Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning 07/01 , 2015, and ending 20 16 C Name of organization WISCONSIN WETLANDS ASSOCIATION INC. D Employer identification number Address change 39-1852601 Number and street (or P.O. box if mall is not delivered to street address) Name change Room/suite E Telephone number Initial return 214 North Hamilton Street Suite 201 608-250-9971 City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Amended return Madison, WI, 53703 G Gross receipts \$ 506,689 Application pending F Name and address of principal officer: Tracy Hames H(a) is this a group return for subordinates? Yes Vo 214 North Henry Street, Suite 201, Madison, WI 53703 H(b) Are all subordinates included? Tyes No 501(c) (₹ 501(c)(3) Tax-exempt status:) ◄ (Insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) www.wisconsinwetlands.org H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Dedicated to protection, restoration, and enjoyment of wetlands and associated ecosystems through science-based programs, education, and advocacy Activities & Governance Check this box ▶☐ 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) Number of independent voting members of the governing body (Part VI, line 1b) . 4 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 12 Total number of volunteers (estimate if necessary) 6 51 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 430,751 445,907 9 Program service revenue (Part VIII, line 2g) 7,818 59,500 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 78 80 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 3,767 1,202 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 442,414 506,689 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 319,047 308,947 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundralsing expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 148,418 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 452,184 457,365 19 Revenue less expenses. Subtract line 18 from line 12 -9.770 49.324 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 127,394 170,711 21 Total liabilities (Part X, line 26) . 23,639 17,632 22 Net assets or fund balances. Subtract line 21 from line 20 103,755 153,079 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying achedules 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 Signature of officer Here Tracy Hames, Executive Director Type or print name and title Print/Type preparer's name **Paid** Check V if Dana Chabot Preparer self-employed P01368159 Firm's name > Dana Chabot CPA **Use Only** Firm's address > 2110 Luann Lane, Madison, WI 53713 608-442-1911 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2015)

Part I	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Wisconsin Wetlands Association is dedicated to the protection, restoration, and enjoyment of wetlands and associated ecosystems
	through science-based programs, education, and advocacy.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	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 \$ 197,393 including grants of \$ 0) (Revenue \$ 1,202)
	Environmental education: Develop and present education and outreach programs to diverse audiences of laypersons and experts,
	and advance the use of wetland science on matters related to wetland conservation. Programs include advising landowners about
	wetland preservation, restoration, and management; an annual wetlands science conference; numerous workshops, field trips, and
	presentations; and distribution of a book, "My Healthy Wetlands," to help landowners care for their wetlands. Nearly 350 people
	attended and participated in WWA's 2016 wetland conference, "Wetland Solutions." In addition, WWA conducted three landowner
	workshops for more than 100 landowners, and gave wetlands presentations to more than 1,000 people in communities across
	Wisconsin.
	d-b

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4b	(Code:) (Expenses \$ 177,324 including grants of \$ 0) (Revenue \$ 0
	Public policy advocacy: Promote the establishment of effective wetlands regulations, remove tax barriers to private wetland
	conservation, monitor permitting of wetland development, and advise communities about the defense and conservation of
	wetlands. Program activities include helping local government officials to become better slewards of wetlands by addressing
	wetlands in developing ordinances; advocating for fair property tax treatment of owners of wetland areas who restore wetlands on
	their properties; promoting legislation that adequately protects wetlands; and monitoring enforcement by government officials of
	regulations to protect wetlands. In 2015-16 WWA worked to limit the damage to wetlands that would likely have resulted from
	passage of four bills introduced in the Wisconsin legislature. Of the four bills, only one became law, and the version enacted was
	much improved from the original. WWA also published a "Model Wetland Conservation Ordinance" to help communities adopt wetland-friendly practices, delivered our wetland workshop to 60 zoning and planning professionals from 35 counties, and
	launched a collaboration with the University of Wisconsin-Extension to help build its capacity to create and deliver wetland
	education to communities.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 374,717

Part	IV Checklist of Required Schedules	100		-3-1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	"	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
	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		v
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		,
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		70	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes "	7		-
9	complete Schedule D, Part III	8		1
3	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or debt peoplicities confidenced if "Your" complete Part III.			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		"
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		San
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X. line 257 If "Yes." complete Schedule D. Part Y.	11e	1 0	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.			V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	~	
13	Is the organization a school described in coation 170%/1/Avgn Km/ #	12b	<u> </u>	V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	,	0
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	-	
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.	15		-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		~
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		4
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 0-2	18		1
	If "Yes," complete Schedule G, Part III	19		1

Ves No Ves No Ves No Ves No Ves No Ves Ves Ves Ves To line 25a, did the organization attach a copy of its sudided financial statements to this return? 20b Ves	Part	Checklist of Required Schedules (continued)			
b If "Yes" to line 20s, clid the organization estands a copy of its audited financial statements to this return? 10 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization conductor more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21 if "Yes," complete Schedule I, Parts I and II . 21 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization sourers and former officers, directors, trustess, key employees, and highest compensated or surply essay if "Yes," complete Schedule I, Parts I and III . 22 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization set at the very section of the organization set at the very section of the organization set of the set day of the year, that was issued after December 31, 2002? If "Yes," answer line 24d through 24d and complete Schedule I, Part II, Vine 2 in the 25d through 24d and complete Schedule Schedule I, Part II, or 10 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 unit ing the year? If "Yes," complete Schedule I, Part II. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in the year is the properties of the secondary that the transaction has not been reported on any of the organization sprior promise 90 or 990-E27 year, and that the transaction has not been reported on any of the organization propers, or disqualified person of If "Yes," complete Schedule I, Part IV 25b Did the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV). 27c An entity of which a current or former officer, director, trustee, or key employee (or a family member the resolution				Yes	
21 Lil the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 71 l' "Yes," complete Schedule I, Part I and II . 22 Lil the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 l' "Yes," and "II . 23 Did the organization survern and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Section A, line 3, 4, or 5 about compensation of the organization have a trac-exempt bond for survey employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a trac-exempt bond sustained principal amount of more than \$100,000 as of the less day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule L. Part II of the organization ask as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d J. Section 501(c)(8), 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 II . 25d List the organization ask as an "on behalf of Issuer for bonds outstanding at any time during the year? 26d List the organization and that its engaged in an excess benefit transaction with a disqualified person of Uries," complete Schedule L. Part II . 26d List the organization and that its engaged in an excess benefit transaction with a disqualified person of Uries, complete Schedule L. Part II . 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified perso		PUT CHOOSE SIGN	-	_	_
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II			20b	-	
22 If the organization report more tima \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 "M'se," complete Schedule I, Part I and III organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization survent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yos," complete Schedule I, and the strong of the service of the			21		
132 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 132 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer kines 24b through 24d and complete Schedule K. If "No," go to line 25a 133 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 134 Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 135 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 of third that the transaction bear to be encrosed on third the transaction has not been reported on any of the organization's prior Forms 990 or 990-227. 136 Did the organization approximation and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-277. 137 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3595 controlled entity or framily member of any of these persons? If "Yes," complete Schedule L, Part IV 138 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 139 A family member of a current or former officer, director, trustee, or key employee (If "Yes," complete Schedule L, Part IV 130 A family member of any of these persons? If "Yes," complete Schedule L, Part IV 130 Did the organization enclive control of the series of the series assets, or qualified conservation contributions? If "Yes," complete Schedule A, Part II 131 Did the organization receive cont	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,
employees? If "Yes," complete Schedule J. 240 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization hierest 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? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization and aliquidified person during the year? If "Yes," complete Schedule I, Part I 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 organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II Did the organization proper any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employees substantial contributor or employes thereof, a grant assection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV A mantity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A mantity of which a current or former officer, director, trustee, or key employee for a family member the red by the payable of the organization receive contributions of an historical treasures, or other simil	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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25b	b		-		
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			25h		~
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1 26	26	11 III IV 17 17 W 10 10 10 10 10 10 10 10 10 10 10 10 10	2,00	3	_
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b ✓ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I . 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III. 31 Jid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III. 32 Jid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 . 35 Did the organization complete Schedule O and provide explanations in Schedul		current or former officers, directors, trustees, key employees, highest compensated employees, or			
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the Enter the number reported in Box 3 of Form 1098. Enter 0- If not applicable In In In In In In In I		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 Included in line 1a. Enter -D- if not applicable. Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by the noturn Statements, filed for the calendar year ending with or within the year covered by the noturn Note. If the sum of lines 1 a and 2 is greater than 250, you may be required to e-file (see instructions) 10 if a teast one la reported on line 2a, did the organization file all required federical employment tax returner? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 11 if Yes,* has it filed a Form 880-1 for this year? If *No* to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FinA) If *Yes,* enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FinA) If *Yes,* enter the name of the foreign country: ▶ See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FinA) If *Yes,* other the name of the foreign country: ▶ See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FinA) If *Yes,* other the name of the foreign country: ▶ See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FinA) If *Yes,* other the name of the foreign country: ▶ See instructions of the seed of the filing of the filing filing filing filing filing fili				Yes	No
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(21) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves any payments for indoor tanning services during the tax year? Ital Did the organization receive any payments for indoor tanning services during the tax year?	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	and the same of	V
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If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(12) organizations interest received or accrued during the year. 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a V	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make and distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Ital Section 501(c)(29) qualified nonprofit health insurance Issuers. Is the organization ilicensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Old the organization receive any payments for indoor tanning services during the tax year? 14a V	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 29 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 30 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 20 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 21 Initiation fees and capital contributions included on Part VIII, line 12 31 Section 501(c)(12) organizations. Enter: 42 Gross income from members or shareholders 53 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 23 Section 501(c)(29) qualified nonprofit health insurance issuers. 24 Is the organization ilcensed to issue qualified health plans in more than one state? 25 Note. See the instructions for additional information the organization must report on Schedule O. 26 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 26 Enter the amount of reserves on hand 27 Initiation feet and capital distributions in distributions under section 4966? 9a 9a 9a 10 9b Initiation feet and entering the section 4966? 9b Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital denter VIII, line 12 9c Initiation fees and capital den	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Page 1	220	120
Did the sponsoring organization make any taxable distributions under section 4966?		sponsoring organization have excess business holdings at any time during the year?	8	0	1000
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9			TO THE	
100 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_		9a	-	
Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c){12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a){1} non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a V			9b		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1	036	
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					
a Gross income from members or shareholders				11.00	
B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13a If year, "Italian Interest year," Italian Interest year, Italian Interest yea					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	19a	in the second se	199	100	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a		1/ (0/ - 11 - 1 - 1)	12a	80 State	100000
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?		Note. See the instructions for additional information the organization must report on Schedule O	138	50000	
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a V	b	Enter the amount of reserves the organization is required to maintain by the states in which			
c Enter the amount of reserves on hand		the aggregation is lineared to began available to a large and the state of the stat	3 4		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸	C	Photos allowed the state of the	1	350	
1 16 10 11 11 11 11 11 11 11 11 11 11 11 11	14a		140	-	1
			_		+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI		or a	
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6 7a	Did the organization have members or stockholders?	6 7a	V V	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	V	
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	nde l	~
	on bit dialed (mid decitor b requests information about policies not required by the internet riever		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	N. Land		KINN
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	V	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	V	
13 14 15	Did the organization have a written whistleblower policy?	13	7	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	/	~
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
	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?	16b		
	on G. Disclosure	16.50 W V		2
17 18	List the states with which a copy of this Form 990 is required to be filed \(\bigset{\text{WI}} \) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
19	□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of internal statements available to the public during the tax year.		-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recovery Hames. (608)250-9971	cords:		

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Form 990 (2015)

Form 990 (2015)

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

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(B) Average hours per	box,	unles	eck is pe	more	ls both	an ee)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other
hours for hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	coner compensation from the organization and related organizations
	V		1						0
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40	1177						17,230		
0			~				57,291	0	3,437
	Average hours per week (list any hours for related organizations below dotted line) 1 0 0.5 0 0	Average hours per week (list any hours for related organizations below dotted line) 1 0 0.5 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0 0	Average hours per week (list any hours for related organizations below dotted line) 1	Average hours per week (list any hours for related organizations below dotted line) 1 0 0.5 0.5 0 0 0.5 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0.5 0 0 0 0	Average hours per week (list any hours for related organizations below dotted line) 1	Average hours per week (list any hours for related organizations below dotted line) 1 0 V V V O.5 0.5 0 V V O.5 0.5 0 V V O.5 0 0 V V V V V V V V V V V V V V V V V V	Average hours per week (list any hours for related organizations below dotted line) 1	Average hours per week (list any hours for related organizations below dotted line) 1	Average hours per week (list any hours for related organizations below dotted line) 1

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yeas	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ntinued)
						C)						
	(A)	(8)	Mon	nt ch		ition	than o		(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportable		Estimated
		hours per					or/trus!		compensation from	compensation frelated	mor	amount of other
		week (list any hours for	유표	20	Officer	8	율돌	2	tha	organizations	.	compensation
		related	물론	#	E E	ğ,	당	Former	organization	(W-2/1099-MIS		from the
		organizations below dotted		Institutional trustee		Key employee	Highest compensated employee	-	(W-2/1099-MISC)			organization and related
		line)	`#	#		1 8	킇		ŀ			organizations
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1b	Cub total		7.7	_					57,291	-	0	3,437
	Sub-total			٠	•	•			37,271	 	-	5,407
C	Total from continuation sheets to Part	•		٠	•	•			F7 004	_	0	3,437
d	Total (add lines 15 and 1c)							-	57,291			
2	Total number of individuals (including bu			1056	e lis	ted	abov	e) w	/ho received m	ore than \$10	0,000 o	1
	reportable compensation from the organ	ization > 0	1	_								
												Yes No
3	Did the organization list any former of							emp	oloyee, or higi	nest compen	sated	THE PERSON NAMED IN
	employee on line 1a? If "Yes," complete											3 4
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	пре	nsatio	on a	and other com	pensation fro	m the	更新 医温度
	organization and related organizations	greater th	an \$	150,	,000	07 /	f "Ye	s, "	complete Sci	hedule J for	such	
	individual											4 4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	ı fro	m an	y ur	related organi	zation or indi-	vidual	建設 投票
	for services rendered to the organization											5 4
Section	on B. Independent Contractors					-						
1	Complete this table for your five highest	compensal	ad in	den	and	lont	conf	ract	ore that receiv	ed more than	\$100.0	100 of
•	compensation from the organization. Re											
		port compe	a isau	UILI	OI t	116 (.aici i	Jai	year ending w	aror wataara	ie orgai	incation a tox
	year.							-	-			(0)
	(A) Name and business add	iress						1	(B) Description of	services	Cr	(C) ompensation
						_		1			-	
None					_			-				
								-				
	THE PARTY OF THE P							\perp				
			77.00									
2	Total number of independent contract	ors (includi	ng b	ut r	ot	limi	ted t	o t	hose listed at	ove) who	Y TO	国民主义 (第36章
	received more than \$100,000 of compens	sation from	the o	mar	iza	tion	N		•		33202	图100 图图 2018 公共区域

		Check if Schedule O conta	ins a res	ponse or note to	any line in this F	Part VIII		
					Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2000年	fa	Federated campaigns		10,358		STATE OF THE PARTY		POTEN AND AND
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0		2.2000年	美国的	Mar Later
A F	C	Fundraising events		0				
돌声	d	Related organizations		0	11年表 14	100	计正常	是此一种
S. E		Government grants (contribution		141,843		作品 共同的		33 Trans.
윤등	f	All other contributions, gifts, gran	and the same of			Tee Control		
호된		and similar amounts not included abo		293,706	30 10 17 18 18 18 18 18 18 18 18 18 18 18 18 18			经验证
盲	g	Noncash contributions included in line		32,348		加瓦 瓦瓦。		the stan
	h	Total. Add lines 1a-1f			445,907			
칕	0			Business Code	A STATE OF THE STATE OF			
Program Service Revenue	2a	Science conference fees		541900	49,919	49,919	0	0
	b	Annual meeting registration for	ees	541900	4,133	4,133	0	0
	C	Field trip registration fees		541900	5,448	5,448	0	0
တ္မ	a							
듄	e	AN -11						
2	T	All other program service rev			0	0	0	0
-	<u>g</u>	Total. Add lines 2a-2f Investment income (includi			59,500	5-40 NAC 024/20		
	3	and other similar amounts)			WALL			
	4	Income from investment of tax-			80	0	0	08
	5	P	exempt b	ona proceeas	0	0	0	0
			Real	(ii) Personal	0	0	0	0
	6a	Gross rents	71 019	(ii) i diddiniid	2012		建设工程	The state of the s
	b	Less: rental expenses						
	C	Rental income or (loss)	0					
- 1	ď	Net rental income or (loss)	0	0		AND DOOR OF THE PARTY OF	BEAUTY STREET	
	7a		curities	(ii) Other		A STATE OF THE PARTY OF THE PAR		
	,,,	assets other than inventory	- Contract	(ii) Calca		建作品的		
- 9	ь	Less: cost or other basis		-		0.5		
. 1	-	and sales expenses .						
	C	Gain or (loss) .	0	0				
	d	Net gain or (loss)						
		not gain or (loas)				to dell'establishment dell'	THE REAL PROPERTY.	
9	8a	Gross income from fundraisi	ina					
<u> </u>		events (not including \$	n		21			
ě		of contributions reported on lie	ne 1c).		No. of the last of			
Other Revenu		See Part IV, line 18						Street, Roke
౼	ь	Less: direct expenses		-				
٠	C	Net income or (loss) from ful		events .	Contract Contract			
	9a	Gross income from gaming a					PARTY WAR	The state of the state of
	3	See Part IV, line 19		William I	公司的	74		
	b	Less: direct expenses	b					
	C	Net income or (loss) from ga	ming act	ivities >				TO STATE OF THE PARTY OF THE PA
	10a	Gross sales of inventor	y, less		Market Market			TURN SHILL BE SY
		returns and allowances .					50000000000000000000000000000000000000	
	b	Less: cost of goods sold .	t					建筑建筑建 组
	С	Net income or (loss) from sa	les of inv	rentory >				The Control of the Control of Control of Control
		Miscellaneous Revenue		Business Code				
	11a	Merchandise sales		541900	1,202	1,202	0	0
	b							State November
	C			P. C.	W			
	d	All other revenue		a second	0	0	0	0
	e	Total. Add lines 11a-11d .		>	1,202			Carley States
	12	Total revenue. See instruct	ions	>	506,689	60,702	0	80
fire -		The same way						Form 990 (2015)

	90 (2015) LIX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must com				
4700	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .		🗅
8b, 9	ot include amounts reported on lines 6b, 7b, b, 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	0	o		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		Tar.
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		aut mine
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		O STATE OF THE STA
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	60,728	30,364	15,182	15,182
7	Other salaries and wages	217,069	194,717	13,511	8,841
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,192	7,336	1,103	753
9	Other employee benefits	0	0	0	0
10	Payroll taxes	21,958	17,566	2,635	1,757
11	Fees for services (non-employees):	21,500	11,000		.,,,,,
а	Management	0	0	0	
b	Legal	0	0	0	0
C	Accounting	6,750	0	6,750	0
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0	HARLAST STATES	2007年的2007年100年10	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column			-	
-	(A) amount, list line 11g expenses on Schedule O.)	16,640	16,640	0	
12	Advertising and promotion	9,906	9,906	0	
13	Office expenses	19,993	13,124	548	6,321
14	Information technology	3,211	2,852	201	158
15	Royalties	0	0	0	(30
16	Occupancy		17,875	2,175	1,713
17	Travel	21,763			
18	Payments of travel or entertainment expenses	17,349	17,187	0	162
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	33,787	33,159	18	610
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depietion, and amortization .	1,001	667	334	
23	Insurance	4,170	3,698	282	190
24	Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Dues and fees	11,680	9,466	862	1,352
ь	Other	2,168	160	839	1,169
c d	***************************************				
e	All other expenses	a	0	0	0
25	Total functional expenses. Add lines 1 through 24e	457,365	374,717	44,440	38,208
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	707,200	3.4,7.17	77,770	30,200
	9				Form 9907201

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Par		· 1	, m
		(A) Beginning of year	e description	(B) End of year
1	Cash—non-interest-bearing	60,392	1	56,650
2	Savings and temporary cash investments	28,821	2	59,959
3	Pledges and grants receivable, net	30,031	3	48,616
4	Accounts receivable, net	0	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
_		0	6	
7	Notes and loans receivable, net	0	7	
8	Inventories for sale or use	Đ	8	C
9	Prepaid expenses and deferred charges	5,299	9	3,635
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,007		P Catca	
ь	Less: accumulated depreciation 10b 3,156	2,851	10c	1,85
11	Investments—publicly traded securities	0	11	()
12	Investments—other securities. See Part IV, line 11	0	12	
13	Investments-program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	127,394	16	170,71
17	Accounts payable and accrued expenses	23,639	17	17,63
18	Grants payable	23,039	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D ,	0	21	
22	Loans and other payables to current and former officers, directors,	Q.	ZI I	
2	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
23		0	22	
	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	0	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	0		
26			25	1503
20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	23,639	26	17,63
07	complete lines 27 through 29, and lines 33 and 34.		医	
27	Unrestricted net assets	103,755	27	153,07
28	Temporarily restricted net assets	0	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	THE PERSON NAMED IN COLUMN	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	ermana.
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	103,755	_	153,07
34	Total liabilities and net assets/fund balances	127,394	_	170,71

Par	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)		5	06,689
2	Total expenses (must equal Part IX, column (A), line 25)	:	4	57,365
3	Revenue less expenses. Subtract line 2 from line 1			49,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		10	03,755
5	Net unrealized gains (losses) on investments		200 EV	0
6	Donated services and use of facilities			0
7	Investment expenses		ACT MANAGEMENT	0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9		
	33, column (B)})	1	53,079
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	n in	Yes	No
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 reviewed on a separate basis, consolidated basis, or both:		2a	V
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	on a	2b 🗸	
C	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?	2c 🗸	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fort the Single Audit Act and OMB Circular A-133?	h in	3a	V
b	If "Yes," did the organization undergo the required audit or audits? if the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	
			Form 99	0 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

	n die organization	LINIC				20 4052			
visco Part	DNSIN WETLANDS ASSOCIATION Reason for Public Ch		organizations must	complet	e this no	39-1852 art.) See instruction			
he or 1 2 3	ganization is not a private found A church, convention of chur A school described in section A hospital or a cooperative h A medical research organization	iation because it is ches, or association n 170(b)(1)(A)(ii). (ospital service orgital tion operated in co	s: (For lines 1 through on of churches descrit Attach Schedule E (Fo anization described in	11, check bed in secom 990 on section	conly on ction 170 or 990-EZ 170(b)(1)	e box.) 3(b)(1)(A)(i). ().))(A)(iii).			
5		on operated for the benefit of a college or university owned or operated by a governmental unit described in							
	A federal, state, or local gove An organization that normall described in section 170(b)(emment or governr y receives a subst	antial part of its supp				the general publi		
	☐ A community trust described ☐ An organization that normall receipts from activities relat support from gross investin acquired by the organization	in section 170(b) y receives: (1) mored to its exempt the nent income and	(1)(A)(vi). (Complete Fre than 331/s% of its functions—subject to unrelated business t	support fi certain d axable in	exception come (le	ns, and (2) no more ess section 511 tax	than 331/3% of it		
	 □ An organization organized ar □ An organization organized an one or more publicly support the box in lines 11a through 1 	nd operated exclusive operated exclusive organizations de	ively to test for public vely for the benefit of, escribed in section 50	safety, S to perform 19(a)(1) or	iee secti n the fun-	on 509(a)(4). ctions of, or to carry of 509(a)(2). See section	n 509(a)(3). Chec		
а	☐ Type I. A supporting organization organization. You must co	(s) the power to re	gularly appoint or ele						
b c	☐ Type II. A supporting orgal control or management of organization(s). You must ☐ Type III functionally integrits supported organization	the supporting org complete Part IV, rated. A supportin s) (see instructions	anization vested in th Sections A and C. og organization operat s). You must comple	e same p ted in con te Part IV	ersons the nection v	nat control or manage with, and functionally ns A, D, and E.	the supported integrated with,		
d	Type III non-functionally that is not functionally inte- requirement (see instructional struction in the contraction in the con	grated. The organiz	zation generally must	satisfy a	distributi	on requirement and a	ed organization(s) an attentiveness		
e f	☐ Check this box if the organ functionally integrated, or ` Enter the number of supporter	Type III non-function .	onally integrated supp	porting or			, Type III		
g	Provide the following informat (i) Name of supported organization	owing Information about the supported organization(s). d organization (ii) EIN (iii) Type of organization (described on lines 1-9 above (see instructions)) (iv) Is the organization of the supported organization (s).		r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No				
A)									
B)									
C)									
D)									
E)									
Total									

	(Complete only if you checked the Part III, If the organization fails to						alify under	
Secti	on A. Public Support	= 1000	1875		THE ASSESSMENT		54 7	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	9
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							res
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support, Subtract line 5 from line 4.	en and					3	_
	on B. Total Support			Gastanasa	The state of the s	Lucia action	M 80	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	100
7	Amounts from line 4	S-100-00 SA.000						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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	Shift Park In	Marie Sala					
12	Gross receipts from related activities, etc.					12	V-10	
13	First five years. If the Form 990 is for the	-						
- · · ·	organization, check this box and stop he				. 1.00		<u> • • ▶ [</u>	╝
	on C. Computation of Public Suppor			1 1 (0)				-
14 15	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sci		-			15		6
16a	331/2% support test—2015. If the organization							-
100								
þ	A CAMERY OF THE CONTROL OF THE CONTR							
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	op here. a publicly	
	supported organization							
18	Private foundation. If the organization di instructions				a, or 17b, chec	k this box and	see . ▶ (

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(tv) and 170(b)(1)(A)(vi)

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	المراجع والروث			THE WAY		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	312,162	304,332	386,250	430,751	445,907	1,879,402
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,671	39,138	34,598	13,336	60,702	186,445
3	Gross receipts from activities that are not an unrelated trade or business under section 513		37,130	1911		60,702	
4	Tax revenues levied for the	0	U	0	0	- 0	0
	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the			100			
	organization without charge	0	. 0	0	0	o	0
6	Total. Add lines 1 through 5	350,833	343,470	420,848	444,087	506,609	2,065,847
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	146,525	89,917	116,208	118,280	141,668	612,598
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	. 0	0	0
8	Add lines 7a and 7b	146,525	89,917	116,208	118,280	141,668	612,598
Cacti	on B. Total Support			2105		212	1,453,249
	dar year (or fiscal year beginning in)	(0) 0044	#1 0040	430040	to and i		
9	Amounts from line 6	(a) 2011 350,833	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	350,833	343,470	420,848	444,087	506,609	2,065,847
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		117	68	78	80	669
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	326	117	68	78	80	669
12	Other income. Do not include gain or	0	0	0	0	0	
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	351,159	343 507	420.044		0	0
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization				ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8	, column (f) div	ided by line 1	3, column (f))		15	70.32 %
16	Public support percentage from 2014 Sch	edule A, Part I	II, line 15 .			16	74.66 %
	on D. Computation of Investment in	come Percer	itage				
17	Investment income percentage for 2015 (ine 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	0.03 %
18 19a	investment income percentage from 2014 331/2% support tests—2015. If the organization	zation did not	check the box	on line 14, an	d line 15 is m	18 ore than 331/s%	0.08 % 6, and line
b	17 is not more than 331/a%, check this box 331/a% support tests—2014. If the organiz	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	line 18 is not more than 331/3%, check this i						

Part IV **Supporting Organizations**

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

	Section .	A. Ali	Supporting	Organi	zations
--	-----------	--------	------------	--------	---------

ecti	on A. All Supporting Organizations		,	
2-11-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	结束	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	與於	
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	M.	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	2521.5	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	经股	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		部部	836g

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Part	V Supporting Organizations (continued)		rago
			Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1.050
Secti	on B. Type I Supporting Organizations		35 - I N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	200	Yes No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes No
Secti	on D. All Type III Supporting Organizations		-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally-integrated Supporting Organizations	10	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see	inete	etione)
a	The organization satisfied the Activities Test. Complete line 2 below.	HISTI U	cuons).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	lean in	eta retione
		300 111	
2	Activities Test. Answer (a) and (b) below.	PARTIE AND ADDRESS OF THE PARTIES AND ADDRESS OF	Yes N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1000	1035112
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b		3b	

instructions),

Type III Non-Functionally Integrated 509(a)(3) Supporting Organia			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g trus	st on Nov. 20, 1970. See i	instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		6
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		200020202000000000000000000000000000000
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		a - No Walan
7 Recoveries of prior-year distributions	7		72-22-23-23
8 Minimum Asset Amount (add line 7 to line 6)	8		-
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	T		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	MARKET AND AND AND AND AND AND AND AND AND AND	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	E. 14.7/22.75 中国联系的	
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v-int	egrated Type III supporting	organization (see

Secti	on D - Distributions	7		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	CALIFORNIA AND DES	V-18-	V - 11-2
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_ 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions,	h the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		All the same of the same	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	A STATE OF THE STATE OF	All South Control of the Control of	
a	THE RESERVE OF STREET, AS A PARTY OF STREET, ASSAULT OF STREET, ASSAUL			
b	The state of the second	CONTRACTOR PROPERTY.	The state of the s	Company of the Company
С	Park Transport Carlos C	THE RESERVE OF THE STATE OF THE	Commission Street	
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)		Bar Post Call Sand Sand Ca	THE RESIDENCE OF THE PARTY OF T
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		17.75 THE 25 X 12.79 91	
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15
b	Applied to 2015 distributable amount			
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	A COLUMN TO THE PARTY OF THE PA			A STATE OF THE STA
b	of the same property of the party of the same of the s		YEAR OF THE	The state of the s
C	Excess from 2013	Park walk with the case	Per School Street Street	Carrier St. Carrier St.
d	Excess from 2014	Plant of the second of the	HARLES ASSESSED	
е	Excess from 2015	NUMBER OF STREET	DESALT AND SELECT	N. C. Company
			The second secon	The state of the s

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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

OMB No. 1545-0047 20**15**

Department of the Treasury

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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 !-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations; Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number WISCONSIN WETLANDS ASSOCIATION INC 39-1852601 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). Part I-B 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 No Yes Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5)

(6)

	210 O (1 01111 000 01 000-22) 2010					rage Z			
	II-A Complete if the organization section 501(h)).				-				
A C	heck Implies It if the filling organization be name, address, EIN, expe	longs to an aff	filiated group (and e of excess lobb	d list in Part IV e bying expenditur	each affiliated gro	up member's			
ВС	theck ▶ ☐ if the filing organization ch								
		ying Expendit			(a) Filing	(b) Affiliated			
	(The term "expenditures" m	eans amounts	paid or incurred.		organization's totals	group totals			
1a	The state of the s		0						
b	, , , , , , , , , , , , , , , , , , , ,				8,514				
C	Total lobbying expenditures (add lines 1				8,514				
ď	Other exempt purpose expenditures .				448,851	- 13			
ė	Total exempt purpose expenditures (add				457,365				
f	Lobbying nontaxable amount, Enter columns.	the amount fro	om the following	table in both	91,473				
	if the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	is:		A THE BEST			
3	Not over \$500,000	20% of the am	ount on line 1e.		A SECTION AND A SECTION AND A SECTION AND A SECTION AND A SECTION AND A SECTION AND A SECTION AND A SECTION AS A SECTION A				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.					
- 1	Over \$1,000,000 but not over \$1,500,000		10% of the excess of						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	/er \$1,500,000.					
	Over \$17,000,000	\$1,000,000.							
9	Grassroots nontaxable amount (enter 25	22,868							
h	Subtract line 1g from line 1a. if zero or le				0				
1	i Subtract line 1f from line 1c. If zero or less, enter -0								
J	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								
			Period Under sec						
	(Some organizations that made a se-	ction 501(h) ele		e to complete all	of the five column	s below.			
	Lobbying	Expenditures	During 4-Year Av	eraging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount	76,968	80,976	90,437	91,473	339,854			
ь	Lobbying ceiling amount (150% of line 2a, column (e))					509,781			
С	Total lobbying expenditures	1,802	4,681	1,734	8,514	16,731			
d		19,242	20,244	22,609	22,868	84,963			
е	Grassroots ceiling amount (150% of line 2d, column (e))					127,445			
f	Grassroots lobbying expenditures	0	0	0	o	0			

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed l	Form	5768
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
descr	iption of the lobbying activity.	Yes	No	Amount
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)?		100	
C	Media advertisements?			
d	Mailings to members, legislators, or the public?	7		
	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			Aur St.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		- 23	40.00
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	17.60		
i	Other activities?			
j	Total. Add lines 1c through 1i		TO SERVICE	
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			科以上在于1000
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), (or se	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
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 expenditures from the prior year? .			3
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	Supplemental Information	100		
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds and Back III-A)	ıp lis	st); Pa	ert II-A, lines 1 and
2 (566	Instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
	***************************************			~******
•••••	**************************************			

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	ON SIN WITH A REPORT A CONTRACT OF THE	Employer identification number
	CONSIN WETLANDS ASSOCIATION INC	39-1852601
Pa	Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 99	
		dvised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4 5	Aggregate value at end of year	
9	Did the organization inform all donors and donor advisors in writing	
	funds are the organization's property, subject to the organization's ex	
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or conferring impormiselyla private handfild	donor advisor, or for any other purpose
Day	conferring impermissible private benefit?	Yes No
Par	Conservation Easements.	
-	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	call that apply).
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	□ Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified const	ervation contribution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
Ь	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure inc	cluded in (a) 2c
ď	Number of conservation easements included in (c) acquired after	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is	located >
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	ions, and enforcing conservation easements during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements during the year
	►S	
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	*** All · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easem	nents in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that describes the
_	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historica	al Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its finance	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	

an	le D (Form 990) 2015 Organizations Maintaining	Callastiana of	Aut Historiani '	Traceurae or Ot	har Similar Aces	te (continued)
	Using the organization's acquisition, a	Conections of A	Art, mistoricai	els agus of the follow	uing that are a sign	officent use of its
3	collection items (check all that apply):	ccession, and ou				IIIICAN USO OI III
а	☐ Public exhibition			or exchange prog	rams	
b	☐ Scholarly research		e 🗆 Othe	er		
C	□ Preservation for future generations					
4	Provide a description of the organizati XIII.					it purpose in Pai
5	During the year, did the organization					
	assets to be sold to raise funds rather		lined as part of the	ne organization's co	ollection?	☐ Yes ☐ No
art	Complete if the organization 990, Part X, line 21.		" on Form 990,	Part IV, line 9, or	reported an amo	ount on Form
1a						Yes N
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the following	table:		
				li de la la la la la la la la la la la la la	Am	ount
C	Beginning balance			10	G	
d	Additions during the year				1	
е	Distributions during the year				9	
f	Ending balance				4	
					• •	
2a	Did the organization include an amoun					☐ Yes ☐ No
2a	Did the organization include an amount if "Yes," explain the arrangement in Pa	t on Form 990, P	art X, line 21, for	escrow or custodia	al account liability?	
2a b		t on Form 990, P	art X, line 21, for	escrow or custodia	al account liability?	
2a b	If "Yes," explain the arrangement in Patt V Endowment Funds.	t on Form 990, Part XIII. Check her	art X, line 21, for e if the explanation	escrow or custodia on has been provid	al account liability?	
2a b	If "Yes," explain the arrangement in Pa	t on Form 990, Part XIII. Check her	art X, line 21, for e if the explanation	escrow or custodia on has been provid	al account liability?	🗆
b b	If "Yes," explain the arrangement in Pa t V Endowment Funds. Complete if the organization	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
b Par	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
2a b Pair	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
b Pair 1a b	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
b Par 1a b	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
2a b Pali	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance Contributions	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	
b Par 1a b c	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance Contributions	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	
b Par ta b c d e	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	
b Par la b c d e f	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes	art X, line 21, for e if the explanation on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	🗆
b dan dan de f	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	at on Form 990, Part XIII. Check her answered "Yes (a) Current year	art X, line 21, for e if the explanation on Form 990, (b) Prior year	escrow or custodia on has been provid Part IV, line 10.	ai account liability? led on Part XIII . (d) Three years back	🗆
b Par la b c d e f g 2	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes (a) Current year	art X, line 21, for e if the explanation on Form 990, (b) Prior year	escrow or custodia on has been provid Part IV, line 10.	ai account liability? led on Part XIII . (d) Three years back	🗆
b Par la b c d e f g 2 a	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes (a) Current year	art X, line 21, for e if the explanation on Form 990, (b) Prior year	escrow or custodia on has been provid Part IV, line 10.	ai account liability? led on Part XIII . (d) Three years back	🗆
2a b la la b c d e f g 2 a b	If "Yes," explain the arrangement in Part V Endowment Funds. Complete if the organization Beginning of year balance	at on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent %	art X, line 21, for e if the explanation on Form 990, (b) Prior year	escrow or custodia on has been provid Part IV, line 10.	ai account liability? led on Part XIII . (d) Three years back	🗆
2a b Par 1a b c d e f g 2	If "Yes," explain the arrangement in Part V Endowment Funds. Complete if the organization Beginning of year balance	t on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent %	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1 %	escrow or custodia on has been provid Part IV, line 10.	ai account liability? led on Part XIII . (d) Three years back	🗆
2a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part V Endowment Funds. Complete if the organization Beginning of year balance	t on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent % 2c should equal 1	art X, line 21, for e if the explanate on Form 990, (b) Prior year and balance (line 1 %	escrow or custodia on has been provid Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four years back
2a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pate IV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	t on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent % 2c should equal 1 possession of the	art X, line 21, for e if the explanate on Form 990, (b) Prior year and balance (line 1 %	escrow or custodia on has been provid Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four years back
2a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part V Endowment Funds. Complete if the organization Beginning of year balance	t on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent % 2c should equal 1 possession of the	art X, line 21, for e if the explanate on Form 990, (b) Prior year and balance (line 1 %	escrow or custodia on has been provid Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four years back
2a b la la b c d e f g 2 a b c	If "Yes," explain the arrangement in Pate IV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	t on Form 990, Part XIII. Check her answered "Yes (a) Current year the current year ent % 2c should equal 1	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1)%	Part IV, line 10. (c) Two years back g, column (a)) held hat are held and a	al account liability? led on Part XIII . (d) Three years back as:	(e) Four years back

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				0	0			
b	Buildings				0	0	0	0	
C	Leasehold improvements				0	2,459	1,967	492	
d	Equipment				0	2,548	1,189	1,359	
	Other				0	0	0	0	
Total	. Add lines 1a through 1e. (Co	olun	ın (d) mus	t equal Form 990, Part	X, column (B), line 10	c.)	1,851	

Part VII	Investments—Other Securi		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, II	ine 11b. See Forr	n 990, Part X, line 12.
	(a) Description of security or ca (including name of security	tegory	(b) Book value	(c) Me	thod of valuation: d-of-year market value
	I derivatives				
	held equity interests				
(3) Other				The second second	
(A)					
(B)				4	
(C)				10 m 3	
(D)					
(E)		27228		100	
(F)	7700				
(G)				2/	ACRES OF THE SECTION
(H)				W 2011	7 10
Total, (Column)	b) must equal Form 990, Part X, col. (B) line 12.) >		The Marine Street Co.	化 加速型 500 加速 100 mg
Part VIII	Investments—Program Rela	ated.		ALL THE PERSON NAMED IN	
	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, li	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investmen	nt .	(b) Book value	(c) Me	thod of valuation:
(1)				Out of diff	Toryour market value
(2)					M.C. SHIPS THE ST.
(3)					
(4)					
(5)					
(6)					
(7)			-		
(8)					
(9)					
	i) must equal Form 990, Part X, col. (B) line 13.			to a design of the second of t	
Part IX	Other Assets.				
Tartix		annuared #Veet en E-	000 D N/ II	444.0 - 5	000 D 111 II 10
	Complete if the organization a	(a) Description	m 990, Part IV, III	ne 11d. See Form	
(1)		(b) Description			(b) Book value
(2)					
(3)					
(4)		1000			3.70
(5)					
(6)					
(7)					
(8)					
(9)	(A)	A A A A A A A A A A A A A A A A A A A			The state of the s
i otal. (Colui	nn (b) must equal Form 990, Part)	K, col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization a	answered "Yes" on Fo	m 990, Part IV, Iir	ne 11e or 11f. Sec	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)		A STATE OF THE STA	功是所谓的		
(4)				一种一种	以及CASE AND AND AND AND AND AND AND AND AND AND
(5)	The state of the s	-			
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 25.)				
Liability for	uncertain tax positions. In Part XIII, p	rovide the text of the foots	ote to the organization	n'e financial etetama	nin that san a to the
organization's	liability for uncertain tax positions un	ider FIN 48 (ASC 740) Cha	ole to the dryanization ok here if the text of t	n a imancial stateme	nus inat reports the
	J. T. T. T. T. T. DOURIONS UI	401 1114 40 (AGO 140), OHE	CV LIELA II NIG TEXT DI J	THE IOORIO(6 US2 D66	n provided in Part XIII

Pan	Complete if the organization answered "Yes" on Form 990,		e per Return.	
1	Total revenue, gains, and other support per audited financial statements		11	506,689
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:		103.00	555,567
а	Net unrealized gains (losses) on investments	2a	0	
b	Donated services and use of facilities	2b	0	
C	Recoveries of prior year grants	2c	0	
ď	Other (Describe in Part XIII.)	2d	0	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		 3	506,689
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i	 156/201	300,009
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
	Add lines 4a and 4b	<u> </u>	STATE OF THE PERSON NAMED IN	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	 40	0
Part				506,689
r art	Complete if the organization answered "Yes" on Form 990,		ses per netur	
1				
	Total expenses and losses per audited financial statements		 manages.	457,365
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1. 1	263	
а	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	 C	
C	Other losses	2c	 0	
ď	Other (Describe in Part XIII.)	2d	0	
е	Add lines 2a through 2d		 2e	0
3	Subtract line 2e from line 1		 3	457,365
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			7.00
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
C	Add lines 4a and 4b		 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.) .	 5	457,365

	hm		 	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

	CONSIN WETLANDS ASSOCIATION IN	С				39-18526	501
Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on	Method noncash cor	(d) of determining ntribution amounts
1	Art-Works of art						
2	Art-Historical treasures					-	
3	Art-Fractional interests						
4	Books and publications		MARKET AND THE PROPERTY.				
5	Clothing and household		以	- Ent extr	V		
	goods					1	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	~	1		25.848	Cash value	
10	Securities-Closely held stock .				201010	Cusii vuide	
11	Securities - Partnership, LLC,					2.	
	or trust interests	İ					
12	Securities-Miscellaneous						
13	Qualified conservation			37 F	V C		
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution-Other						
15	Real estate-Residential						
16	Real estate Commercial						
17	Real estate-Other						
18	Collectibles				-		
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts	~	1		4 500	Cash value	
23	Scientific specimens				0,500	Casii value	
24	Archeological artifacts						
25	Other ► ()						
26	Other ► (
27	Other ► (1	
28	Other > (
29	Number of Forms 8283 received	by the org	anization during the tax vi	ear for contribut	ione for	A COLUMN	
	which the organization completed	Form 8283	Part IV, Donee Acknowled	lgement	.51.5 101	29	0
						23	Yes No
30a	During the year, did the organizati	on receive	by contribution any proper	ty reported in P	art 1 linee	1 through	Charles Brown
	28, that it must hold for at least the	ree vears fr	om the date of the initial co	ontribution and u	uhich is ne	ot required	
	to be used for exempt purposes for	or the entire	holding period?	Andreadon, and y		v rednited	30a V
b	If "Yes," describe the arrangement						Jua P
31	Does the organization have a	gift accept	ance policy that requires	the review of	any nor	s-standard	
	contributions?	, , , ;			arry 1101	, stariuaru	31 🗸
32a	Does the organization hire or use	third partie	es or related omanizations	to solicit press	ee or se	l noncoch	31 7
				to solicit, proce	, UI 36	TOTICASII	000
b	If "Yes," describe in Part II.						32a 🗸
33	If the organization did not report an	amount in	column (c) for a time of area	and for which -	draman (-V)	a abaataa d	
	describe in Part II.	amount #	committee for a type of prof	serry ror WINCH CO	א (a) וזונזוטוע	cnecked,	
_							

Supplemental information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
or a combination of both, Also complete this part for any auditional information.

70 70 70 70 70 70 70 70 70 70 70 70 70 7
AS 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Inspection
WISCONSIN WETLANDS ASSOCIATION INC	Employer identification number
	39-1852601
Form 990, Part VI, Section A, Line 6 - The organization's bylaws define the terms of membership and a	llow members to elect officers and
directors at the annual meeting.	***************************************
Comp (00 Day) II Co. II . A . I	***************************************
Form 990, Part VI, Section A, Line 7a - Members who attend the organization's annual meeting elect of	ficers and directors for the coming
year.	
Fam. OAA Parking of the management of the same of the	
Form 990, Part VI, Section B, Line 11b - The organization's Form 990 is reviewed and approved by the	Executive Director and an outside
accountant. It is made available electronically to each board member for review prior to filing.	
P ADA B111	
Form 990, Part VI, Section B, Line 12c - The Executive Director collects and reviews conflict of Interest	statements completed annually by
each Board member, and communicates to applicable Board members any potential conflicts of interest	st. Board members who have a
connect of interest are expected to excuse themselves from participation in deliberation and decision-	making about matters involving the
conflict.	
Form 990, Part VI, Section B, Line 15 - The Board of Directors authorizes the compensation of the Exer	cutive Director, based partly on
information obtained from informally surveying compensation paid by comparable organizations, mos	t recently in 2011.
Form 990, Part VI, Section C, Line 19 - WWA makes its governing documents, conflict of interest policy	, and audited financial statements
available to members of the general public upon request.	

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	Standards and support

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If yo	ou are fil	ing for an Automatic 3-Month Extension, o ing for an Additional (Not Automatic) 3-Mo	complete	only Part I and check	this box	Mala I		. ▶ 🗹
Do no	ot comp	lete Part II unless you have already been g	ranted an	automatic 3-month ex	rart II (on page 2 of tension on a previou	ınıs ı siy fi	rorm). led Form	8868.
a corp 8868 Return	ronic fil poration to requ n for Ti	ing (e-file). You can electronically file Form required to file Form 990-T), or an addition est an extension of time to file any of the f ransfers Associated With Certain Personal For more details on the electronic filing of th	8868 if yo al (not auto forms lister	ou need a 3-month automatic) 3-month extend in Part I or Part II w	omatic extension of ision of time. You can'th the exception of	time n ele Forr	to file (6 ctronical n 8870, I	months for ly file Form Information
		Automatic 3-Month Extension of Time				Or rour	100 0 140	mpronts.
A cor	poratio	required to file Form 990-T and reques	sting an a	utomatic 6-month ex	tension-check this	box	and co	omplete
All oth	her comp	orations (including 1120-C filers), partnershi	ips, REMIC	Cs, and trusts must us	e Form 7004 to reau	est a	an extens	ion of time
to file	income	tax returns.						aon or anno
					Enter filer's identifying			
Type		Name of exempt organization or other filer, see in	structions,	E	mployer identification	numb	er (EIN) o	
print		WISCONSIN WETLANDS ASSOCIATION INC				8526		
File by t	ula	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.	Social security number	(SSN)		
due dat		214 North Hamilton Street Suite 201 City, town or post office, state, and ZIP code. For		elelenen en Ventural				
return, : Instructi		Madison, WI, 53703	a ioreign a	daress, see instructions.				
Enter	the Ret	um code for the return that this application is	s for (file a	separate application f	or each return) .			0 1
	ication		Return	Application		_		Return
Is Fo	r		Code	Is For				Code
Form	1990 or	Form 990-EZ	01	Form 990-T (corpora	tion)			07
Form	990-BI		02	Form 1041-A	ittorij.			08
Form	4720 (ndividual)	03	Form 4720 (other than individual)				09
	990-PF		04	Form 5227				10
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form	990-T	(trust other than above)	06	Form 8870				12
		are in the care of Tracy Hames, 214 North	Hamilton !	Street, Suite 201, Madis	on, WI 53703			
		No. ► 608-250-9971		ax No. >				
- 34 6111	3 13 101	zation does not have an office or place of bo a Group Return, enter the organization's fou	ır algıt Gro	the United States, che up Exemption Numbe	eck this box r (GEN)			e le
for the	e whole	group, check this box 🕨 🗌 . If i	it is for par	t of the group, check t	this box	▶ ſ	and att	ach
a nst v	with the	names and LINs of all members the extensi	on is for.					-
1	for the	est an automatic 3-month (6 months for a co 02/15 , 20 17 , to file the exert organization's return for:	orporation npt organi	required to file Form 9 zation return for the or	90-T) extension of the ganization named ab	ne oove,	. The exte	ension is
		alendar year 20 or						
2	► v t	ax year beginning <u>07/01</u> ax year entered in line 1 is for less than 12 n	, 20	15 , and ending	06/30		, 20	16 .
		inge in accounting period				11		
За								
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					За	\$		
estimated tax payments made include any prior year overpowment attenued as a security								
C	Balan	ce due. Subtract line 3b from line 3a. Includ 6 (Electronic Federal Tax Payment System).	e vour pay	ment with this form if	required, by using		\$	
Cautte						3с	\$	
instruc	tions.	are going to make an electronic funds withdrawa	u (direct del	oit) with this Form 8868, s	see Form 8453-EO and	Form	18879-EO	for payment
For Pr	ivacy Ac	t and Paperwork Reduction Act Notice, see in	structions.	Cat. No	o. 27916D	F	om 8868	Rev. 1-2014)

Form 8868 (Rev. 1-2014)

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