

Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Washington Resource Conservation and Development</td> <td>DC Employer identification number 91-1810332</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (509) 571-1722</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address)</td> <td rowspan="2">G Gross receipts \$ 2,121,107</td> </tr> <tr> <td colspan="2">109 S 3rd Street</td> </tr> <tr> <td colspan="2">Room/suite</td> <td rowspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Yakima, WA 98901</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(c) Group exemption number ▶</td> </tr> </table>	C Name of organization Washington Resource Conservation and Development		DC Employer identification number 91-1810332	Doing business as		E Telephone number (509) 571-1722	Number and street (or P.O. box if mail is not delivered to street address)		G Gross receipts \$ 2,121,107	109 S 3rd Street		Room/suite		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	City or town, state or province, country, and ZIP or foreign postal code Yakima, WA 98901		F Name and address of principal officer:		H(c) Group exemption number ▶
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F Name and address of principal officer:		H(c) Group exemption number ▶																		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																				
J Website: ▶ www.washingtonrcd.org																				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ NON PROFIT	L Year of formation: 1972 M State of legal domicile: WA																			

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP ON ISSUES OF REGIONAL SIGNIFICANCE BY FACILITATING THE PLANNING, COORDINATION, AND IMPLEMENTATION OF INITIATIVES WHICH PROMOTE A SUSTAINABLE RURAL LIFESTYLE FOR CURRENT AND FUTURE GENERATIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,343
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,166,765	2,111,764
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	806	4,115
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,080	5,228
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,172,651	2,121,107	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,525,264	1,513,605
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	443,457	454,338
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 181		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,752	84,442
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,146,473	2,052,385
19	Revenue less expenses. Subtract line 18 from line 12	26,178	68,722	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	443,845	505,268
	21	Total liabilities (Part X, line 26)	169,043	159,697
22	Net assets or fund balances. Subtract line 21 from line 20	274,802	345,571	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here		Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Tracy L Durels EA		08-28-2021	P00114673
	Firm's name ▶ Tracy L Durels EA	Firm's EIN ▶		
	Firm's address ▶ 5300 Scenic Drive Yakima WA 98908	Phone no. 509-966-3258		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE LEADERSHIP ON ISSUES OF REGIONAL SIGNIFICANCE BY FACILITATING THE PLANNING, COORDINATION, AND IMPLEMENTATION OF INITIATIVES WHICH PROMOTE A SUSTAINABLE RURAL LIFESTYLE FOR CURRENT AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) DNR Forest and Community Resilience: Building Forest Partnerships, All Lands Forest Restoration, Wildfire Ready Neighbors, and Prescribed Fire Training Exchanges. Work to build and implement collaborative processes in the Tapash Sustainable Forest Collaborative and the Chumstick Wildfire Stewardship Coalition. Projects developed spatial tracking tools for building landscape and community resilience, reduced hazardous fuels near homes and communities, increased community awareness of risk reduction actions to homes and business. Also, DNR continued to provide funding support to the Cascadia TREX - Prescribed Fire Training Exchange. TREX is a training tool for forest health and spreading knowledge of how to fight fire with fire.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) US Forest Service Master Participating Agreement: A series of projects completed in partnership with the United States Forest Service whose mission is to sustain the health, diversity, and productivity, or the nation's forests, grasslands to meet the needs of the present and future generations. WRC&D completed a series of projects supporting accelerated landscape scale forest retraction and community fire adaptation in Chelan and Kittitas Counties. Planning work for forest and aquatic restoration was completed on approximately 85,000 acres by using scientifically sound restoration treatments creating more resilient terrestrial and aquatic landscapes. Agreements fund the Chelan Fire Pilot: Upper Wenatchee Pilot Project, Cascadia TREX, Lake Wenatchee Fire Adapted Communities, and the Taneum Environmental Assessment.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) YAKIMA TRIBUTARY ACCESS AND HABITAT PROGRAM (YTAHP) is dedicated to salmon recovery, protect and enhance riparian and floodplain habitat currently or historically used by salmon in Yakima Basin with healthy salmon, streams, and communities. We do this by working with conservation entities across the Yakima Basin to identify and prioritize projects that include the removal of human made barriers, screening irrigation diversions and irrigation diversion improvements of other passage obstacles. This is possible by working with local conservation, state, federal and many other entities. Another primary purpose is to assist landowners to voluntarily implement best management practices that both improve conditions for salmon and promote working with lands.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 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.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

RYAN ANDERSON (509)571-1722, 109 S 3rd Street, Yakima, WA 98901

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP RIGDON DIRECTOR	1.00	X					0	0	0	
(2) ANNA LAEL DIRECTOR	1.00	X					0	0	0	
(3) TERRY LAWHEAD DIRECTOR	1.00	X					0	0	0	
(4) MIKE TOBIN DIRECTOR	1.00	X					0	0	0	
(5) TOM COLEMAN TREASURER AND SECRETARY	1.00	X					0	0	0	
(6) REESE LOLLEY PRESIDENT	1.00	X					0	0	0	
(7) BRADY KENT ALTERNATE DIRECTOR	1.00	X					0	0	0	
(8) KEN TOLONEN DIRECTOR	1.00	X					0	0	0	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	800			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,678,832			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	432,132			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,111,764			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,042	1,042		
	4	Income from investment of tax-exempt bond proceeds		3,073	3,073		
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			5,228				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	5,228				
	d	Net rental income or (loss)			5,228	5,228	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales expenses					
7c	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities, See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		2,121,107	0	9,343	0	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	1,513,605	1,513,605		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	419,526	326,997	92,361	168
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	34,812	27,159	7,640	13
11	Fees for services (nonemployees):				
a	Management				
b	Legal	925		925	
c	Accounting	1,837		1,837	
d	Lobbying				
e	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.)				
12	Advertising and promotion	56	56		
13	Office expenses	6,583	3,967	2,616	
14	Information technology	30		30	
15	Royalties				
16	Occupancy				
17	Travel	3,775	3,756	19	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,510	6,148	362	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,325	4,077	248	
23	Insurance	5,824		5,824	
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.)				
a	DUES AND SUBSCRIPTIONS	8,118	1,757	6,361	
b	OFFICE RENT	37,945	20,033	17,912	
c	TELEPHONE INTERNET	4,209	833	3,376	
d	BANK FEE	180		180	
e	All other expenses _____	4,125	2,632	1,493	
25	Total functional expenses. Add lines 1 through 24e.	2,052,385	1,911,020	141,184	181
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 <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	130,953	1	200,758
	2 Savings and temporary cash investments	21,986	2	22,315
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	278,789	4	271,798
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,115		
	b Less: accumulated depreciation	10b 17,718	12,117	10c 10,397
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		443,845	16	505,268
Liabilities	17 Accounts payable and accrued expenses	159,712	17	156,013
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		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	9,331	25	3,684
	26 Total liabilities. Add lines 17 through 25	169,043	26	159,697
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	0	32	0
33 Total liabilities and net assets/fund balances	169,043	33	159,697	

Part XI Reconciliation of Net Assets

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	2,121,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,052,385
3	Revenue less expenses. Subtract line 2 from line 1	3	68,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
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	68,722

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>HYBRID</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	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 audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,247,378	1,472,730	2,303,633	2,166,765	2,121,107	9,311,613
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,247,378	1,472,730	2,303,633	2,166,765	2,121,107	9,311,613
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,311,613

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,247,378	1,472,730	2,303,633	2,166,765	2,121,107	9,311,613
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	449	532	613	806	1,042	3,442
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9,315,055
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.96 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2020

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: Washington Resource Conservation and Development C
Employer identification number: 91-1810332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,115	17,718	10,397
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				10,397

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL LIABILITES	2,568	
(3) CREDIT CARDS	1,116	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	3,684	

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Employer identification number

Washington Resource Conservation and Dev

91-1810332

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	Bonneville Power Administra							YTAP
(2)	Bureau of Land Management							FOREST HEALTH WAFAC3
(3)	US Forest Service							FOREST HEALTH FIRE
(4)	The Nature Conservancy							
(5)	The Watershed Center							
(6)	US Fish and Wildlife							
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

Washington Resource Conservation and Development C

91-1810332

01. Form 990 governing body review (Part VI, line 11)

A DRAFT COPY OF 2020 WILL BE PRESENTED TO THE ADMINISTRATOR BEFORE FILING. ALSO,
AVAILABLE TO PRESENT AT BOARD MEMBERS REGULARY SCHEDULED BOARD MEETING. ALL PERTINENT
ITEMS WILL BE COVERED AND QUESTIONS ANSWERED.

02. Conflict of interest policy compliance (Part VI, line 12c)

OUR CONFLICT OF INTEREST POLICY IS UPDATED, REVIEWED, AND APPROVED EACH YEAR AS NEEDED.
AT THE ANNUAL MEETING EACH DIRECTOR RECEIVES AND SIGNS A STATEMENT THAT THEY HAVE
RECEIVED, UNDERSTOOD, AND AGREED WITH THE CONFLICT OF INTEREST POLICY.

03. Governing documents, etc, available to public (Part VI, line 19)

INFORMATION IS AVAILABLE ON WEBSITE: BYLAWS, CONFLICT OF INTEREST POLICY, MOST CURRENT AND
PREVIOUS AUDITS, MOST CURRENT AND PREVIOUS 990s, PERSONNEL POLICY MANUAL, ANNUAL REPORTS,
IRS LETTER OF DETERMINATION. IN ADDITION WE REGULARY UPDATE OUR PROFILE ON GUIDESTAR,
PROVIDING ALL INFORMATION AS REQUESTED, WE HAVE EARNED THE GUIDESTAR EXCHANGE MEMBER,
PARTNERS IN TRUST LABEL.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return Washington Resource Conservation	Business or activity to which this form relates FORM 990 - 1	Identifying number 91-1810332
--	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	161

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020.	17	4,164
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,325
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

Washington Resource Conservation and Development C

91-1810332

Form 990-Part III(a)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$0
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

WAFAC BLM Fire Adapt Cmmunities: The WRC&D implementing a cooperative agreement for the Bureau of Land Management to coordinate the Washington Fire Adapted Communities Learning Network (WAFAC). Grant covered expenses of WA FAC LN starting late November 2014. The WA FAC LN addresses Wildland Urban Interface issues, programs and assistance to connect and empower communities to create fire adapted communities and landscapes. Communities implemented innovative fire adapted communities programs and shared what they learned throughout the network. In 2019 with additional support from The Nature Conservancy, Fire Learning Network, and Sachamama the WRC&D sponsored the Climate Inovation Lab (CIL).The CIL added a community engagement and education component to WAFAC LN which engaged Latino communities and increased access to wildfire and landscape programming to multiple organizations in Yakima County and Chelan County.The WRC&D will continue thru 2021.

Name(s) as shown on return

FEIN

Washington Resource Conservation and Development C

91-1810332

FEDERAL GRANTS

Description	Amount
YAKIMA TRIBUTARY ACCESS AND HABITAT PROGRAM (YTAHP) 81	\$ 814,894
FIRE RESILIENCE:USFS:4000's - Wenatchee	474,554
WAFAC-3 BLM:3102 US DEPT OF INTERIOR	323,763
WA RX FIRE:BLM:3101 - WAFAC- Prescribed Fire	37,740
CHUMSTICK:3500 - Icicle Fund	6,818
FIRE RESILIENCE:TNC:3607/3608 - 18/19 19/20 FLN	21,063
Total:	\$ 1,678,832

ALL OTHER INCOME

Description	Amount
USFW:6001 - WA/OR Rx Fire	\$ 9,104
FIRE RESILIENCE:TNC:3611 - FLN FY20/21	7,681
5001 - WPCR	1,926
WA RX FIRE: TREX 3320	4,319
FIRE RESILIENCE:DNR-Tapash:8000's	7,876
KITTITAS FAC	10,000
US Forest Service	9,452
FIRE RESILIENCE:TNC	31,818
FIRE RESILIENCE: WATERSHED FACNet 3704 3705 19/20	20,455
FIRE RESILIENCE:DNR:Tapash3316/5 Tapash cross boundaries	96,738
The Nature Conservancy	8,104
CHUMSTICK DNR	7,222
DONORS	144
Bonneville Power Administration	13,782
DNR 5002 Social Marketing	112,173
CHUMSTICK:4401 - COCO AIM	2,363
Wallowa Resources NW Blues USFS	2,808
FIRE RESILIENCE:TNC:3612 - LSR Agreement	14,590
Kittitas County CD	1,175
Bureau of Land Management	35,483
Dept of Natural Resources	12,216
C+C Inc	16,826
Wallowa Resources, Icicle Fund, Watershed, Fish Wildlife	5,877
Total:	\$ 432,132

Name(s) as shown on return

FEIN

Washington Resource Conservation and Development C

91-1810332

PROGRAM EXPENSE DIRECT

Description	Amount
YAKIMA TRIBUTARY ACCESS AND HABITAT PROGRAM (YTAHP)	\$ 752,079
MASTER AGREEMENT USFS DNR TNC FIRE RESILIENCE	562,730
DNR SOCIAL MARKETING	69,912
FOREST HEALTH BLM WAFAC 3	128,884
Total:	\$ 1,513,605

ALL OTHER EXPENSES PROGRAM

Description	Amount
POSTAGE AND DELIVERY	\$ 423
WEBSITE	630
TRAINING AND REGISTRATIONS	154
PRINTING AND COPIES	1,425
Total:	\$ 2,632

ALL OTHER EXPENSES MGMT

Description	Amount
POSTAGE AND DELIVERY	\$ 118
WEBSITE	402
PRINTING AND COPIES	117
STAFF DEVELOPMENT TRAINING AND REGISTRATIONS	856
Total:	\$ 1,493

TOTAL DAF FUNDS DETAIL LIST2

Description	Amount
Bonneville Power Administration \$828,675	\$ 1
Bureau of Land Management \$390,304	1
US Forest Service \$486,212	1
The Nature Conservancy \$92,515	1
Iceicle Fund \$7,500	1
Total:	\$ 5

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

Washington Resource Conservation and Development C

91-1810332

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
8	3 COMPUTERS AND PROJE	12312016	2,141		100.00			2,141	5	200 DB MQ	10.94	2,141		2,141	
10	MONITORING EQUIPMENT	07022019	16,646		100.00			16,646	7	200 DB HY	24.49	2,379	4,077	6,456	4,077
Totals			18,787					18,787				4,520	4,077	8,597	4,077

Land Amount
Net Depreciable Cost

18,787

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

4,077

ST ADJ:

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General
For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

Washington Resource Conservation and Development C

91-1810332

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	COMPUTER SYSTEM	05252004	1,575		100.00			1,575	5		0	1,575		1,575	
2	COPY MACHINE	08082007	1,800		100.00			1,800	7		0	1,800		1,800	
3	DELL COMPUTER SYSTEM	05092008	757		100.00			757	5		0	756		756	
4	TOSHIBA LAPTOP COMPUT	10282010	795		100.00			795	5		0	795		795	
5	2 DESK HUTCHES	07142011	2,031		100.00			2,031	7		0	2,031		2,031	
6	BROTHER COMPUTER	11222011	686		100.00			686	5		0	686		686	
7	DELL COMPUTER 15R	11302011	682		100.00			682	5		0	682		682	
9	COMPUTER	03012016	806		100.00			806	5	SL MQ	20	483	161	644	161
11	OFFICE DESK	05222019	196		100.00			196	3	200 DB HY	44.45	65	87	152	87
Totals			9,328					9,328				8,873	248	9,121	248

Land Amount
Net Depreciable Cost

9,328

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

248

ST ADJ: