

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

## **Short Form**

**Return of Organization Exempt From Income Tax** 

OUT OF BUSINESS
JULY 2016
OMB No. 1545-1150

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

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

**Open to Public** 

A For the Month of the Month o	Interr	Internal Revenue Service								
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K Form of organization: ② Corporation □ Trust □ Association □ Other L Add lines 2b, 6c, and 7 to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets [Part II, column (8) below) are \$500,000 or more, file Form 990-EZ □ \$  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I □ 1 Contributions, gifts, grants, and similar amounts received □ 1 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 1 Investment income	ı w	/ebsite								
K Form of organization:	J Ta	и-ехеп	not status (check only one) — 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 (For	m 990, 99	0-EZ, or 990-PF).					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    Part I					<u> </u>					
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8 Other revenue (describe in Schedule O)	<b>)</b>	b	Less: cost of goods sold							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d; 7c and 8) (1) 5	2	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с						
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 25 O Other changes in net assets or fund balances (explain in Schedule O) 26 O Other changes in net assets or fund balances (explain in Schedule O) 27 O Other changes in net assets or fund balances (explain in Schedule O) 28 O Other changes in net assets or fund balances (explain in Schedule O)	É	8	the state of the s	. 8						
Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)		9	Total revenue. Add lines 1, 2, 3,4, 5c, 6d; 7c, and 8) በ15.							
12 Salaries, other compensation, and employee benefits	Poense No.	10	Grants and similar amounts paid (list in Schedule O) (2)	. 10	25,033.7					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		11	Benefits paid to or for members	. 11	,					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		12								
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		13	Professional fees and other payments to independent contractors	<del></del>	548.00					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		14	Occupancy, rent, utilities, and maintenance							
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	Ű,	15	Printing, publications, postage, and shipping		100.00					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	03	16	Other expenses (describe in Schedule O) . / H. N. N. M. F. CES'		65.00					
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<u>o</u> i	17	Total expenses. Add lines 10 through 16	17	25,746.77					
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b></b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	,					
end-of-year figure reported on prior year's return)	30t	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	th						
20 Other changes in net assets or fund balances (explain in Schedule O)	AB			. 19						
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ħ	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20						
	Z	21		▶ 21						

Form	990-EZ (2015)					Page 2
Pa	rt II Balance Sheets (see the instructions f	•		···		<del> </del>
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			<u> </u>	(A) Beginning of year	1	(B) End of year
22	Cash, savings, and investments		-	<del></del>	22	-0
23	Land and buildings		-		23 24	<del></del>
24 25	Other assets (describe in Schedule O)		· · · · · · -  -		25	
26	Total liabilities (describe in Schedule O)				26	25 711/ -
27	Net assets or fund balances (line 27 of column	(R) must saree with	n line 21)		27	D 1 146.1
	till Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
Wha		Wildfowl	Research			quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis			rogram services		anizations; optional for
	neasured by expenses. In a clear and concise m				oth	ers.)
pers	ons benefited, and other relevant information for ea	ch program title.	·			
28						
	<u></u>					
	(Grants \$ ) If this armount	includes foreign gra	ints, check here .	<u> ▶ ∐</u>	28a	3
29		<i>-</i>				
						İ
	(Grants \$ ) If this amount	includes foreign are	ints, check here .	• 🗇	<b>29</b> a	
30	Grants 5 ) It this amount	inclades loreign gra	ints, check here .	· · · <u> </u>	250	1
30						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	• 🗅	30a	a
31	Other program services (describe in Schedule O)					·
		includes foreign gra	ints, check here .	▶ 🗆	312	a
32	Total program service expenses (add lines 28a t	hrough 31a)			32	
Par					rstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	<del>,,,</del>		<u> </u>	<u> D</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	- [ ]	other compensation
-11	Illian II Stadan	- 00	(if not paid, enter -0-)	deferred compensation	4	
	IIIIam VIL. Tuber	1	1	A		0
	President		<del>                                     </del>		-	
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<i>F</i>	Patricia Knight Treasurer	1 /	A	1	10	
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	<u>v</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Ý
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		L
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		ļ
	If "Yes," complete Schedule L, Part II and enter the total amount involved	l I	:	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	;		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958	1		
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of text on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Patricia Knight Telephone no. ▶540			
	Located at $\triangleright 00$ By 3432 Warrenton VA ZIP+4 $\triangleright 201$	88-	80	<u> 32</u>
þ	At any time during the cale dar 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, securities account, or other financial account)?		Yes	No
	<i>7</i>	42b		<u> </u>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinÇEN Form 114, Report of Foreign Bank and	1		ł
	Financial Accounts (FBAR).		1	ŀ
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Førm 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	]		ļ
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	<b> </b>
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," Form 990 and Schedule R may need to be completed instead of	AFL	<u> </u>	<u> </u>
	Form 990-EZ (see instructions)	45b		1

T GIIII 350 - EZ	(2013)								~age ч
4e Did	the ergenize	tion ongage directly o	indirectly in political	ampaien activities o	a bobalf of or	in annositi		Yes	No
		tion engage, directly or r public office? If "Yes,"							-/-
Part VI	Section 5 All section 50 and 51	<b>01(c)(3) organizatio</b> n 501(c)(3) organizatio	ns only ons must answer que	estions 47-49b and	52, and cor	<del></del>	1	or line	es -
	Check if th	ne organization used S	Schedule O to respond	to any question in	this Part VI	· · · ·	<del>· · · ·</del>	 Iv	
year 48 is th	r? If "Yes," co ne organizatio	ation engage in tobbyir omplete Schedule C, P on a school as described	art II	ii)? If "Yes," complete	Schedule E		tax 47 48	Yes	No C
<b>b</b> If "Y <b>50</b> Con	es," was the	tion make any transfers related organization a ble for the organization each received more th	section 527 organization's five highest compen	on?	her than offic inization. If th	ers, directo			
	a) Name and title	e of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health it contributions to benefit plans, a compens	nd deferred	(e) Estimate other con		
	181	) {							
	700								
<b>51</b> Con \$10	nplete this ta 0,000 of con	other employees paid of able for the organization of the organization of the organization from the organization from the organization from the organization of the org	on's five highest comp ganization. If there is n		<del></del>		received Compensati		than
	NO	NC							
						0			
<b>52</b> Did		other independent con zation complete Sche dule A	-		anizations mi		a .▶∐ Yes		No
		clare that I have examined the eclaration of preparer other to					owledge and	d belief,	it is
Sign Here	PAT	re of officer  LICIA  A.  rint name and title	MYGHT, T	Treasuren	Date	10/2	6/16		
Paid Preparei	Print/Type pr	reparer's name	Preparer's signature	D	ate	Check Self-employ			
Use Only	Firm's name					s EIN ▶			
May the IR	Firm's addre	ss_► s return with the prepa	rer shown above? See	instructions	Phor	e no.	► ☐ Yes	. []	No

## Open to Public OMB No 1545-0047 Inspection Employer identification number Liquidation, Termination, Dissolution, or Significant Disposition of Assets Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Attach certified copies of any articles of dissolution, resolutions, or plans. 100000 Attach to Form 990 or 990-EZ KOS EG rCh Name of the organization $\mathcal{S}_{\mathcal{UQ}}$ $\mathcal{N}_{\mathcal{U}}$ (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULE N Part I

1

Private Faulation Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. recipient(s) (if tax-exempt) or type of entity (g) IRC section of Yes 36-31053 Warrenton VA Jul8x Marjorie Sale Arundo FURL for the Earth (f) Name and address of recipient ChOS X0400 84-153148A (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses (c) Fair market value of asset(s) distributed or amount of transaction 25,033.77 expenses 1880) Part I can be duplicated if additional space is needed. 9///20 (b) Date of distribution Ralance 25 033.77 (a) Description of asset(s) distributed or transaction expenses paid

8	Did or will any officer, director, trustee, or key employee of the organization:											
Ø	I Become a director of trustee of a successor of transferee organization?	•	•		•			•		•		
Ω	<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization?	•	•			•		•	•	•		
ပ	Become a direct or indirect owner of a successor or transferee organization?	•	•	-				•		•	•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Cat No 50087Z

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

Schedule N (Form 990 or 990-EZ) (2015)

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	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line (Total labilities) should equal on the contraction of the	ed all of its assets durin	sets during the tax	year, then Form 990,	Part X, column (B)	line 16 (Total assets), and line	26 Yes No
က	(Note: indemised), should option by a secondance with its governing instrument(s)? If "No." describe in Part III.	ssets in accorda	and with its governing	. N. J. C(s)tuemtus	describe in Part III	•	> e
4 8	by the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	y the attorney ge	meral or other appropr	riate state official of its	intent to dissolve, lig	uidate, or terminate?	4a 🔨
Q	If "Yes," did the organization provide such notice?	le such notice?					4b X
ß	Did the organization discharge or pay all of its liabilities in accordance with state laws?	ay all of its liabile	ties in accordance wit	th state laws?			2 <
<b>6a</b>	Did the organization have any tax-exempt bonds outstanding	xempt bonds or	utstanding during the year?				× e9
٥	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	scharge or defease	all of its tax-exempt bon	d liabilities during the tax	year in accordance with t	he Internal Revenue Code and state laws	s/ <b>6b</b>
ပ	<u></u>	III how the orga	nization defeased or o	therwise settled these	liabilities. If "No" on I	ine 6b, explain in Part III.	
Part		on, or Other 1 line 32, or Fo	ransfer of More Thrm 990-EZ. line 36.	nan 25% of the Org Part II can be duplic	anization's Assets ated if additional sp	<b>Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.</b> Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36, Part II can be duplicated if additional space is needed.	nization answered
-	(a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of
	distributed of transaction expenses paid	distribution	asset(s) distributed or amount of transaction expenses	asset(s) distributed or transaction expenses			tax-exempt) or type of entity
							•
7	Did or will any officer, director, trustee, or key employee of the organization:	tee, or key empl	oyee of the organization	on:			Yes No
w 1	Become a director or trustee of a successor or transferee organization?	uccessor or tran	sferee organization?				2a
2 (	Become a direct or indirect owner of a successor or transferee organization?	ndent contracto	r transferee organizati	allsieree organization			. 2c
ס כ	Receive, or become entitled to, compensation or other similar	npensation or of	her similar payments	payments as a result of the organization's significant disposition of assets?	nization's significant c	isposition of assets?	2d
Ø	If the organization answered "Yes" to any of the questions on	to any of the qu	estions on lines 2a thr	ough 2d, provide the r	lame of the person in		art III . P
						יון זיי שושטפוסט	/ / and in any in the

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Part III	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
	·