line 1f)				
h Subtract line 1g from line 1a. If zero or less,	enter -0-				
i Subtract line 1f from line 1c If zero or less, e	enter -0-			-	
j If there is an amount other than zero on eith	er line 1h or li	ne 1ı, dıd the organız	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
	4-Year Aver	aging Period Under	Section 501(h)		
(Some organizations that made			•	of the five columns b	pelow.
Se	e the separa	te instructions for li	nes 2a through 2f.)		
Lob	bying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year	2010	(5) 0047	4-3 0040	(1) 0040	() 7 ()
(or fiscal year beginning in)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	ļ				
(150% of line 2a, column(e))					
c Total lobbying expenditures		 			
d Grassroots nontaxable amount				•	
e Grassroots ceiling amount					1
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
	e lobbying activity	Yes	No	Am	ount
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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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				
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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or	section	
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	165	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	+	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ha prior van		+	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	I "NO" UF	((b) Pa	rt III-A, III	ie 3, is
		cal	<u> </u>	 	
2	expenses for which the section 527(f) tax was paid).	Cai			
•	· · · · · · · · · · · · · · · · · · ·		28	-	
	Current year Carryover from last year		2t		
	Total		20	-	-
_	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exi	0000	٦	 	
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and i				
	expenditure next year?	political		-	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	 	
Par				. J	
	de 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	and 2 (see	
	actions), and Part II-B, line 1. Also, complete this part for any additional information	s noty, i ait ii	7, 11100	1 ana 2 (500	
	I-A, Line 1:				
WCA	provided general support funding to organizations that share WCA's				
goal	of strengthening the power of conservation advocates in the				
West	ern US.				
				······································	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Western Conse	rvation Actio	n.					20-8091495
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
cnteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments C	omplete if the org	anization answered "	Yes" on Form 990, Parl	IV, line 21, for any
recipient that received more than	\$5,000 Part II ca	n be duplicated if addi	tional space is need	ded			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A Better Big Sky						•	
PO Box 7134							
Missoula, MT 59807	82-5313159	501(c)(4)	5,000.	0.		ļ <u> </u>	General Support
Arizona Technology Council 2800 N. Central Ave #1530 Phoenix, AZ 85004	86-0684848	501(c)(6)	20,000.	0.			Clean Energy Advocacy
Arizona Wins 530 E McDowell Road Suite 107-189 Phoenix, AZ 85004	36-4781665	501(c)(4)	75,000.	. 0.			Clean Energy Advocacy
BlueGreen Alliance 2701 University Ave. SE #209 Minneapolis, MN 55414	26-4086284	501(c)(4)	10,000.	0.	_		Clean Energy Advocacy
Carson Valley Chamber of Commerce 1477 US Highway 395 Suite A Gardnerville, NV 89410	88-0118719	501(c)(6)	10,950.	0.			Clean Energy Advocacy
Clean Water Action 1444 Eye Street NW Suite 400 Washington, DC 20002	23-7128611	501(c)(4)	40,000.	0.			Conservation Advocacy
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	•	ne line 1 table				2.

Schedule I (Form 990) (2019)

Schedule I (Form 990) Western Conse							0-8091495 Pag
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
colorado Rural Voters	45 0356010		12.500				
rand Junction, CO 81505	45-0356819	501(c)(4)	12,500.	0.		 	Clean Energy Advocacy
Sierra Club 1536 Wynkoop Street Suite 200 Denver, CO 80202	94-1153307	501(c)(4)	287,000.	0.			Conservation Advocacy
Conservation Colorado 1536 Wynkoop Street Suite 150 Denver, CO 80202	30-0037131	501(c)(4)	128,747.	0.			Conservation Advocacy
Conservation Voters New Mexico 200 West De Vargas Street #1 Santa Pe, NM 87501	20-0016255	501(c)(4)	7,000.	0.			Conservation Advocacy
Conservatives for Responsible Stewardship - 11705 Sumacs Street - Oakton, VA 22124	31-1683604	501(c)(3)	6,500.	0.			Clean Energy Advocacy
Environment America 1543 Wazee Street Suite 400 Denver, CO 80202	20-5355252	501(c)(4)	20,000.	0.			Conservation Advocacy
Porward Montana PO Box 2817 Missoula, MT 59806	13-4285849	501(c)(4)	25,000.	0.			Conservation Advocacy
Bealthier Colorado 1536 Wynkoop Street Suite 224 Denver, CO 80202	46-3981284	501(c)(4)	20,000.	0.			Clean Energy Advocacy
League of Conservation Voters 740 15th Street NW Suite 700 Washington, DC 20005	52-1733698	501(c)(4)	76,000,	0.			Conservation Advocacy

Schedule I (Form 990)

932241 04-01-19

Sovernments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II)	0-8091495 F
(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
501(c)(4)	350,000.	0.			Conservation Advocacy
501(c)(3)	15,000.	0.			Conservation Advocacy
501(c)(4)	10,000.	0.			Conservation Advocacy
501(c)(4)	175,000.	0.		-	Conservation Advocacy
501(c)(4)	10,000.	0.			Clean Energy Advocacy
501(c)(6)	20,500.	0.			Clean Energy Advocacy
501(c)(4)	250,000.	0.			General Support
	-				
1]				,

Schedule I (Form 990)

932241 04-01-19

	(Form 990) (2019) Western Conservat				000 D- + N/ L 00	20-8091495	Page
Part III	Grants and Other Assistance to Domestic India Part III can be duplicated if additional space is ne	iduals Complete if the eded	organization ansv	vered "Yes" on Form!	990, Part IV, line 22		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	h assistance
				<u> </u>			
Part IV	Supplemental Information Provide the informati	on required in Part I lin	e 2 Part III. colum	in (h), and any other a	dditional information		
Part I,			2,7 411 111, 001411	(5), 2.15 a			
Grantees	s are required to submit written narrat	ives and financia	l reports to				
lescribe	s how funds were used.						
					•		
				,			

932102 10 26-19

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Employer identification number Western Conservation Action 20-8091495 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			}
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	 		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	•		{
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	•		
	Independent compensation consultant X Compensation survey or study	1		1 1
	Form 990 of other organizations Approval by the board or compensation committee	`		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		 ^ -
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а		5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			Í
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 69 If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the]	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		I

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Western Conservation Action 20-8091495

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

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

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

		(B) Breakdown of W 2 and/or 1099 MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(i) (U)	reported as deferred on pnor Form 990
(1) Brendon Cechovic	(0)	0.	0.	0.	0.	0.	0.	0.
Board Member, CEO WCF	(0)	204,620.	5,000.	0.	20,962.	16,454.	247,036.	0.
(2) Shara Kaplin	(1)	0,	0.	0.	0.	0.	0.	0.
Chief of Staff	(0)	176,400.	0.	0.	17,640.	16,110.	210,150.	0.
(3) Leah Wieneke	(1)	0.	0.	0.	0.	0,	0.	0.
Chief Operating Officer	(0)	159,432.	0.	0.	15,943.	18,894.	194,269.	0.
(4) Aaron Browning	(1)	0.	0.	0.	0	0.	0.	0.
Director of Pederal Public Lands	(0)	164,667.	0.	0.	16,467.	9,913.	191,047.	0.
(5) Sara Moffat	(1)	0.	0.	0.	0.	0.	0.	0.
Director of Government Relations	(n)	163,200.	0.	0.	16,320	18,827.	198,347.	0.
(6) Monica Pergrossi	(1)	0.	0.	0.	0.	0.	0.	0.
Program Director	(n)	126,126.	0.	0.	12,613.	17,923.	156,662.	0.
	(1)	1						
	(n)							
-	(1)							
	(n)							
	(1)							
	(11)							
	(1)						L	
	(11)							
	(1)							
	(0)							-
	(i)							
	(0)							
	(1)							
	(11)							
<u> </u>	(1)						<u> </u>	
	(0)							
	(1)							
	(u)							
	(0)							
	(0)							

Schedule J (Form 990) 2019	Western Conservation Action	20-8091495	Page 3
Part III Supplemental Informa	tion		
Provide the information, explanate	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, an	d 8, and for Part II. Also complete this part for any additional information	on
Part I, Line 3			
The CEO, top management a	nd staff complete an annual review process.		
Documentation from this r	eview is used by the CEO and the Board of		
Directors of Western Cons	ervation Foundation, in the case of the CEO, to		,
determine salary amounts	or salary increases. Salary for the CEO is set		
based on the Board's exte	nsive knowledge of salary levels in comparable		
organizations/positions.			
The organization is a rel	ated organization of Western Conservation		
Foundation. In 2019, WCA	shared staff with Western Conservation Foundation	<u> </u>	
through a cost-sharing ag	reement between the two organizations. WCF paid		
all compensation and WCA	promptly reimbursed WCF for its share of allocable		
compensation pursuant to	this agreement. The board and/or compensation		
committee of Western Cons	ervation Foundation establish the compensation of		
Western Conservation Poun	dation's CEO.		
			-

SCHEDULE 0

(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.

Attach to Form 990 or 990-EZ.

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

Department of the Treasury internal Revenue Service

	Open to Public Inspection
Employer	identification number
20-809	1495

Name of the organization Western Conservation Action	Employer identification number 20-8091495
Form 990, Part VI, Section A, line 6;	
The sole member of WCA is Western Conservation Foundation.	
Form 990, Part VI, Section A, line 7a:	
The sole member of WCA (Western Conservation Foundation) shall designate	
all Directors of the corporation.	
Form 990, Part VI, Section A, line 7b:	
No amendments to the Bylaws or Articles of Incorporation of WCA shall be	
valid or take effect without the written consent of the sole member of WCA	
(Western Conservation Foundation).	
Form 990, Part VI, Section B, line 11b:	· · · · · · · · · · · · · · · · · · ·
The CEO, COO and the Finance Committee review the Form 990. The reviewed	
Form 990 is made available to the board of directors prior to submission to	
the Internal Revenue Service.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Section B, Line 12c:	
The organization requires the officers, directors and trustees to disclose	
any conflicts of interest on an annual basis. Potential conflicts, whether	
initially disclosed or subsequently discovered, are reviewed by the Board	
of Directors to determine if the conflict actually exists. Officers,	
directors and trustees recuse themselves from voting on matters for which	
there may be a potential conflict of interest.	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization		Page Employer identification numbe
Western Conservation Action	- <u>-</u>	20-8091495
Fundraising expenses	0.	
Total expenses	1,900.	
•		
IT Consulting:		
Program service expenses	0.	
Management and general expenses	193.	
Fundraising expenses	0.	
Total expenses	193.	
Audit and tax preparation fees:		
Program service expenses	0.	
Management and general expenses	2,141.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fundraising expenses	0.	
Total expenses	2,141.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	291,711.	
Form 990, Part XII, Line 2c:		
Western Conservation Action's accounts are included in the	consolidated	
financial statements of Western Conservation Foundation. As	s such, WCA	
allows the Western Conservation Foundation's Board of Direct	tors to	
assume the responsibility for oversight of the audit of its	financial	-
statements and selection of an independent accountant. This	process has	
not changed from prior years.		
Form 990, Part I, Line 5 and Form 990, Part VII, Section A.		
The organization is a related organization of Western Conser	vation	
Foundation. In 2019, WCA shared staff with Western Conserva	ation	
222212 09-06-10		Schedule () (Form 990 or 990-E7) (2019

Schedule O (Form 990 or 990 EZ) (2019) Name of the organization	Employer identification number
Western Conservation Action	20-8091495
Foundation through a cost-sharing agreement between the two	
organizations. WCF paid all compensation and WCA promptly reimbursed	
WCF for its share of allocable compensation pursuant to this agreement.	
The board and/or compensation committee of Western Conservation	
Foundation establish the compensation of Western Conservation	
Foundation's CEO.	
`	
	·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information Name of the organization Employer identification number Western Conservation Action 20-8091495 [Part I | Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) (b) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End of year assets Direct controlling of disregarded entity foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year (b) (e) (g) on 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled entity? of related organization foreign country) section status (if section entity 501(c)(3)) Yes No Western Conservation Poundation - 33-1107506 Building leaders to 1675 Larimer Street, Suite 420 protect the West's land, air, and water. Denver CO 80202 501(c)(3) colorado Line 7

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

Page 2

B=4101	Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 34, because it had one or more related	í
Partin	organizations treated as a partnership during the tax year				

organizations treated as a partnership during the tax year											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(4	h)	(0)	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	Disproportionate allocations?		amount in box		Percentage ownership
	_	country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes	io
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[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

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

932162 09-10-19 Schedule R (Form 990) 2019

Page 4

20-8091495

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e)	(f) Share of total income	(g) Share of end of year assets	(h) Ospropo bonate allocation Yes N	☑ of Schedule K-1	(j) General of managing partner? Yes NO	(k) Percentage ownership

Schedule R	(Form 990) 2019	Western Conservation Action	20-8091495	Page 5
Part VII	(Form 990) 2019 Supplemental Inf	ormation		
	Provide additional infoi	mation for responses to questions on Schedule R. See instructions		
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