Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2625 CLEARWATER ROAD NO 110

City or town, state or country, and ZIP + 4
ST CLOUD, MN 563016278

D Employer identification number
37-1143442

E Telephone number
(320) 230-9920

G Gross receipts $ 291,158

F Name and address of principal officer
SANDY WOLTMAN
2625 CLEARWATER ROAD NO 110
ST CLOUD, MN 563016278

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NWRAWILDLIFE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1982 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE EDUCATION, TRAINING, AND RESOURCES TO THOSE IN THE PROFESSION OF WILDLIFE REHABILITATION

2 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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	176
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,688
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,833

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	57,159	69,988
	9	Program service revenue (Part VIII, line 2g)	137,964	136,991
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,197	11,912
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,855	45,077
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,175	263,968
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,475	13,225
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	117,011	113,845
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,093		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	130,574	117,456
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	260,060	244,526
	19	Revenue less expenses Subtract line 18 from line 12	-12,885	19,442

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	800,207	811,763
	21	Total liabilities (Part X, line 26)	91,773	83,887
	22	Net assets or fund balances Subtract line 21 from line 20	708,434	727,876

Part II Signature Block

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

Sign Here

****** | 2012-07-20
Signature of officer | Date

ELAINE THRUNE BUSINESS MANAGER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CHRISTINE M STANZ	Date 2012-07-19	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01319765
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP 818 SECOND ST SO SUITE 320 WAITE PARK, MN 56387			EIN ▶ 41-0746749 Phone no ▶ (320) 203-5500

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 to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

PROVIDE EDUCATION, TRAINING, AND RESOURCES TO THOSE IN THE PROFESSION OF WILDLIFE REHABILITATION, INCLUDING ENVIRONMENTAL EDUCATION AND WILDLIFE MEDICINE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 85,677 including grants of $) (Revenue $ 57,922)

EDUCATIONAL PUBLICATIONS, WEBSITE, COURSES, AND TRAINING MATERIALS - NWRA IS RECOGNIZED FOR PUBLISHING ONE-OF-A-KIND HIGH QUALITY VOLUMES WITH CURRENT PROFESSIONALLY REVIEWED INFORMATION PERTINENT TO THE FIELD FOR WILDLIFE REHABILITATORS, EDUCATORS, AND VETERINARIANS NWRA MAINTAINS NOMINAL PRICING TO FOSTER AND PROMOTE SELF-EDUCATION, ASSIST WITH SKILLS DEVELOPMENT, AND FOR BUILDING A FACILITY REFERENCE LIBRARY A SELECTION OF MORE THAN 200 NWRA PUBLISHED ARTICLE REPRINTS IS AVAILABLE FOR $1 TO $5 EACH AND LARGE, IN-DEPTH VOLUMES ARE ONLY $75 THE NWRA WEBSITE, WWW NWRAWILDLIFE ORG, IS CONSTANTLY UPDATED AND DESIGNED TO FUNCTION AS A RESOURCE, NOT ONLY FOR MEMBERS, BUT ALSO FOR THE PUBLIC OR CASUAL BROWSERS SEEKING INFORMATION ON THE PROFESSION, ASSISTANCE WITH INJURED WILDLIFE, OR NWRA ITSELF IN 2011, THE WEBSITE UNDERWENT A COMPLETE REDESIGN, EXPANSION, AND UPGRADE TO SERVE BOTH OUR MEMBERS AND THE PUBLIC IN BETTER FASHION, ENABLING ADDITIONAL AND EASILY SEARCHABLE CONTENT FUNDING FOR THE WEBSITE UPGRADE WAS PROVIDED BY A DONATION FROM THE BARKLEY FUND EXAMPLES OF NWRA PUBLICATIONS AND EDUCATIONAL AND TRAINING MATERIALS INCLUDE 1 DEBUTED AT SYMPOSIUM 2011, THE NEW BOOK SERIES WILDLIFE REHABILITATOR RESOURCES RESPONDS TO MEMBER INPUT AND REQUEST EACH PUBLICATION FOCUSES ON AND EXPLORES IN DEPTH A SPECIFIC TOPIC IN THE FIELD, SUCH AS REHABILITATIVE CARE OF A SINGLE SPECIES OR FAMILY, OBTAINING, TRAINING, AND RETAINING VOLUNTEERS, EFFECTIVE WILDLIFE FACILITY MANAGEMENT, OR, MEDICAL ASPECTS LIKE ZOONOTIC DISEASE FIRST IN THE SERIES, PHARMACOLOGY, WITH ALL CHAPTERS AUTHORED BY VETERINARIANS WHO WORK WITH WILDLIFE, ADDRESSES DRUGS USED WITH WILDLIFE, DRUG CLASSES, MODE OF ACTIVITY AND EFFECTIVENESS, CAUTIONS WITH USE, AND REGULATIONS GOVERNING DRUG USE IN ANIMALS BY THE END OF 2011, 200 BOOKS WERE SOLD 2 MINIMUM STANDARDS FOR WILDLIFE REHABILITATION - THE STANDARD OF MINIMUM REQUIREMENTS TO PROVIDE APPROPRIATE CARE FOR WILDLIFE AND NOW ADOPTED INTO PERMITTING REGULATIONS BY SEVERAL STATE AGENCIES AND THE US FISH & WILDLIFE SERVICE THE FOURTH EDITION INCLUDING 50 PAGES OF NEW MATERIAL PLUS UPDATED INFORMATION WAS COMPLETED IN 2011 FOR PUBLICATION IN 2012 3 VETERINARY STUDENT NWRA WILDLIFE MEDICINE COURSE - A GROUNDBREAKING COURSE BEGUN IN 1999 AND UNLIKE ANYTHING CURRENTLY AVAILABLE THIS TRAINING INTRODUCES VETERINARY STUDENTS TO WILDLIFE MEDICINE PRIOR TO ENCOUNTERING WILD ANIMALS WHEN IN PRACTICE OVER THE PAST 11 YEARS, THE COURSE HAS BEEN PRESENTED 20 TIMES AT 15 DIFFERENT VETERINARY SCHOOLS 13 IN THE US AND 2 IN CANADA, WITH THE COURSE REPEATED AT 5 SCHOOLS 4 PRINCIPLES OF WILDLIFE REHABILITATION, THE ESSENTIAL GUIDE FOR NOVICE AND EXPERIENCED REHABILITATORS - AN OVER 600-PAGE VOLUME PRODUCED AND PUBLISHED BY NWRA AND THE ONLY PUBLICATION AVAILABLE THAT ENCOMPASSES ALL ASPECTS OF WILDLIFE REHABILITATION IT IS WIDELY USED AS A TRAINING MANUAL FOR NOVICE WILDLIFE REHABILITATORS AND VOLUNTEERS, AS WELL AS A RELIABLE REFERENCE MANUAL 5 TOPICS IN WILDLIFE MEDICINE - AN ON-GOING SERIES ADDRESSING A PARTICULAR ASPECT OF VETERINARY MEDICINE RELATED TO WILDLIFE, EDITOR AND CHAPTER AUTHORS ARE EXPERIENCED VETERINARIANS WHO WORK WITH WILDLIFE THE THREE VOLUMES CURRENTLY AVAILABLE COVER CLINICAL PATHOLOGY, EMERGENCY AND CRITICAL CARE, AND INFECTIOUS DISEASE 6 WILDLIFE IN EDUCATION, A GUIDE FOR THE CARE AND USE OF PROGRAM ANIMALS AND INTRODUCTION TO WILDLIFE EDUCATION PROGRAMMING, TIPS & TECHNIQUES FOR BETTER PRESENTATIONS - BOTH BOOKS COMPILED AND PUBLISHED BY NWRA AND THE FIRST PUBLICATIONS AVAILABLE WITH A COMPREHENSIVE APPROACH TO LONG-TERM CARE OF CAPTIVE WILDLIFE AND DEVELOPING EFFECTIVE AND MEANINGFUL PROGRAMS ON WILDLIFE EDUCATION, PRESERVATION, AND ECOSYSTEM AWARENESS THE NWRA STAFF EDITOR IS RESPONSIBLE FOR THE NEW WILDLIFE REHABILITATOR RESOURCES BOOKS, BUT EVERYONE ELSE FROM AUTHORS TO LAYOUT IS A VOLUNTEER PRODUCTION OF THE OTHER NWRA PUBLICATIONS IS COMPLETED WITH VOLUNTEER EDITORS, AUTHORS, CONTRIBUTORS, REVIEWERS, PROOFREADERS, LAYOUT PERSONS, ARTISTS, AND GRAPHIC SUBMISSIONS MORE THAN 30 SKILLED AND KNOWLEDGEABLE INDIVIDUALS DONATED THOUSANDS OF HOURS OF SUPERVISED VOLUNTEER TIME IN ORDER TO BRING HIGH QUALITY PUBLICATIONS TO PRINT AND AVAILABLE FOR PURCHASE

4b (Code) (Expenses $ 55,586 including grants of $) (Revenue $ 76,069)

MEMBERSHIP BENEFITS - MEMBER BENEFITS ADHERE TO THE NWRA MISSION OF DISSEMINATING KNOWLEDGE FOR MEMBERS TO IMPROVE WILDLIFE CARE AND RELEASE, BE BETTER EQUIPPED TO RESPOND TO AND EDUCATE THE PUBLIC IN WILDLIFE SITUATIONS OR ENCOUNTERS, AND ASSIST WITH MANAGEMENT OF TIME, FUNDS, RESOURCES, AND VOLUNTEERS AND STAFF MEMBERSHIP FOR 2011 WAS 1697, REMAINING COMPARABLE TO RECENT YEARS DURING THE STILL DEPRESSED ECONOMY NWRA CONTINUED ALL MEMBER BENEFITS WITH THE UNCHANGED AND NOMINAL $45 INDIVIDUAL ANNUAL DUES BENEFITS INCLUDE 1 WILDLIFE REHABILITATION BULLETIN - 48 TO 52 PAGE SEMI-ANNUAL JOURNAL WITH WILDLIFE CARE, MEDICAL ARTICLES, AND NEW DISCOVERIES WITHIN THE FIELD, 2 THE WILDLIFE REHABILITATOR - 12 TO 16 PAGE SEMI-ANNUAL NEWSLETTER WITH ASSOCIATION NEWS, INFORMATION, AND OPPORTUNITIES FOR MEMBERS, SUCH AS SCHOLARSHIPS AVAILABLE,3 MEMBER DIRECTORY - ANNUAL LISTING OF MEMBERS USED AS A RESOURCE FOR NETWORKING, ASSISTANCE, AND WILDLIFE PATIENT TRANSFERS,4 A DOWNLOADABLE AND PRINTABLE MEMBERSHIP CERTIFICATE, SUITABLE FOR FRAMING, INDICATING PARTICIPATION IN THE NATIONAL ORGANIZATION,5 ONCE OR TWICE MONTHLY EMAILS TO MEMBERS TO CONVEY CRITICAL NEWS, SUCH AS THE NEW CDC 'COMPENDIUM TO PREVENT DISEASE ASSOCIATED WITH ANIMALS,' NOTIFICATION OF PLAGUE AND HANTAVIRUS PRESENTING IN NEW MEXICO, AND PROPOSED CHANGES TO FEDERAL REGULATIONS REGARDING BALD AND GOLDEN EAGLES, AND TIME-SENSITIVE ANNOUNCEMENTS OF BENEFIT TO MEMBERS, AND,6 DISCOUNTS FOR ALL MEMBERS ON PURCHASES OF REFERENCE, EDUCATIONAL, OR DIAGNOSTIC AIDS, AND ALL NWRA PUBLICATIONS NWRA EMPLOYS A PART-TIME EDITOR FOR MEMBERSHIP BENEFIT PUBLICATIONS, BUT ALL AUTHOR MANUSCRIPTS AND OTHER CONTENT, REVIEWING, PROOFREADING, AND LAY OUT OF THE PUBLICATION IS ACCOMPLISHED BY SKILLED VOLUNTEERS WHO CONTRIBUTE THOUSANDS OF HOURS ANNUALLY

4c (Code) (Expenses $ 54,077 including grants of $) (Revenue $ 67,135)

ANNUAL SYMPOSIUM EVENT - THE 2011 ANNUAL SYMPOSIUM IN ALBANY, NY, THE LARGEST AND MOST COMPREHENSIVE PROFESSIONAL TRAINING AND DEVELOPMENT EVENT IN THE FIELD, HOSTED ALMOST 400 INDIVIDUALS ATTENDING FROM 26 STATES, BRAZIL, FRANCE, SWEDEN, AND 6 CANADIAN PROVINCES TOTAL ATTENDANCE IS REPRESENTATIVE OF 25% OF MEMBERSHIP WITH 12% OF THOSE PRESENT BEING NEW 2011 NWRA MEMBERS FIVE DAYS OF CONCURRENT PROGRAMMING OFFERED OVER 140 HOURS OF EDUCATIONAL OPPORTUNITY PRESENTED BY OVER 70 SPEAKERS, INCLUDING TWO TARGETED 8-HOUR SEMINARS ON BASIC WILDLIFE REHABILITATION AND PATIENT EVALUATION AND STABILIZATION, AND 14 HANDS-ON SKILLS DEVELOPMENT WORKSHOPS, MOST PRECEDED BY A PRE-REQUISITE LECTURE STATE VETERINARY BOARDS AND DEPARTMENTS OF NATURAL RESOURCES AS WELL AS FEDERAL MIGRATORY BIRD OFFICES APPROVE THE ANNUAL NWRA SYMPOSIA AS QUALIFYING FOR CONTINUING EDUCATION CREDITS REQUIRED OF PRACTICING VETERINARIANS, VETERINARY TECHNICIANS, AND LICENSED WILDLIFE REHABILITATORS AS WITH OTHER NWRA PROGRAMS, VOLUNTEERS PLAY A KEY ROLE IN ENSURING THE LARGE AND COMPLICATED ANNUAL SYMPOSIUM EVENT IS SUCCESSFUL AND AFFORDABLE FOR ATTENDEES THE SYMPOSIUM, PROGRAM, AND WORKSHOP COORDINATORS ALL WORK AS VOLUNTEERS YEAR-ROUND SECURING THE SITE, HOTEL, SPEAKERS, WORKSHOP SUPPLIES, FIELD TRIPS, EVENING BANQUET, RECEPTION, AND EVERYTHING THAT OCCURS DURING THE WEEK-LONG EVENT AT THE SYMPOSIUM, FOUR VOLUNTEERS STAFF THE REGISTRATION/INFORMATION DESK, THE FOUR- TO FIVE-MAN AV TEAM IS ALL VOLUNTEER, THE FOUR CONCURRENT DAILY SESSION SPEAKERS, MODERATORS, WORKSHOP INSTRUCTORS, AS WELL AS MANY OTHER LOCAL AREA ASSISTANTS ARE VOLUNTEERS

(Code) (Expenses $ 13,225 including grants of $ 13,225) (Revenue $)

GRANTS, SCHOLARSHIPS, AND PROFESSIONAL RECOGNITION AWARDS - AS THE LEADER IN OUR FIELD, NWRA PROVIDES FINANCIAL SUPPORT AND DESERVED RECOGNITION TO THOSE DEDICATED TO QUALITY WILDLIFE CARE AND RELEASE, RECIPIENTS NEED NOT BE NWRA MEMBERS THE NWRA GRANT PROGRAM IS UNIQUE IN AWARDING UP TO $6,000 ANNUALLY SPECIFICALLY TO THOSE WHO WORK WITH WILDLIFE RECIPIENTS PRESENT RESULTS OF THEIR WORK THROUGH NWRA PUBLICATIONS OR A PRESENTATION AT THE ANNUAL SYMPOSIUM SINCE 1984, NWRA HAS PROVIDED $94,287 TO IMPROVE THE FIELD AND CARE FOR WILDLIFE NWRA FUNDS GRANTS DIRECTLY, A LIST OF RECIPIENTS IS POSTED ONLINE AT WWW NWRAWILDLIFE ORG NWRA IS PLEASED TO USE DONOR CONTRIBUTIONS FOR SCHOLARSHIPS, WITH EIGHT SCHOLARSHIPS TOTALING $6,725 AWARDED IN 2011 THREE $500 SCHOLARSHIPS, INCLUDING ONE FOR VETERINARY STUDENTS ONLY, ONE $525 SCHOLARSHIP, ONE $750 SCHOLARSHIP, AND ONE INTERNATIONAL $1,750 SCHOLARSHIP ASSISTED ATTENDEES COMING TO THE ANNUAL SYMPOSIUM ONE $200 SCHOLARSHIP WAS AWARDED TO ASSIST IN PURCHASING PUBLICATIONS AND RESOURCE MATERIALS AND $2,000 WAS AWARDED THROUGH THE MEMBER-SUPPORTED CAGE BUILDING SCHOLARSHIP NWRA ALSO RECOGNIZES THOSE WHO HAVE MADE MEANINGFUL ADVANCES IN THE FIELD THROUGH THE ANNUAL SIGNIFICANT ACHIEVEMENT, LIFETIME ACHIEVEMENT, AND MARLYS BULANDER WORKING TOGETHER FOR WILDLIFE AWARDS THOSE WORKING IN THE FIELD ARE ENCOURAGED TO NOMINATE DESERVING INDIVIDUALS

4d Other program services (Describe in Schedule O)

(Expenses $ 13,225 including grants of $ 13,225) (Revenue $)

4e Total program service expenses ▶$ 208,565

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
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*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .			1c	Yes	
2a	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 this return . . .	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . .			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . .			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . .			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . .			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . .	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? . . .			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders . . .	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . .			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 13			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MN , IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BARBARA SUTO TREASURER
2625 CLEARWATER ROAD SUITE 110
ST CLOUD, MN 56301
(320) 230-9920

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JANUARY BILL VICE PRESIDENT	1 40	X		X				0	0	0
(2) DIANA CONGER VICE PRESIDENT	5 20	X		X				0	0	0
(3) JENNIFER CONVY VICE PRESIDENT	1 30	X		X				0	0	0
(4) FRANCES FEENEY SECRETARY	18 00	X		X				0	0	0
(5) WENDY FOX MEMBER	60	X						0	0	0
(6) MICHELLE GOODMAN MEMBER	1 50	X						250	0	0
(7) RICHARD GRANT MEMBER	2 00	X						0	0	0
(8) LORRIE HALE DVM MEMBER	3 10	X						0	0	0
(9) CHERYL HOGGARD DVM VICE PRESIDENT	1 20	X		X				0	0	0
(10) LESLIE LATTIMORE MEMBER	2 00	X						0	0	0
(11) DIANE NICKERSON MEMBER	2 00	X						0	0	0
(12) MARTHA POKRAS MEMBER	4 00	X						0	0	0
(13) KAREN SHENOY DVM MEMBER	3 60	X						0	0	0
(14) BARBARA SUTO TREASURER	8 10	X		X				590	0	0
(15) ELAINE THRUNE MEMBER	7 70	X						0	0	0
(16) SANDY WOLTMAN PRESIDENT	4 60	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ►			
c	**Total from continuation sheets to Part VII, Section A** . . . . ►			
d	**Total (add lines 1b and 1c)** . . . . ►	840	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
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	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? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 69,988				
	g	Noncash contributions included in lines 1a-1f $ 69					
	h	**Total.** Add lines 1a-1f	▶	69,988			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP	900099	69,856	69,856		
	b	CONFERENCE	900099	67,135	67,135		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	136,991			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	▶	11,912			11,912
	4	Income from investment of tax-exempt bond proceeds . .	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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 $ ______ 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 57,922				
	b	Less cost of goods sold . .	b 27,190				
	c	Net income or (loss) from sales of inventory . .	▶	30,732	30,732		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	8,657	525		8,132
	b	ADVERTISING INCOME	511190	5,688		5,688	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	14,345			
	12	**Total revenue.** See Instructions . . .	▶	263,968	168,248	5,688	20,044

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	6,000	6,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	4,950	4,950		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,275	2,275		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	840	840		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	450	450		
7 Other salaries and wages	100,691	86,891	11,686	2,114
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,600	2,640	960	
10 Payroll taxes	8,264	6,988	1,088	188
11 Fees for services (non-employees)				
a Management				
b Legal	13		13	
c Accounting	8,175		8,175	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees				
g Other	16,635	16,635		
12 Advertising and promotion				
13 Office expenses	19,999	18,591	1,404	4
14 Information technology	2,592	2,529	63	
15 Royalties . .				
16 Occupancy	10,800	10,120	680	
17 Travel	8,555	6,921	1,634	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,016	3,740	276	
23 Insurance	2,506	450	2,056	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PRINTING AND PUBLICATIO	18,584	17,425	185	974
b EVENTS	18,035	18,035		
c MISCELLANEOUS	5,893	2,245	3,648	
d EQUIPMENT RENTAL & MAIN	840	840		
e				
f All other expenses	813			813
25 **Total functional expenses.** Add lines 1 through 24f	244,526	208,565	31,868	4,093
26 **Joint costs.** Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	55,491	1	58,718
	2	Savings and temporary cash investments	661,946	2	683,934
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	55	4	1,030
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	62,657	8	52,007
	9	Prepaid expenses and deferred charges	7,927	9	7,541
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a 41,730			
	b	Less accumulated depreciation 10b 33,999	11,329	10c	7,731
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	802	15	802
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	800,207	16	811,763
Liabilities	17	Accounts payable and accrued expenses	10,103	17	7,660
	18	Grants payable		18	
	19	Deferred revenue	81,670	19	76,227
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	91,773	26	83,887
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	647,671	27	648,828
	28	Temporarily restricted net assets	50,763	28	69,048
	29	Permanently restricted net assets	10,000	29	10,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	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	Total net assets or fund balances	708,434	33	727,876
	34	Total liabilities and net assets/fund balances	800,207	34	811,763

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	263,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,526
3	Revenue less expenses Subtract line 2 from line 1	3	19,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	708,434
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	727,876

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221013732

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Employer identification number
37-1143442

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	160,172	141,054	129,137	125,246	139,844	695,453
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	168,535	157,414	142,046	125,065	125,057	718,117
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	328,707	298,468	271,183	250,311	264,901	1,413,570
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	65,801	51,881	40,614	32,205	45,500	236,001
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
c Add lines 7a and 7b	65,801	51,881	40,614	32,205	45,500	236,001
8 **Public Support** (Subtract line 7c from line 6)						1,177,569

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	328,707	298,468	271,183	250,311	264,901	1,413,570
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,002	21,951	25,760	15,197	11,912	92,822
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4,050	6,314	3,732	5,214	5,688	24,998
c Add lines 10a and 10b	22,052	28,265	29,492	20,411	17,600	117,820
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,033	9,537	8,116	7,638	8,657	43,981
13 **Total support** (Add lines 9, 10c, 11 and 12)	360,792	336,270	308,791	278,360	291,158	1,575,371

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	74 750 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	76 520 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	7 480 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	7 750 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Employer identification number
37-1143442

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►________

4 Number of states where property subject to conservation easement is located ►________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ ________

b Assets included in Form 990, Part X ► $ ________

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	10,000	10,000	10,000		
b Contributions					
c Investment earnings or losses	241	235	559		
d Grants or scholarships					
e Other expenditures for facilities and programs	241	235	559		
f Administrative expenses					
g End of year balance	10,000	10,000	10,000		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		41,730	33,999	7,731
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,731

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	263,968
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	244,526
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,442
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,442

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	263,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	263,968
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	263,968

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	244,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	244,526
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	244,526

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE $10,000 PRINCIPAL IS MAINTAINED FOR PERPETUITY WITHOUT ENCROACHMENT INCOME EARNED ON THE PRINCIPAL IS AVAILABLE FOR USE IN ANY MANNER BY THE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX CODES THE ASSOCIATION IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ASSOCIATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR THE ASSOCIATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX WITH RESPECT TO ADVERTISING INCOME THE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES IN ACCORDANCE WITH PRESCRIBED STATUTES THE ASSOCIATION HAS NOT BEEN EXAMINED FOR ANY OPEN YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221013732

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Employer identification number
37-1143442

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☑

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS ARE PROVIDED ANNUALLY USING DONATIONS DESIGNATED FOR SUCH USE, WHILE GRANT AWARDS ARE DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS REGARDING ELIGIBLITY, NWRA HAS PUBLISHED CRITERIA ON ITS WEBSITE FOR SCHOLARSHIP AND GRANT AWARDS ALL APPLICANTS MUST COMPLETE AN APPLICATION FORM AND PROVIDE REQUIRED INFORMATION AND REFERENCE LETTERS APPLICANTS WHO DO NOT MEET BASIC REQUIREMENTS, OR WHO FILE AN INCOMPLETE APPLICATION, ARE REJECTED NWRA COMMITTEE MEMBERS REVIEW ELIGIBLE APPLICATIONS AND RATE APPLICANTS ON A FORM PROVIDED ACCORDING TO STATED CRITERIA NUMERICAL RATINGS ARE COMPILED AND THE NUMBERS PROVIDE A RANKING OF APPLICANTS THE HIGHEST RANKINGS RECEIVE AWARDS REGARDING MONITORING, SCHOLARSHIPS ARE CLOSELY MONITORED BY NWRA SCHOLARSHIPS USED TO HELP DEFRAY COSTS OF SYMPOSIUM ATTENDANCE ARE AWARDED AT THE SYMPOSIUM, THEREFORE, IF THE AWARDEE DOES NOT ATTEND, THEY DO NOT RECEIVE THE SCHOLARSHIP ALSO, GRANT RECIPIENTS ARE REQUIRED TO GIVE NWRA REPORTS AND TO PUBLISH FINDINGS IN A SIGNED AGREEMENT, THEY ARE REQUIRED TO RETURN THE FUNDS TO NWRA IF THE PROJECT DOES NOT TAKE PLACE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493221013732

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Employer identification number
37-1143442

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE BUSINESS AND AFFAIRS OF THE ASSOCIATION SHALL BE MANAGED BY THE EXECUTIVE COMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE MAY EXERCISE ALL SUCH POWERS OF THE ASSOCIATIONS AS ARE NOT BY BY-LAW OR BY THE ARTICLES OF INCORPORATION DIRECTED OR REQUIRED TO BE EXERCISED BY THE FULL BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FOUR-PERSON INTERNAL AUDIT TEAM PERFORMS AN INITIAL THOROUGH REVIEW OF THE STATE AND FEDERAL TAX RETURNS COPIES OF ALL RETURNS ARE THEN SENT TO THE FULL BOARD FOR REVIEW AND APPROVAL ONCE COMPLETED AND PRIOR TO SUBMISSION TO AUTHORITIES THE BOARD VOTES TO APPROVE ALL RETURNS AS PREPARED
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND STAFF (CENTRAL OFFICE MANAGER, PUBLICATIONS MANAGER) SIGN A CONFLICT OF INTEREST (COI) FORM ANNUALLY AND ALL FORMS ARE REVIEWED BY THE BUSINESS MANAGER ANNUALLY COI STATEMENTS ARE REQUESTED FROM ANYONE WITH A CONNECTION TO OR IN POSITION TO INFLUENCE, OR WHERE PERSONAL OR BUSINESS GAIN IS POSSIBLE BOARD MEMBERS AND STAFF ARE AWARE OF THE COI IMPORTANCE AND ANYONE CAN QUESTION ANOTHER ABOUT A POSSIBLE COI DURING BOARD MEETINGS OR IN SUPERVISOR AND EMPLOYEE/VOLUNTEER INTERACTIONS BOARD MEMBERS OPENLY DISCLOSE A POSSIBLE CONFLICT DURING MEETINGS TO INFORM OTHER MEMBERS IF A CONFLICT IS IDENTIFIED, THE PERSON IS ASKED TO LEAVE THE ROOM DURING DISCUSSION AND ABSTAIN FROM VOTING ON THE ISSUE OR BUSINESS ITEM SUCH DETERMINATION AND ACTION WOULD BE RECORDED IN THE MINUTES NO COI HAVE BEEN DISCOVERED AFTER A TRANSACTION HAS OCCURRED A COI IS DETERMINED BY THE BUSINESS MANAGER, PRESIDENT, AND/OR EXECUTIVE COMMITTEE RESTRICTIONS INCLUDE EXCLUSION FROM ANY DECISION-MAKING PROCESS, FINANCIAL PROCESS (I E, HANDLING FUNDS), AND SUPERVISION OR APPROVAL OF RELATED WORK IN PROGRESS
		PRESIDENT IS A NON-COMPENSATED POSITION NO CEO OR ED ON STAFF
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 37-1143442
Name: NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 13,225 including grants of $ 13,225) (Revenue $)

GRANTS, SCHOLARSHIPS, AND PROFESSIONAL RECOGNITION AWARDS - AS THE LEADER IN OUR FIELD, NWRA PROVIDES FINANCIAL SUPPORT AND DESERVED RECOGNITION TO THOSE DEDICATED TO QUALITY WILDLIFE CARE AND RELEASE, RECIPIENTS NEED NOT BE NWRA MEMBERS THE NWRA GRANT PROGRAM IS UNIQUE IN AWARDING UP TO $6,000 ANNUALLY SPECIFICALLY TO THOSE WHO WORK WITH WILDLIFE RECIPIENTS PRESENT RESULTS OF THEIR WORK THROUGH NWRA PUBLICATIONS OR A PRESENTATION AT THE ANNUAL SYMPOSIUM SINCE 1984, NWRA HAS PROVIDED $94,287 TO IMPROVE THE FIELD AND CARE FOR WILDLIFE NWRA FUNDS GRANTS DIRECTLY, A LIST OF RECIPIENTS IS POSTED ONLINE AT WWW NWRAWILDLIFE ORG NWRA IS PLEASED TO USE DONOR CONTRIBUTIONS FOR SCHOLARSHIPS, WITH EIGHT SCHOLARSHIPS TOTALING $6,725 AWARDED IN 2011 THREE $500 SCHOLARSHIPS, INCLUDING ONE FOR VETERINARY STUDENTS ONLY, ONE $525 SCHOLARSHIP, ONE $750 SCHOLARSHIP, AND ONE INTERNATIONAL $1,750 SCHOLARSHIP ASSISTED ATTENDEES COMING TO THE ANNUAL SYMPOSIUM ONE $200 SCHOLARSHIP WAS AWARDED TO ASSIST IN PURCHASING PUBLICATIONS AND RESOURCE MATERIALS AND $2,000 WAS AWARDED THROUGH THE MEMBER-SUPPORTED CAGE BUILDING SCHOLARSHIP NWRA ALSO RECOGNIZES THOSE WHO HAVE MADE MEANINGFUL ADVANCES IN THE FIELD THROUGH THE ANNUAL SIGNIFICANT ACHIEVEMENT, LIFETIME ACHIEVEMENT, AND MARLYS BULANDER WORKING TOGETHER FOR WILDLIFE AWARDS THOSE WORKING IN THE FIELD ARE ENCOURAGED TO NOMINATE DESERVING INDIVIDUALS