

# Return of Organization Exempt From Income Tax

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

<b>A</b> For the <b>2018</b> calendar year, or tax year beginning <b>2018</b> , and ending <b>20</b>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>NORTHWOODS HUMANE SOCIETY</b></td> <td><b>D</b> Employer identification no. <b>41-1487872</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>(651) 982-0240</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 264</b></td> <td><b>G</b> Gross receipts \$ <b>363,544</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>WYOMING, MN 55092</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> </table>	<b>C</b> Name of organization <b>NORTHWOODS HUMANE SOCIETY</b>		<b>D</b> Employer identification no. <b>41-1487872</b>	Doing business as		<b>E</b> Telephone number <b>(651) 982-0240</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 264</b>		<b>G</b> Gross receipts \$ <b>363,544</b>	City or town, state or province, country, and ZIP or foreign postal code <b>WYOMING, MN 55092</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>F</b> Name and address of principal officer:		<b>H(c)</b> Group exemption number ▶
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<b>F</b> Name and address of principal officer:		<b>H(c)</b> Group exemption number ▶														
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>J</b> Website: ▶ <b>WWW.NORTHWOODSHS.ORG</b>																
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>MN</b>															

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ADOPTION AND CARE OF COMPANION ANIMALS.</b>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>		<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>147</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>		<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>234,610</b>	Current Year <b>212,480</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>126,636</b>	<b>142,859</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13</b>	<b>147</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,602</b>	<b>2,173</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>362,861</b>	<b>357,659</b>	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>189,678</b>	<b>209,325</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>42,885</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>182,776</b>	<b>176,500</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>372,454</b>	<b>385,825</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(9,593)</b>	<b>(28,166)</b>		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>413,818</b>	End of Year <b>379,080</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>126,624</b>	<b>120,052</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>287,194</b>	<b>259,028</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>MARGARET GUPTILL</b> Signature of officer	Date
	<b>MARGARET GUPTILL, PRESIDENT</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID E ENGELKING</b>	Preparer's signature <b>DAVID E ENGELKING</b>	Date <b>09-24-2019</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00749619</b>
	Firm's name ▶ <b>DAVID E ENGELKING LTD</b>	Firm's EIN ▶		Phone no.	
	Firm's address ▶ <b>80 NW 3RD STREET FOREST LAKE MN 55025</b>			<b>651-464-3231</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ADOPTION AND CARE OF COMPANION ANIMALS.

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

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

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

4a (Code: ) (Expenses \$ 331,814 including grants of \$ ) (Revenue \$ ) NORTHWOODS HUMANE SOCIETY PROVIDES SURRENDER, LOST AND FOUND, AND ADOPTION SERVICES FOR CATS AND DOGS. IN 2018, NORTHWOODS TOOK IN 999 CATS AND DOGS AND PROVIDED THEM WITH DAILY CARE, VACCINATIONS, MEDICAL CARE, STERILIZATION SURGERY, AND OTHER SERVICES PRIOR TO RETURNING THEM TO THEIR ORIGINAL OWNER OR ADOPTING THEM INTO NEW HOMES. THE BOARD, STAFF, AND VOLUNTEERS OF NORTHWOODS ARE COMMITTED TO PROVIDING COMPASSIONATE CARE AND EXCEPTIONAL SERVICE TO THE PETS AND HUMANS THAT WE WORK WITH. IN 2018, NORTHWOODS ENHANCED OUR CURRENT PROGRAMS BY PROVIDING MICROCHIP IMPLANTATIONS FOR EVERY PET THAT IS ADOPTED FROM OUR FACILITY, PROVIDING A LOW COST VACCINE AND MICROCHIP CLINIC FOR PETS IN OUR COMMUNITY AND, WITH THE HELP OF A GRANT FROM MADDIE'S FUND, TAKING THE FIRST STEPS TOWARDS A HOSPICE FOSTER PROGRAM THAT WILL HELP US FIND HOMES FOR DOGS AND CATS THAT WE PREVIOUSLY WOULD NOT HAVE BEEN ABLE TO PLACE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 331,814



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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



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

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



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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Minnesota
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID GORMAN (651) 982-0240, 7153 LAKE BLVD, WYOMING, MN 55092



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN EDMONDS DIRECTOR	1.00	X						0	0	0
(2) VICCI MATTSFIELD DIRECTOR	1.00	X						0	0	0
(3) RUTH NORDQUIST DIRECTOR	1.00	X						0	0	0
(4) JACK FELIX DIRECTOR	1.00	X						0	0	0
(5) MARGARET GUPTILL PRESIDENT	1.00			X				0	0	0
(6) LYNN WALTON VICE PRESIDENT	1.00			X				0	0	0
(7) DAVID GORMAN TREASURER	1.00			X				0	0	0
(8) KRIS TROTTO SECRETARY	1.00			X				0	0	0
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							0	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c	212,480			
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h <b>Total.</b> Add lines 1a-1f . . . . . ▶		212,480			
Program Service Revenue	2a <b>ANIMAL ADOPTION</b>	Business Code				
		900099	142,859	142,859		
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
g <b>Total.</b> Add lines 2a-2f . . . . . ▶		142,859				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		147		147	
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶					
	5 Royalties . . . . . ▶					
	6a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		b Less: rental expenses . . . . .				
		c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . . ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including \$ 212,480 of contributions reported on line 1c). See Part IV, line 18 . . . . . a					
	b Less: direct expenses . . . . . b					
c Net income or (loss) from fundraising events . . . . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . . . . a						
b Less: direct expenses . . . . . b						
c Net income or (loss) from gaming activities . . . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . . . a		8,058				
b Less: cost of goods sold . . . . . b		5,885				
c Net income or (loss) from sales of inventory . . . . . ▶		2,173	2,173			
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue . . . . .						
e <b>Total.</b> Add lines 11a-11d . . . . . ▶						
12 <b>Total revenue.</b> See instructions . . . . . ▶		357,659	145,032	147	0	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	189,289	151,230	2,684	35,375
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	20,036	20,036		
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12 Advertising and promotion . . . . .	4,674	4,282		392
13 Office expenses . . . . .	7,034	5,328		1,706
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	8,442		8,442	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	13,382	13,382		
23 Insurance . . . . .	8,901	8,901		
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.)				
a <b>BANK AND CREDIT CARD FEES</b>	7,217	7,217		
b <b>CLEANING SUPPLIES</b>	2,058	2,058		
c <b>LICENSES AND FEES</b>	644	644		
d <b>OUTSIDE SERVICES</b>	4,955	2,824		2,131
e All other expenses	119,193	115,912		3,281
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	385,825	331,814	11,126	42,885
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	79,355	1	57,985
	2	Savings and temporary cash investments	135,216	2	135,230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	947	9	947
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	422,258		
	10b	Less: accumulated depreciation	242,495		
	10c		193,145	10c	179,763
	11	Investments - publicly traded securities	5,155	11	5,155
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	413,818	16	379,080	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,016	17	1,306
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	125,608	22	118,746
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	126,624	26	120,052
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	287,194	27	259,028
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	287,194	33	259,028
	34	<b>Total liabilities and net assets/fund balances</b>	413,818	34	379,080



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	357,659
2	Total expenses (must equal Part IX, column (A), line 25)	2	385,825
3	Revenue less expenses. Subtract line 2 from line 1	3	(28,166)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	287,194
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	259,028

**Part XII Financial Statements and Reporting**

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

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