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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 private foundations)

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

OMB No 1545-0047

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

Open to Public Inspection

	01 (11	and the state of t	a ending	<u>5</u> EP 30, 2010	
В	Check if	C Name of organization		D Employer identifi	cation number
_	Addre	25			
느느	chang	e WBD, INC.			
LX		Doing business as		39-1	400466
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	☐Final _return	4618 SOUTH BILTMORE LANE		608-	819-0390
	termır ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,688,439.
	Amen return	ded MADICON WI 52710		H(a) Is this a group re	
F	Applic			for subordinates	
_	pend				
				H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) te: ► WWW • WBD • ORG	or 52		list (see instructions)
				H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Yea	r of formation: 1981	M State of legal domicile: WI
100		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: PRAC			
Š		ENCOURAGE THE DEVELOPMENT OF DESIRABLE IN	NDUSTR	IES, PROJECT	S &
_ E	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as:	sets
See	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
S	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
≪ ⊗	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	56
æ <u>∓</u>	6	Total number of volunteers (estimate if necessary)		6	30
≽ ` ≩	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
MAY 0 2 2017 Activities & Governance	, L	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
	<u> </u>	The difference business taxable income from Form 950-1, line 34			
SCANNED Revenue		Contributions and supply (Dark) (III. bar 41)	-	Prior Year	Current Year
₩¥		Contributions and grants (Part VIII, line 1h)		171,351.	124,434.
SANNE Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	5,465,894.	5,877,074.
§ §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,315.	75,229.
) -	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	142,029.	604,983.
שניי	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,816,589.	6,681,720.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,686.	71,549.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,284,708.	4,343,034.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	· *	3.48
ŭ	l			1,457,617.	1,560,027.
	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	- الساة	5,784,011.	5,974,610.
	1		7		707,110.
	13	Hevenue less expenses Subtract line 18 from line 12		-	
Assets or Balances				eginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	`` · · · · · · · · · · · · · · · · · ·	7,453,393.	5,995,190.
et Dd	21	Total liabilities (Part X, line 26)	UT -	3,994,823.	1,829,510.
<u>Ž</u> ;		Net assets or fund balances Subtract line 21 from line 20		3,458,570.	4,165,680.
		Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
		Toutet. Com		4/6/1	7
Sigi	ı	Signature of officer		Date	
Her	е	RANDAL KYLE, EXECUTIVE VP & COO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		AMANDA VANNATTA AMANDA VANNATTA	10	03/28/17 self employ	 'i
Prep		Firm's name WIPFLI LLP	<u>r</u>	Firm's EIN ▶	39-0758449
Use		Firm's address PO BOX 8700		THIII S ENV	37 0130443
USE	Unity	MADISON, WI 53708-8700		0, 0	0 271 1000
	41. 1**			Phone no. 6 U	8.274.1980
_		AS discuss this return with the preparer shown above? (see instructions)			X Yes No
53200	11 12-16 C				Form 990 (2015)
	ລ	EE SCHEDULE O FOR ORGANIZATION MISSION ST	'A'I'EME]	NT CONTINUAT	ION CYY

Form	n 990 (2015) WBD, INC. 39-1400466	Page 2
Pa	intill! Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1、		
•	WBD, INC. IS A BUSINESS FINANCE RESOURCE THAT PROVIDES THE KNOWLEDGE	?
	SERVICES AND ACCESS TO CAPITAL NEEDED TO CREATE JOBS, GROW BUSINESSE	
		٠
	AND BUILD COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	·	X No
3		5 (21 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 are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 4,946,276 · including grants of \$ 71,549 ·) (Revenue \$ 5,877 ,	074.)
	WBD, INC. (WBD) WAS FORMED TO ASSIST SMALL BUSINESSES IN GAINING ACC	ESS
	TO CAPITAL IN ORDER TO GROW THEIR BUSINESSES, PROVIDE JOB	
	OPPORTUNITIES, AND INSPIRE THEIR COMMUNITIES.	
	THE CORNERSTONE OF WBD'S SUCCESS IS THE DELIVERY OF THE SBA 504	
	PRODUCT. SOLD NATIONWIDE EXCLUSIVELY BY NOT-FOR-PROFIT CERTIFIED	
	DEVELOPMENT COMPANIES (CDC), THE SBA 504 LOAN FULFILLS THE U.S. SMAI	
	BUSINESS ADMINISTRATION'S (SBA) PUBLIC POLICY OBJECTIVE TO SUPPORT	_ -
	SMALL BUSINESSES AND CREATE JOBS IN OUR COMMUNITIES THROUGH LONG-TEF	M
	FIXED RATE FINANCING. AT 9/30/16, THE SBA 504 PORTFOLIO INCLUDED 1,2	100
	LOANS TOTALING \$633,590,569. DURING THE REPORTING PERIOD, 124 LOANS	
	TOTALING \$66,535,429 WERE FUNDED; WHICH CREATED OR RETAINED 1,042 JC	DBS.
4b	(Code) (Expenses \$)
		
		
		
4c	(Code) (Expenses \$)
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,946,276.	

	990 (2015) WBD, INC. 39	-1400466	P	age 🤄
	, '		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	<u></u>	res	NO
k		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments			\vdash
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the righ			 -
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule is	l		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	D, Part I U		- <u></u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
J	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pern			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,	7. a " "	3%	- W
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedu	ule D		
_	Part VI	11a	Х	1
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		x
С	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	,	Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	[X _	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busing	ness,		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100	,000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u></u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I	17	[Х

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

<u>1</u>8

Х

18

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G. Part III

Form	990 (2015) WBD, INC.	39-1400466	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
	t · · · ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cu	urrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	-		
2 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	4		
				Х
	Schedule K If "No", go to line 25a	24a		- 1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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," comp	lete		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "			
	complete Schedule L, Part II	26	ľ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family members.	ner		
		27		Х
	of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	<i>.</i> >		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, I			Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was a			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	on i		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		Х
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	x	
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a			
•	Part V, line 1	34	x	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled e	· ·		Х
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	I .]	v
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

<u>orm</u>	990 (2015) WBD, INC. 39-1400	<u>466</u>	P	age 5				
Pai	Statements Regarding Other IRS Filings and Tax Compliance							
	, Check of Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34	ي ا	, ž, .	, ,				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1 1 %	100					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	, 3 <u>1</u>	· 💸 🔄	***				
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	13.2						
	filed for the calendar year ending with or within the year covered by this return 2a 56	* * *	× 7	55 M.				
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	F. A.	1.3				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
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, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country		100	% ?,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	400		(² /1.5				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
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 as chantable contributions?	6a		X				
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).	3 °	. 83	X				
а	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?							
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		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		25.7	· Š				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
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. Did a donor advised fund maintained by the		~*	*				
	sponsoring organization have excess business holdings at any time during the year?	8	51.X MY.	80				
9	Sponsoring organizations maintaining donor advised funds.	. 4		<u> </u>				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	-				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1786s, 75					
0	Section 501(c)(7) organizations. Enter			, ê				
a	Initiation fees and capital contributions included on Part VIII, line 12	1		1 3				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]							
1	Section 501(c)(12) organizations. Enter	1000						
а	Gross income from members or shareholders	750						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1,3					
	amounts due or received from them)	<i>\$5.</i>	. ` '	5,45,40				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	26.5	. 850				
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1844		1 3				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	* { *!		٠ ,				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 32%	7,48				
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Ž.						
	organization is licensed to issue qualified health plans	J‱₩						

14a

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

WBD. INC. 39-1400466 Partivil Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 16a taxable entity during the year? 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records:

WI

53718

RANDAL KYLE - 608-819-0390

4618 SOUTH BILTMORE LANE, MADISON,

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)				C)	1		(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Trains and This	hours per					than o		compensation	compensation	amount of
	week	offi	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	ctor					ŀ	the	organizations	compensation
	hours for	a die				ted		organization	(W-2/1099-MISC)	from the
	related	Stee (ruste)		bensa		(W-2/1099-MISC)		organization
	organizations	al tr	onal t		ploye	E S				and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former		1	organizations
(1) JEFF BOWMAN	1.00	<u> =</u>	Ë	ō	<u> </u>	£ 5	12°			
DIRECTOR	1.00	X					ŀ	1 050	0.	0.
(2) STEVE BURGESS	1.00	_				-		1,050.	0.	
DIRECTOR	1.00	X			ł	l		5,200.	0.	0.
(3) DEBRA CLEMENTS	1.00	^						3,200.	<u>U.</u>	
DIRECTOR	1.00	Х						1,500.	1,000.	0.
(4) DAVID EARLL	1.00		-		┢	├-	┢	1,300.	1,000.	
DIRECTOR	1.00	Х						2,250.	0.	0.
(5) JIM EBBEN	1.00		 			 		2,230.		
DIRECTOR (THRU DECEMBER)	1.00	x	'					1,550.	0.	0.
(6) NEIL LERNER	1.00				┢	<u> </u>	一	2,3301		
DIRECTOR (THRU DECEMBER)		x	1				İ	600.	0.	0.
(7) BILL MITCHELL	1.00			_		_	l			
DIRECTOR		X	1	l				700.	0.	0.
(8) DAVE PROVANCHER	1.00									
DIRECTOR		Х						5,150.	0.	0.
(9) KIM KINDSCHI	1.00									
CHAIRPERSON		Х		Х		<u> </u>		4,700.	0.	0.
(10) TIM SCHNEIDER	1.00									
VICE CHAIRPERSON		X		X			L	1,650.	0.	0.
(11) STEVE SHELLMAN	1.00									
TREASURER		Х		X		L.		4,150.	0.	0.
(12) DAVE MUEHL	1.00						ŀ	l		
SECRETARY		X		X			L.	4,750.	0.	0.
(13) DAN SCHNEIDER	40.00							İ		
PRESIDENT & CEO		X		Х		<u>L</u> _		192,401.	0.	54,219.
(14) RANDAL KYLE	40.00									
EXECUTIVE VP & COO	ļ			X				155,547.	0.	15,081.
(15) WENDA ROYCRAFT	40.00							i		
VICE PRESIDENT & CHIEF CREDIT OFFICE				Х		<u> </u>		120,263.	0.	3,591.
(16) JASON MONNETT	40.00				}					
VICE PRESIDENT & SENIOR LENDER					<u> </u>	Х		126,839.	0.	3,805.
(17) MICHAEL HITT	40.00								_	
VICE PRESIDENT & LEGAL COUNSEL	<u></u>				<u> </u>	X		114,254.	0.	3,428.

Form 990 (2015) WBD, INC				_					39-14	<u> 10046</u>	6 Page 8
PantVIII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
' (A)	(B)			((C)	_		(D)	(E)		(F)
Name and title	Average	(40					nne.	Reportable	Reportable	ļ	Estimated
	hours per	box	, unles	ss per	rson ı	s both	n an	compensation	compensation	n	amount of
	1	\vdash	ceran	d a d	recto	x/ชนร	tee)	from			other
	1 ' '	recto							•		•
		50	8		j	sated		organization	(W-2/1099-MIS	· 1	
	1	ustee	Trust		8	npeu		(W-2/1099-MISC)			-
	below	dual t	Jiona	_	yoldu	st cor	₌				
	line)	ludivi	Instit	Office	Key er	Highe	P. G.				
(18) DIANE PASLEY	40.00										
VICE PRESIDENT & LOAN OFFICER						Х		116,002.		0.	3,480.
(19) STEPHEN BONNELL	40.00						i -				
VP & COMPLIANCE & SERVICING OFFICER						X	L_	112,155.		0.	29,005.
(20) MICHAEL DIECKMAN	40.00										
VICE PRESIDENT & LOAN OFFICER						X	L_	116,643.		0.	3,499.
(21) JOSEPH WOLFE	40.00									ľ	
FORMER CEO							X	278,491.		0.	28,406.
										ļ	
	<u> </u>	_					L.		· · · · · · · · · · · · · · · · · · ·		
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	I Coation A								1,00		0.
	ii, Section A								1 00		
	ot limited to th	000	lieto			\ wh	0.10				,
, · · · · · · · · · · · · · · · · · · ·	iot ilimited to tri	use	IISTE	u al	JOVE	:/ VVII	0 16	ceived more than \$100,	ooo or reportable		12
compensation from the organization		_	_							_	
3 Did the organization list any former officer	director or tri	ietor	ماد	VΔn	nnlo	WAA	orl	highest compensated en	nnlovee on	141	
• • • • • • • • • • • • • • • • • • • •		13166	5, NG	y c ii	ιιριο	усс,	01 1	nighest compensated en	ipioyee on		
		0.00	mno	nea	tion	and	O+h	or componentian from the	o organization	<u>*</u>	
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									hual for sonuces		
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	ibieje Schedule	<i>: 11 11</i>	OF SU	ici i	JEIS	OH	_	·			<u> </u>
	mpensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensation	n from
	•	-									
(A)								(B)			(C)
	address								ervices	Com	
INSIGHT BTR, INC.											
Name and title Avarage week Week Week Week Week Week Week Week		L11,608.									
			_				_				
									ļ		
							-				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

39-1400466 WBD, INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Grants 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d 124,434 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 522291 5,718,363 5,718,363 FEES FROM LENDING ACTIVITIES Program Service FLOAT INTEREST EARNED ON LOAN BAL 522291 155,161, 155,161 3,550. MEMBERSHIP DUES 900099 3,550. f All other program service revenue 5,877,074. Total, Add lines 2a-2f \triangleright Investment income (including dividends, interest, and 68,485. other similar amounts) 68,485 Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 13,463 assets other than inventory b Less cost or other basis 6,719 and sales expenses 6,744 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory \$**4** 関く ごか Miscellaneous Revenue Business Code 11 a DEBT FORGIVENESS 900099 571,000. 571,000. b 900099 33,983 d All other revenue

604,983.

6,681,720.

680,212,

Å.

5 877 074.

Total. Add lines 11a 11d

Total revenue See instructions.

Form 990 (2015) WBD , INC .

Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
<u>`</u>	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	71,549.	71,549.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				(1) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			**************************************	<u> </u>
5	Compensation of current officers, directors,	624 042	F21 1F0	102 704	
	trustees, and key employees	634,943.	531,159.	103,784.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 027 650	2 510 102	508,556.	
7	Other salaries and wages	3,027,659.	2,519,103.	508,556.	
8	Pension plan accruals and contributions (include	106 001	00 410	17 470	
	section 401(k) and 403(b) employer contributions)	106,891.	89,419. 271,106.	17,472. 55,187.	
9	Other employee benefits	326,293.	205,133.	42,115.	
10	Payroll taxes	247,248.	205,133.	42,115.	
11	Fees for services (non-employees)				
а	Management	12 015	0 606	2 400	
b	Legal	13,015.	9,606.	3,409. 9,134.	
С	Accounting	34,869.	25,735.	9,134.	
d	Lobbying		- £36/30a	374 Sec. 32	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	00 026	CE 712	12 222	
	column (A) amount, list line 11g expenses on Sch 0)	89,036.	65,713.	23,323.	
12	Advertising and promotion	175,991.	146,682.	29,309. 62,585.	
13	Office expenses	291,771.	229,186.	62,383.	
14	Information technology			·	<u></u>
15	Royalties	414 527	246 600	67.020	
16	Occupancy	414,537.	346,698.	67,839.	
17	Travel	74,853.	62,598.	12,255.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	114 222	05 300	19,015.	
19	Conferences, conventions, and meetings	114,323.	95,308.		
20	Interest	37,769.	30,977.	6,792.	<u> </u>
21	Payments to affiliates	05 007	71 040	14 050	
22	Depreciation, depletion, and amortization	85,907.	71,848.	14,059. 7,526.	
23	Insurance	45,985.	38,459.	7,340.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	LOAN LOSS RESERVE	114,875.	88,285.	26,590.	1 48 48 7 53 7 mm 3
a b	BAD DEBT EXPENSE	24,448.	24,448.	20,0300	
_	DUES AND SUBSCRIPTIONS	18,599.	15,514.	3,085.	
C	DOUB AND BODDERTITIONS	10,333.	13/3110	3,0001	
d	All other evaposes	24,049.	7,750.	16,299.	
e oe	All other expensesAdd lines 1 through 24a	5,974,610.	4,946,276.	1,028,334.	0.
<u>25</u>	Total functional expenses Add lines 1 through 24e	J, J, 4, 010.	<u> </u>	1,020,004.	1
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (2015

<u> </u>	rt X	Balance Sneet			· —			
		Check if Schedule O contains a response or not	e to any line in this	Part X	,			
					(A)		(B)	
					Beginning of year	<u> </u>	End of ye	
	1	Cash - non-interest bearing	820,026.	1		726.		
	2	Savings and temporary cash investments			3,183,841.	2	3,358	,756.
	3	Pledges and grants receivable, net			001 515	3		0.770
	4	Accounts receivable, net			821,717.	4		,078.
	5	Loans and other receivables from current and fo	•	•		1 .		
		trustees, key employees, and highest compensa	ted employees Co	mplete		4.	2 2	
		Part II of Schedule L			+ QA	5	97. E 9.60	4.8%)
	6	Loans and other receivables from other disqualif						
		section 4958(f)(1)), persons described in section						
	1	employers and sponsoring organizations of sect				/300	3782 5382	### :
Assets	_	employees' beneficiary organizations (see instr)	Complete Part II of	SCN L	404,322.	6	336	,373.
Ass	7	Notes and loans receivable, net Inventories for sale or use			404,322.	7	330	, 3 / 3 .
•	8				228,924.	9	223	,203.
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other	i i		220,524.	9	223	, 203.
	lua	basis Complete Part VI of Schedule D	10a 7	71,121.				
	ь	Less accumulated depreciation		70,434.	214,035.	10c	300	,687.
	11	Investments - publicly traded securities		11		,		
	12	Investments - other securities See Part IV, line 1		677,254.	12	160	,901.	
	13	Investments - program-related See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		1,103,274.	15	83	,466.	
	16_	Total assets. Add lines 1 through 15 (must equa		7,453,393.	16	5,995	,190.	
	17	Accounts payable and accrued expenses	865,253.	17	541	,100.		
	18	Grants payable		•		18		
	19	Deferred revenue			184,419.	19	67	<u>,534.</u>
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete F				21		h 280
es	22	Loans and other payables to current and former						
Ħ		key employees, highest compensated employee	s, and disqualified	persons		<u> </u>		, , , , , , , ,
Liabilities		Complete Part II of Schedule L			486,086.	22	432	171
	23	Secured mortgages and notes payable to unrela	•		1,700,000.	23	434	,174. 0.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, par	•	urd	1,700,000.	24	 	
	25	parties, and other liabilities not included on lines						
		Schedule D	17-24) Complete	arxor	759,065.	25	788	,702.
	26	Total liabilities. Add lines 17 through 25			3,994,823.	26		,510.
		Organizations that follow SFAS 117 (ASC 958)	, check here	X and		25		
v	ĺ	complete lines 27 through 29, and lines 33 and						
S.	27	Unrestricted net assets			3,225,751.	27	3,993	,141.
alar	28	Temporarily restricted net assets			232,819.	28	172	,539.
d B	29	Permanently restricted net assets				29		
'n.		Organizations that do not follow SFAS 117 (AS	SC 958), check he	re ▶□				
or Fund Balances		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Net Assets	31	Paid-in or capital surplus, or land, building, or eq	uipment fund			31		
et /	32	Retained earnings, endowment, accumulated inc	come, or other fund	ls		32		
Z	33	Total net assets or fund balances			3,458,570.	33	4,165	
	34	Total liabilities and net assets/fund balances			7,453,393.	34	5,995	, 190.

orm	990 (2015) WBD, INC.	39-1	400466	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		_	
٠.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,681	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,610.
3	Revenue less expenses Subtract line 2 from line 1	3		,110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3, <u>4</u> 58	,570.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,165	<u>,680.</u>
Pá	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	13 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both		n j	
	Separate basis Consolidated basis Both consolidated and separate basis		, <u>(</u>	X
b	Were the organization's financial statements audited by an independent accountant?		2b	A
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	33, 1	X
	review, or compilation of its financial statements and selection of an independent accountant?	dula O	2c	A
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		- , ,	
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	gi e Audit	3a	X
	ACCANG OND ONGOIN A-1557		Ja	41

Form **990** (2015)

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

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Employer identification number

WBI	, INC.					3	9-1400466			
Part Reason for Public	Charity Status	(All organizations must c	omplete th	ns part) S	ee instructions					
A church, convention of A school described in se A hospital or a cooperati	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
5 An organization operated	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										
7 An organization that norr		antial part of its support	rom a gov	ernmental	unit or from the	general p	oublic described in			
section 170(b)(1)(A)(vi).										
8 A community trust descr										
9 X An organization that norr										
activities related to its ex							•			
income and unrelated bu		e (less section 511 tax) fr	om busine:	sses acqui	red by the orga	inization a	Ifter June 30, 1975			
See section 509(a)(2). (0	. ,	alı da dand faz ayılılın az			00(-)(4)					
11 An organization organize more publicly supported										
lines 11a through 11d tha							SHECK THE DOX III			
		supervised, or controlled					aivina			
		egularly appoint or elect a								
organization You mus			,							
		d or controlled in connec	tion with it	s supporte	ed organization	s), by hav	ring			
		janization vested in the s								
organization(s) You m					_					
c Type III functionally in	itegrated. A supportir	ng organization operated	ın connec	tion with, a	and functionally	ıntegrate	d with,			
its supported organizat	ion(s) (see instructions	s) You must complete	Part IV, Se	ections A,	D, and E.					
d Type III non-functiona	illy integrated. A supp	porting organization ope	rated in co	nnection v	vith its supporte	ed organiz	zation(s)			
that is not functionally	integrated The organi	zation generally must sa	tisfy a distr	ribution red	quirement and a	an attentiv	reness			
		mplete Part IV, Section								
		written determination fro			Type I, Type II,	Type III				
		nally integrated support	ng organiz	ation						
f Enter the number of supported	•									
g Provide the following informat (i) Name of supported	ion about the supporte	(III) Type of organization	(IV) Is the o	organization	(v) Amount of r	nonetary	(vi) Amount of			
organization		(described on lines 1-9	listed	in your document?	support (s		other support (see			
		above (see instructions))	Yes	No	instructio	ns)	instructions)			
	 -			1						
		7.	 							
				3.748,74						
Total		Washington Comment	<u> </u>	4 5 8						

Schedule A (Form 990 or 990-EZ) 2015 WBD , INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1				ļ	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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	a de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co		1.			
	tion B. Total Support	···				· · ·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		,				
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for		first, second, thire	d, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi	o here c Support Per	centage				>
	Public support percentage for 2015 (li	-		olumn (f))		14	%
	Public support percentage from 2014	**	•	C. C		15	
	33 1/3% support test - 2015. If the o	•	· ·	n line 13, and line 1	 4 is 33 1/3% or ma		
	stop here. The organization qualifies			, and mid i		, 555K till5 50X	▶ □
b	33 1/3% support test - 2014. If the o		•	ne 13 or 16a and	line 15 is 33 1/3%	or more, check this	box
~	and stop here. The organization qual	-				C. Moro, Chook this	▶ □
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		13 16a or 16b a	nd line 14 is 10% o	r more
u	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					. Thow the organi.	L
h	10% -facts-and-circumstances test	•		, ,,	J	7a and line 15 is 16	~ ∟ 0% or
~	more, and if the organization meets th	_					570 OI
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		-				
		onoon a t	22 0 10, 10,	., .oo,a, or rrb		dule A (Form 990 o	or 000 E7) 2015

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

260	ction A. Dublic Support		lete Part II.)				
	ction A. Public Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	100 000	26 014	140 000	454 054	404 404	
	include any "unusual grants ")	100,000.	36,014.	149,037.	171,351.	124,434.	580,836.
	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	6580686.	6296935.	5454845.	5465894.	5877074.	29675434.
3	Gross receipts from activities that			•			
	are not an unrelated trade or bus-						
	iness under section 513	47,044.	30,685.	39,196.	142,029.	604,983.	863,937.
4	Tax revenues levied for the organ- ization'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	6727730.	6363634.	5643078.	5779274.	6606491.	31120207.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						31120207.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	6727730.	6363634.	5643078.	5779274.	6606491.	31120207.
10a	Gross income from interest, dividends, payments received on			121 210	110 700	60 405	671 504
	securities loans, rents, royalties and income from similar sources	20,702.	340,289.	131,319.	110,789.	68,485.	671,584.
b		20,702.	340,289.	131,319.	110,789.	68,485.	6/1,584.
b	and income from similar sources	20,702.	340,289.	131,319.	110,789.	68,485.	6/1,584.
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	20,702.	340,289.	131,319.	110,789.	68,485.	671,584.
С	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital	20,702.	340,289.	131,319.			
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain					68,485.	
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	20,702.	340,289. 6703923.	131,319. 5774397.	110,789. 5890063.	68,485. 6674976.	671,584. 31791791.
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12)	20,702.	340,289. 6703923.	131,319. 5774397.	110,789. 5890063.	68,485. 6674976.	671,584. 31791791.
11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for	20,702. 6748432. the organization's	340,289. 6703923. first, second, third	131,319. 5774397.	110,789. 5890063.	68,485. 6674976.	671,584. 31791791.
11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	20,702. 6748432. the organization's	340,289. 6703923. first, second, third	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063.	68,485. 6674976.	671,584. 31791791.
11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Public Public support percentage from 2014	20,702. 6748432. the organization's c Support Perone 8, column (f) div	340,289. 6703923. first, second, third centage vided by line 13, co	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063.	68,485. 6674976. 501(c)(3) organiza	671,584. 31791791. ation, ▶□
11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public	20,702. 6748432. the organization's c Support Perone 8, column (f) div	340,289. 6703923. first, second, third centage vided by line 13, co	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063.	68,485. 6674976. 501(c)(3) organiza	671,584. 31791791. atron, ▶□ 97.89 %
12 13 14 Sec 15 16 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Public Public support percentage from 2014	20,702. 6748432. the organization's c Support Per- ne 8, column (f) div Schedule A, Part I tment Income	340,289. 6703923. first, second, third centage vided by line 13, co. II, line 15 Percentage	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063.	68,485. 6674976. 501(c)(3) organiza	671,584. 31791791. atron, ▶□ 97.89 %
11 12 13 14 Sec 15 16 Sec 17	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage from 2014 tion D. Computation of Inves	20,702. 6748432. the organization's c Support Perene 8, column (f) divided by the Schedule A, Part I thent Income 15 (line 10c, column	6703923. first, second, third centage vided by line 13, co	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063.	68,485. 6674976. 501(c)(3) organiza	31791791. ation, 97.89 % 97.94 %
11 12 13 14 Sec 15 16 Sec 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 tion D. Computation of Inves Investment income percentage for 20	20,702. 6748432. the organization's c Support Perone 8, column (f) divided by the Schedule A, Part I thent Income 15 (line 10c, column 2014 Schedule A, F	340,289. 6703923. first, second, third centage vided by line 13, co. II, line 15 Percentage nn (f) divided by line Part III, line 17	131,319. 5774397. I, fourth, or fifth tax	110,789. 5890063. x year as a section	68,485. 6674976. 501(c)(3) organiza	31791791. ation, 97.89 % 97.94 % 2.11 % 2.06 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (li Public support percentage from 2014 tion D. Computation of Inves Investment income percentage from 2 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box an	20,702. 6748432. the organization's c Support Perene 8, column (f) divided by the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of th	6703923. first, second, third centage rided by line 13, co il, line 15 Percentage on (f) divided by line Part III, line 17 ot check the box of organization qualified.	5774397. If, fourth, or fifth taxolumn (f)) e 13, column (f)) In line 14, and line fies as a publicly si	5890063. x year as a section 15 is more than 33 upported organiza	68,485. 6674976. 501(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion	671,584. 31791791. ation, 97.89 % 97.94 % 2.11 % 2.06 % 7 is not
11 12 13 14 Sec 17 18 19a b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (li Public support percentage from 2014 tion D. Computation of Inves Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests - 2015. If the	20,702. 6748432. the organization's c Support Perone 8, column (f) diverse support Income 15 (line 10c, column 2014 Schedule A, forganization did not a stop here. The organization did not organization did not a stop here.	6703923. first, second, third centage vided by line 13, co II, line 15 Percentage on (f) divided by line Part III, line 17 ot check the box of organization quality of check a box on	5774397. If, fourth, or fifth taxolumn (f)) e 13, column (f)) In line 14, and line fies as a publicly solumn 14 or line 19a,	110,789. 5890063. x year as a section 15 is more than 33 apported organiza and line 16 is more	68,485. 6674976. 501(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion te than 33 1/3%, a	671,584. 31791791. ation, 97.89 % 97.94 % 2.11 % 2.06 % 7 is not

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Yes	No
· · · ·		No
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activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Sche	edule A (Form 990 or 990-EZ) 2015 WBD , INC .		3	9-1400466 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1 300		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	& ·		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		Ţ
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	18 July 19 19 19 19 19 19 19 19 19 19 19 19 19	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		\$
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Fai	* • Type III Non-Functionally integrated 509((a)(3)	Suppo	rting	g Orga	nizatio	ns (co	ntinued)			
Secti	on·D - Distributions								C	Current Yea	ar
1,	Amounts paid to supported organizations to accomplish exer	mpt pu	rposes								
2	Amounts paid to perform activity that directly furthers exemp	t purpo	oses of s	suppo	rted					<u> </u>	
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purpose	s of su	pported	orga	nizations	3					
4	Amounts paid to acquire exempt-use assets										
5	Qualified set-aside amounts (prior IRS approval required)										
6	Other distributions (describe in Part VI) See instructions.										
7	Total annual distributions. Add lines 1 through 6										
8	Distributions to attentive supported organizations to which the	ne orga	nızatıon	ıs res	sponsive						
	(provide details in Part VI) See instructions										
9	Distributable amount for 2015 from Section C, line 6										
10	Line 8 amount divided by Line 9 amount										
			(1))			(iı)			(iii)	
Cont	on E. Diotubution Allocations (and instrumtions)	Exc	ess Dis	tribu	tions	Und	erdistrik			Distributab	
Secti	on E - Distribution Allocations (see instructions)						Pre-20	15	Am	nount for 2	015
1	Distributable amount for 2015 from Section C, line 6	- 1		1 1	` S						
2	Underdistributions, if any, for years prior to 2015										
	(reasonable cause required-see instructions)			<u>.</u> .	451				8 8	100	38- Y
3	Excess distributions carryover, if any, to 2015		87	į (ill.		0,0	1		1971 A
a		\$\frac{1}{2}\frac{1}{2}	20,34			1333					
b		13: ·		de					**		<u>#: #:</u>
c		2.5						The Same	15		
d	From 2013	^ .	₩£,	9		¥					E 45.
е_	From 2014	Ž.	<u> R</u> r .		,4 <u>(</u> 8		¥. 9				
f	Total of lines 3a through e					. Ask	35				, * (1 1 1 1 1 1 1 1 1 1
9	Applied to underdistributions of prior years	40	- 19	\$\$;					. //		· <u> </u>
h	Applied to 2015 distributable amount				2 % {	4.00		6 128			
i_	Carryover from 2010 not applied (see instructions)		100	·, , ,	<u> </u>	1	7.98		1 300		- 1 ·
i	Remainder Subtract lines 3g, 3h, and 3i from 3f					198	<u> </u>	1,3	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
4	Distributions for 2015 from Section D,										
	line 7 \$	ļ·,	1982	376							
<u>a</u>	Applied to underdistributions of prior years	· .		<u> - 38</u>							
	Applied to 2015 distributable amount			7-2		***	126 .				
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		***	W . 2%			<u> </u>	3 8		2 188	<u> </u>
5	Remaining underdistributions for years prior to 2015, if	100			10				i i		
	any Subtract lines 3g and 4a from line 2 (if amount								1 17		
	greater than zero, see instructions).	1/8/2	- 1		(24)	408		S 0000Y			
6	Remaining underdistributions for 2015 Subtract lines 3h		`.}			443,	^*				
	and 4b from line 1 (if amount greater than zero, see								l		
	instructions)	196	¥, '.}	<u> </u>	100		<i>i</i>			N 11 ACE/2011	200.00
7	Excess distributions carryover to 2016. Add lines 3j										
	and 4c	37 77	20 20 47 7 1944 .	3 / 48	2/ 34 v C	10 to 10			₹/ . ×		
8	Breakdown of line 7			73				37/3		<u> </u>	
а				(2) (1884)	7 t 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	734		Spirit.	16000	Control :	
<u> </u>		1 100	right is			100			200/20		<u> </u>
	Excess from 2013	ā.	V 400 M	799	* : :		<u> </u>	1. · · · · · · · · · · · · · · · · · · ·			ST ST ST
d	Excess from 2014		7.3	<u> </u>	30	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2. 2/
е	Excess from 2015	11/4		3762.2	7. % &	- Y20.	3 4.	1363.	1 3 .14 1.2	64 . <i>46</i> 0	1, W

Schedule A	(Form 990 or 990-EZ) 2015 WBD,	INC.	39-1400466	Page 8
Part VI	Supplemental Information.	Provide the explanations required by Part II, line 10; Part II, line 17a or	17b, Part III, line 12,	
	Part IV, Section A, lines 1, 2, 3b, 3c	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1	and 2, Part IV, Section	C,
	line 1; Part IV, Section D, lines 2 and	d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V rt V, Section E, lines 2, 5, and 6 Also complete this part for any addition	, Section B, line 1e, Part	: V,
•	(See instructions)	rt v, Section E, lines 2, 5, and 6. Also complete this part for any addition	nai momation	
	,			-
		· · · · · · · · · · · · · · · · · · ·		·
				
				
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III							
Nan	ne of organization			Em	Employer identification number				
	WBD, IN	C.			39-1400466				
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) c	or is a section 527 o	rganization.				
2	Provide a description of the organiz Political expenditures Volunteer hours	cation's direct and indirect political	campaign activities in		\$				
Pa	art B Complete if the org	anization is exempt under	r section 501(c)(3	3).					
1 2	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section	incurred by the organization unde incurred by organization manager	r section 4955 s under section 4955	>	\$ \$ Yes				
	Was a correction made?	•		•	Yes No				
b	o If "Yes," describe in Part IV			•					
Pa	rt I-C Complete if the org	janization is exempt under	r section 501(c), o	except section 501	(c)(3).				
1	Enter the amount directly expended	by the filing organization for sect	on 527 exempt function	on activities	\$				
2	Enter the amount of the filing organ exempt function activities	ization's funds contributed to other	er organizations for sec		·				
3	Total exempt function expenditures	Add lines 1 and 2 Enter here and	d on Form 1120 POI		\$				
Ü	line 17b	Add lines I and 2 Enter here and	1011101111112011 OL,	•	\$				
	Did the filing organization file Form Enter the names, addresses and en made payments For each organiza contributions received that were pro- political action committee (PAC). If	nployer identification number (EIN) tion listed, enter the amount paid to omptly and directly delivered to a s	from the filing organiza separate political organ	ation's funds Also enter t nization, such as a separ	he amount of political				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	contributions received and				
-									

Schedule C (Form 990 or 990-EZ) 2015	WBD, IN	[C						_	39-1	400466	Page 2
· ·	anization	s exem	pt unde	er section	1 501(c	:)(3) a	ind file	d Form	5768 (ele	ection ur	ider
section 501(h)).											
A Check > I if the filing organiza	ation belongs	to an affili	ated grou	p (and list in	Part IV	each a	affiliated	group mei	mber's name	e, address,	EIN,
expenses, and sha	re of excess lo	bbying e	kpenditure	es)							
B Check 🕨 🔲 if the filing organiza	ation checked	box A and	d "lımıted	control" pro	visions	apply.					
A Check I if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) B Check I if the filing organization checked box A and "himsted control" provisions apply. Limits on Lobbying Expenditures ((The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000,001 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 but not over \$1,000,000 but not over \$1,000,000 S175,000,000		ted group									
	-			r incurred.)	i			_		tot	als
(1110 term								(0	nais ————		
1a Total lobbying expenditures to infli	uence public o	pinion (g	rass roots	lobbying)							
b Total lobbying expenditures to infli	uence a legisla	ative body	(direct lo	bbying)							
c Total lobbying expenditures (add li	ines 1a and 1t	o)									
d Other exempt purpose expenditure	es										
e Total exempt purpose expenditure	es (add lines 1	c and 1d)									
f Lobbying nontaxable amount Enti-	er the amount	from the	following	table in bot	n columi	าร					
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:											
Not over \$500,000		20% of tl	ne amoun	t on line 1e							
Over \$500,000 but not over \$1,000	0,000	\$100,000) plus 15%	6 of the exc	ess over	\$500,	000	3			
Over \$1,000,000 but not over \$1,5	500,000	\$175,000) plus 10%	6 of the exc	ess over	\$1,00	0,000				
Over \$1,500,000 but not over \$17.	,000,000	\$225,000) plus 5%	of the exce	ss over S	\$1,500	,000				
Over \$17,000,000		\$1,000,0	00		_						
	·· ·-				_				. 1869 · 18		
g Grassroots nontaxable amount (er	nter 25% of line	e 1f)									
h Subtract line 1g from line 1a If zer	o or less, ente	er -0-									
i Subtract line 1f from line 1c If zero	o or less, ente	r -0-									
j If there is an amount other than ze	ro on either lir	ne 1h or li	ne 1ı, dıd	the organiza	ation file	Form-	4720	<u> </u>		·	
reporting section 4911 tax for this	year?								[Yes	No
	4-	Year Ave	raging Pe	riod Under	section	501(h	 ı)				
(Some organizations t	hat made a s	ection 50	1(h) elect	ion do not	have to	compl	lete all c	of the five	columns be	low.	
	See th	e separa	te instruc	tions for li	nes 2a tl	hrougl	n 2f.)				
	Lobbyii	ng Expen	ditures D	urıng 4-Yea	ar Avera	ging F	eriod				
Coloradorum				_							
	(a) 201	12	(b)	2013	(c) 201	4	(d)	2015	(e) ⁻	Γotal
(or needl year beginning in)											
										ŀ	
2a Lobbying nontaxable amount											
b Lobbying ceiling amount					1						
(150% of line 2a, column(e))				<u>i</u>	₹.** <u>.</u> .:			* ***			<u> </u>
c Total lobbying expenditures	<u> </u>				ļ						
d Grassroots nontaxable amount											
e Grassroots ceiling amount											
(150% of line 2d, column (e))		Barrier .		1980 - 1980. 1980 - 1980.	1	27 +			Wall of	L	
	1	-			1			}		}	
f Grassroots lobbying expenditures	1										

Schedule C (Form 990 or 990-EZ) 2015 WBD, INC. 39-1400466 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b	o)
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or	,	. *	, , ,	- ' ₄
local legislation, including any attempt to influence public opinion on a legislative matter	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 24 *	2 %
or referendum, through the use of.	1.0g/	\$'s," 	100	
a Volunteers?		Х	(\$ % / / / / / / / / / / / / / / / / / /	ž
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2	2,127.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X			2,176.
j Total Add lines 1c through 1i	Ÿ · 13			1,303.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		5.5		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
001(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	<u></u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
answered "Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b_		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Rart V Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II	-A, lines 1 a	nd 2 (see	
instructions), and Part II-B, line 1 Also, complete this part for any additional information				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
1(I): THE ORGANIZATION IS A MEMBER OF NATIONAL ASSOCIA	ATION (OF		
DEVELOPMENT COMPANIES (NADCO). A PORTION OF THE DUES	PAID	ro nad	CO ARE	<u> </u>
FOR LOBBYING. NADCO ASSISTS MEMBER CERTIFIED DEVELOPME	ENT COL	MPANIE	<u>s</u>	_
DELIVER THE SBA 504 LOAN PROGRAM TO THE NATION'S SMALL	BUSI	NESSES		
	ATION,			
IMOUGH BEGINDATIVE MININE, REGULATORI ATTAINE, EDUCA				0-EZ) 2015

Schedule C (Form 990 or 990 EZ) 2015 WBD , INC . 39 – 1400	466	Page 4
PartilV Supplemental Information (continued)		
AND OUTREACH.		
1(G): IN MAY OF 2016, THREE MEMBERS OF WBD LEADERSHIP AND THREE MEMB	ERS	
OF THE WBD BOARD OF DIRECTORS VISITED WITH MEMBERS OF THE WISCONSIN		
DELEGATION IN WASHINGTON DC AS PART OF A NADCO TRAINING WORKSHOP.		
DURING THE VISITS, MEMBERS OF THE DELEGATION WERE INFORMED ABOUT THE		
504 PROJECTS FUNDED IN THEIR DISTRICTS IN WISCONSIN, WE SHARED SUCCE	SS	
STORIES ABOUT JOB CREATION IN WISCONSIN AND WE ADVOCATED FOR THE		
CONTINUED FUNDING OF THE SBA 504 PROGRAM TO HELP ASSURE THE CONTINUA	NCE	
OF OUR MISSION OF JOB CREATION AND RETENTION.		
·		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047

Name	e of the organization			Employer identification number
F D = *	WBD, INC.	d Friede ou Other Circiles Fried	0 or 4 =	39-1400466
Par			s or AC	COUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		T ,	-) Funds and other accounts
		(a) Donor advised funds	+ "	b) Funds and other accounts
1	Total number at end of year	·	<u> </u>	
2	Aggregate value of contributions to (during year)		1	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		ised fund	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conterri	
Doï	Impermissible private benefit?		L Dort IV	Yes No
	Conservation Easements. Complete if the org		, Part IV,	ine /
1	Purpose(s) of conservation easements held by the organization			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
	Preservation of land for public use (e.g., recreation or e		•	important land area
	Protection of natural habitat	Preservation of a ce	entitied his	storic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	tied conservation contribution in the forr	n or a cor	
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	vieture included in (a)		2b 2c
C	Number of conservation easements on a certified historic stri		turo	20
d	Number of conservation easements included in (c) acquired a	arter 8/17/06, and not on a historic struc	ture	2d
•	listed in the National Register	leased extinguished or terminated by th	oo oraani	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ie organi	zation during the tax
	year Number of states where property subject to conceniation and	coment is located		
4	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	' <u>-</u>	 f	
5	violations, and enforcement of the conservation easements if		•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nservatio	
6	Stall and volunteer hours devoted to monitoring, inspecting,	Transing of Violations, and emorning co	risci valio	reasonante dannig the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing consen	zation eas	sements during the year
•	\$\\$\$ \$	aling or violations, and emoreing conserv	ration cat	iomonis damig the your
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	to dealery the requirements of section ??	~(·/(·/(- //	Yes No
a	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statem	
J	include, if applicable, the text of the footnote to the organization			
	conservation easements			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other S	imilar Assets.
1651	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		nt and ba	lance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed			
	relating to these items	•		-
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	al gain, p	
_	the following amounts required to be reported under SFAS 1		- '	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			> \$

	dule D (Form 990) 2015 WBD , IN			1 T			. Cima			00466		ge Z
La.	Organizations Maintaining C											
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following tha	t are a si	gnifica	nt use of	its co	ollection it	ems	
•	(check all that apply)											
а	Public exhibition	•	d	Loan or exc	hange progr	ams						
b	Scholarly research	•	e	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co								art 2	XIII		
5	During the year, did the organization solicit o		•			er sımılar	asset	5		7		
4 5 0 =	to be sold to raise funds rather than to be ma									Yes		No
(Kai	Escrow and Custodial Arrange reported an amount on Form 990, Par		lete if the	organizatio	n answered	"Yes" on	Form	990, Part	IV, li	ine 9, or		
ta.	Is the organization an agent, trustee, custodi		tiary for c	contributions	s or other as	sets not	ınclud	ed .				
	on Form 990, Part X?		<i></i> , 10, 0	, , , , , , , , , , , , , , , , , , , ,					_	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowina ta	able						,		
-	w roo, onplantation and agreement are all rains									Amount		
c	Beginning balance							lc				
	Additions during the year							ld				
	Distributions during the year							le				
f	Ending balance							1f				
	Did the organization include an amount on Fe	orm 990. Part X. line	21. for e	scrow or cu	stodial acco	unt liabil		<u> </u>	_	Yes		No
	If "Yes," explain the arrangement in Part XIII	·					,					
	t V Endowment Funds. Complete						10					
		(a) Current year		rior year	(c) Two year		_	ree years b	ack	(e) Four y	ears t	oack
1a	Beginning of year balance										•	
b	Contributions											
С	Net investment earnings, gains, and losses											
	Grants or scholarships			-					$\neg \neg$			
е	Other expenditures for facilities											
	and programs								_			
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held ar	nd administe	red for th	ne orga	nızatıon		_		
	by										/es	No
	(i) unrelated organizations									3a(ı)		
	(ii) related organizations									3a(iı)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment fi	unds	_	_						
Pai	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a S	ee Form 990), Part X,	line 10)				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccum	ulated		(d) Book	value)
		basis (investi	ment)	basis	(other)		precia		<u> </u>			
1a	Land					3 320			<u> </u>			
b	Buildings					L						
С	Leasehold improvements				8,926.	ļ		<u>,988.</u>	<u> </u>		, 93	
d	Equipment			74	2,195.	ļ	466	,446.	<u> </u>	275	,74	19.
e	Other		j						<u> </u>			
T - 4 - 1	Add lines to through to (O-1 (ii)			(5)					ı	300	6.8	₹7

Schedule D (Form 990) 2015 WBD, INC.						39-1	<u>40046</u>	66 Page
Part VII Investments - Other Securities.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line							
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method c	f valuation	Cost or	end-of-y	ear mark	ket value
(1) Financial derivatives								
(2) Closely-held equity interests							_	
(3) Other								
(A)								
(B)								
(C)						-		
(D)						<u> </u>		
(E)								
(F)								
(G)								
(H)			<u> </u>					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		**					1	
Part VIII Investments - Program Related.				_				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c Se	e Form 99	0, Part X, I	ıne 13			_
(a) Description of investment	(b) Book value	(c)	Method o	f valuation	Cost o	r end-of-y	ear marl	ket value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)		{						
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			1987.5	-132		ug 🖫	-40°	1.2
Part IX Other Assets.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d Se	e Form 99	0, Part X,	line 15			
(a	Description			 ,			(b) Boo	k value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
	<u> </u>							
(9)								
Total. (Column (b) must equal Form 990. Part X. col. (B) lim	e 15.)					▶		
Part X Other Liabilities.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 1	I1f See Fo	orm 990, P	art X, line	e 25.		

<u>1</u>	(a) Description of liability	d) (b) Book value	
(1)	Federal income taxes			
(2)	APPLICATION DEPOSITS		476,454.	
(3)	RESERVE FOR DEBENTURE LOSS		5,755.	-
(4)	RESERVE FOR CAP LOAN LOSS		272,863.	- Para - 1. 480 - 3200 - 481 - 180 - 17 - 1
(5)	CAPITAL LEASE		33,630.	
(6)				
(7)_				
(8)				
(9)_				
Total.	(Column (b) must equal Form 990, Part X, col_(B) line 25.)	▶	_788,702.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2015 WBD, INC.			100466 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	· -
	. Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	6,681,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		•
С	Recoveries of prior year grants	2c		
q	Other (Describe in Part XIII)	2d_		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,681,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		0
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	amanta With Evnana	5 Dotum	6,681,720.
Pai	T XII Reconciliation of Expenses per Audited Financial Stat		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	1.1	E 074 610
1	Total expenses and losses per audited financial statements		1	5,974,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	i viji	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	——————————————————————————————————————	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		0
е	Add lines 2a through 2d		2e	0. 5,974,610.
3	Subtract line 2e from line 1		3	3,9/4,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1 1	
	,			^
С	Add lines 4a and 4b		4c	0. 5 074 610
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		4c 5	0. 5,974,610.
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information.		5	5,974,610.
5 Pa l Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TEXTILI Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5	5,974,610.
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information.	Part IV, lines 1b and 2b, Pa	5	5,974,610.
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TEXTILI Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5	5,974,610.
5 Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	Part IV, lines 1b and 2b, Pa	5	5,974,610.
5 Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TEXTILI Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5	5,974,610.
Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2:	Part IV, lines 1b and 2b, Pa additional information	srt V, line 4, Part X,	5,974,610. ine 2, Part XI,
Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	Part IV, lines 1b and 2b, Pa additional information	srt V, line 4, Part X,	5,974,610. ine 2, Part XI,
FIN	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: NANCIAL ACCOUNTING STANDARDS REQUIRE AN O	Part IV, lines 1b and 2b, Pa additional information	art V, line 4, Part X, l	5 , 974 , 610 . ine 2, Part XI,
FIN	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2:	Part IV, lines 1b and 2b, Pa additional information	art V, line 4, Part X, l	5 , 974 , 610 . ine 2, Part XI,
Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: VANCIAL ACCOUNTING STANDARDS REQUIRE AN OUTTHER IT'S MORE LIKELY THAN NOT THAT A TABLE	Part IV, lines 1b and 2b, Pa additional information ORGANIZATION TAX POSITION WI	trt V, line 4, Part X, line 4,	5,974,610. Inne 2, Part XI, NE FAINED
Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: NANCIAL ACCOUNTING STANDARDS REQUIRE AN O	Part IV, lines 1b and 2b, Pa additional information ORGANIZATION TAX POSITION WI	trt V, line 4, Part X, line 4,	5,974,610. Inne 2, Part XI, NE FAINED
Providence PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: VANCIAL ACCOUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AN COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE AND COUNTINE STANDARDS REQUIRE STANDARDS	Part IV, lines 1b and 2b, Pa additional information DRGANIZATION TAX POSITION WI	ort V, line 4, Part X, line 4,	5,974,610. Ine 2, Part XI, NE TAINED THE
Providence PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: VANCIAL ACCOUNTING STANDARDS REQUIRE AN OUTTHER IT'S MORE LIKELY THAN NOT THAT A TABLE	Part IV, lines 1b and 2b, Pa additional information DRGANIZATION TAX POSITION WI	ort V, line 4, Part X, line 4,	5,974,610. Ine 2, Part XI, NE TAINED THE
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PAFFIN WHE UPC	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TEXTILI Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: NANCIAL ACCOUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDAR	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, IV, IV, IV, IV, IV, IV, IV, IV, IV,	TON THRESE	5,974,610. Ine 2, Part XI, NE TAINED THE AX HOLD, THE
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PAFFIN WHE UPC	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TEXTILI Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any RT X, LINE 2: NANCIAL ACCOUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AN COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDARDS REQUIRE AND COUNTING STANDAR	Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, IV, IV, IV, IV, IV, IV, IV, IV, IV,	TON THRESE	5,974,610. Ine 2, Part XI, NE TAINED THE AX HOLD, THE

Schedule D (Form 990) 2015 WBD, INC.	39-1400466 Page 5
Schedule D (Form 990) 2015 WBD , INC. PairtXIII Supplemental Information (continued)	
deppremental information (continued)	<u> </u>
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

² [Employer identification number 39-1400466 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part I * General Information on Grants and Assistance criteria used to award the grants or assistance? WBD, Name of the organization Partill

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN ECONOMIC DEVELOPMENT ASSOCIATION, INC 10 E. DOTY STREET, SUITE 500 - MADISON, WI 53703	51-0180680 501(C)(6)	501(C)(6)	5,000.	.0			ECONOMIC DEVELOPMENT
AFRICAN AMERICAN CHAMBER OF COMMERCE OF WISCONSIN, INC 633 WEST WISCONSIN AVENUE, SUITE 603 - MILWAUKEE, WI 53203	39-1768969	501(C)(3)	25,000.	0			ECONOMIC DEVELOPMENT
US BANK 425 WALNUT STREET CINCINNATI, OH 55402	31-0841368		.000,6	0			WAUKESHA COUNTY AWARD
WISCONSIN BANKERS ASSOCIATION 4721 SOUTH BILTMORE LANE MADISON, WI 53718	39-0711690	501(C)(6)	14,000.	.0			BANK RESOURCE MANUAL ASSISTANCE
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	nd government org	Isuoi	isted in the line 1 table				▼ ▼ 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. GRANT FUNDS THROUGH COMPLIANCE OF (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients OF PROGRAM FUNDING SOURCE REQUIREMENTS THE ORGANIZATION MONITORS THE USE (a) Type of grant or assistance PART I, LINE 532102 10-28-15 Part IV Part

Page 2

39-1400466

WBD, INC.

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

39-1400466

Department of the Treasury Name of the organization

WBD

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection[®]

OMB No 1545-0047

INC. Questions Regarding Compensation Part I Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х 4a a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

Part-IIII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(I) (III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	ın column (B) reported as deferred on prıor Form 990
(1) DAN SCHNEIDER	Ξ	174,22	15,000.	3,173.	2,98	48,237.	246,62	0
чι	Ξ	,	- 1		•		,	0
(2) RANDAL KYLE	Ξ	130,81	20,000.	4,728.	4,705.	10,376.	170,62	0
5	3	;	0	- 1	ľ	- 1	000	
(3) JOSEPH WOLFE	Ξ	44,99	0	233,500.	7,95	20,456.	306,89	44,991.
FORMER CEO	Ξ	0	0	0	0	0	0	0
	Ξ							
	(ii)							
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532112 10-14-15							Sched	Schedule J (Form 990) 2015

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 39-1400466 WRD TNC

MDD / 1100100
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BUSINESS CONCERNS, PARTICULARLY THE RETENTION, GROWTH & EXPANSION OF
SMALL BUSINESS CONCERNS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SINCE 1981, WBD HAS HELPED FUND OVER 2,500 BUSINESSES IN WISCONSIN AND
PRODUCED PROJECTS IN 71 OF 72 WISCONSIN COUNTIES. THIS PAST YEAR, WBD
ROSE TO BECOME THE 9TH LARGEST PRODUCER OUT OF THE 255 CDCS IN THE U.S.
WBD PARTICIPATED IN PROJECTS WITH OVER 100 WISCONSIN LENDERS AND SERVED
AS AN INTEGRAL HUB IN EVERY PROJECT. ADDITIONALLY, WBD BRIDGED THE
CONSTANT NEED FOR ACCESS TO CAPITAL MARKETS WHILE KEEPING THE INTERESTS
OF THE LENDER, THE SBA, AND MORE IMPORTANTLY THE SMALL BUSINESS AT THE
FOREFRONT.
IN ADDITION TO THE SBA PRODUCT, WE PROVIDE CONSULTING AND LOAN
PACKAGING SERVICES TO BANKS AND BORROWERS. THIS ALLOWS LENDERS ACCESS
TO OTHER GOVERNMENT SPONSORED LENDING PROGRAMS WITHOUT THE INVESTMENT
IN TRAINING. THIS PROGRAM ALLOWS SMALL BUSINESSES ACCESS TO WORKING
CAPITAL AND RESTRUCTURING SOLUTIONS. WDB'S EXPERTISE WITH THE SBA 7(A)
AND COMMUNITY REINVESTMENT FUND PROGRAMS, ALONG WITH OTHER NATIONAL,
STATE, AND LOCAL PROGRAMS, PROVIDES VALUABLE FOR PROJECTS THAT NEED
MORE THAN FIXED ASSET FINANCING. THE 7(A) PROGRAM PROVIDES SBA FUNDING
FOR PROJECTS UP TO \$5,000,000 WITH LOAN GUARANTEES OF UP TO \$3,750,000
FOR BUSINESS START UPS, EXPANSIONS, ACQUISITIONS, AND OPERATIONAL
EXPENSES. DURING THE REPORTING PERIOD, SIX TYPE 7(A) LOANS WERE

EMPLOYEE SIGNED ACKNOWLEDGMENTS STATING UNDERSTANDING OF THE POLICY ARE

Name of the organization Employer identification number 39-1400466 WBD, INC. COLLECTED ANNUALLY. BOARD AND COMMITTEE MEMBERS ABSTAIN FROM VOTING ON AN ISSUE IF THERE IS A CONFLICT OR PERCEIVED CONFLICT. U.S. SMALL BUSINESS ADMINISTRATION REGULATORY COMPLIANCE REQUIRE THE ORGANIZATION TO REPORT CONFLICTS OF INTEREST. DIRECTORS RESPOND TO A SURVEY THAT INQUIRES ABOUT OTHER BOARD PARTICIPATION AND INVOLVEMENT. THOSE BOARD RESPONSES ARE REVIEWED TO ASSURE POLICY COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. A BI-ANNUAL MARKET SURVEY IS CONDUCTED THROUGH USE OF A LABOR CONSULTANT AND USED WHEN REVIEWING THE COMPENSATION OF THE OTHER MEMBERS OF THE EXECUTIVE COMPENSATION. EXECUTIVE MANAGEMENT TEAM IS REVIEWED AND SET BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE BOARD, THROUGH APPROVAL OF THE OVERALL OPERATING BUDGET, REVIEWS AND APPROVES COMPENSATION AND BONUS PAYMENTS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

INC

WBD,

20.15

OMB No 1545-0047

Open to Public Inspection

Employer identification number 39-1400466

Schedule R (Form 990) 2015 (g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling 492,506. WBD, INC. 1,460,587. WBD, INC. entity End-of-year assets **©** status (if section Public charity 501(c)(3)) e 1,619,978. 812,626. Total income Exempt Code ਉ section ত্র Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>છ</u> MISCONSIN WISCONSIN SERVICING, AND COMPLIANCE. FINANCIAL INSTITUTION. COMMUNITY DEVELOPMENT Primary activity Primary activity COAN UNDERWRITING, <u>e</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. COMPANY, LLC, 4618 SOUTH BILTMORE LANE, WISCONSIN BUSINESS DEVELOPMENT SERVICE Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 4618 SOUTH BILTMORE LANE WBD ADVANTAGE FUND, LLC MADISON, WI 53718 MADISON, WI 53718 Part'll"

INC. WBD,

Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

39-1400466

(a)	(q)	(0)	(p)	(e)	(£)	(6)	(h)	(0)	3	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing Ownership partner?
WBD GROWTH FUND I, LLC -										
26-3728172, 4618 SOUTH	T									
BILTMORE LANE, MADISON, WI	NEW MARKET TAX									
53718	CREDITS	MI	N/A	N/A	N/A	N/A	N/A	N/A	4/N	N/A
WBD GROWTH FUND II, LLC -										
26-3728332, 4618 SOUTH										
BILTMORE LANE, MADISON, WI	NEW MARKET TAX						-			
53718	CREDITS	MI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WBD GROWTH FUND III, LLC -										
26-3728396, 4618 SOUTH										
BILTMORE LANE, MADISON, WI	NEW MARKET TAX									
53718	CREDITS	MI	N/A	N/A	N/A	N/A	N/A	N/A	A/N	N/A
WBD GROWTH FUND IV, LLC -										
26-3728442, 4618 SOUTH										
BILTMORE LANE, MADISON, WI	NEW MARKET TAX						-			
53718	CREDITS	WI	N/A	N/A	N/A	N/A N/A	N/A	N/A	N/A	N/A

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	, , , , , , ,							
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(H)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(100)		822612		Yes No
WISCONSIN BUSINESS GROWTH FUND, INC	DEPLOY NEW MARKET TAX							
47-0959423, 100 RIVER PLACE, SUITE 1,	CREDITS, PROVIDE							
MONONA, WI 53716	CAPITAL FOR SMALL	MI	WBD, INC.	c corp	288,694.	249,399.	1008	×
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Schedule R (Form 990) 2015

39-1400466

WBD, INC.

Schedule R (Form 990)

Rait III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(q)	(0)	(p)	(e)	(£)	(a)	(F)	0	3	<u>\$</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Finanaging partner?	General or Percentage managing ownership partner?
OWTH FUND V, LLC - 28510, 4618 SOUTH DRE LANE, MADISON, WI	NEW MARKET TAX	1				5,2				
	CREDITS	ΙM	N/A	N/A	N/A	N/A	N/A	N/A	M/M	N/A
26-3734630, 4618 SOUTH	·									
BILTMORE LANE, MADISON, WI	NEW MARKET TAX								_	
53718	CREDITS	WI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WBD GROWTH FUND VII, LLC -										i
26-3734723, 4618 SOUTH										
BILTMORE LANE, MADISON, WI	NEW MARKET TAX			•						
53718	CREDITS	WI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WBD GROWTH FUND VIII, LLC -										
26-3734816, 4618 SOUTH										
BILTMORE LANE, MADISON, WI	NEW MARKET TAX									
53718	CREDITS	WI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHASE NMTC JL WI INVESTMENT								İ		
FUND, LLC - 37-1700709, 4618									_	
SOUTH BILTMORE LANE, MADISON,	NEW MARKET TAX									
WI 53718	CREDITS	WI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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Page 3

Part V. Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	4	000000000000000000000000000000000000000		Yes No
		ilated Otyaniizations listed i	וויין אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון אינון	
neceipt of (I) interest, (II) aminines, (III) toyanies, of (IV) refit floring contr	ııy			; <u>a</u>
b Giff, grant, or capital contribution to related organization(s)				†
c Gift, grant, or capital contribution from related organization(s)				tc X
d Loans or loan guarantees to or for related organization(s)				Td X
(a) and testing the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the s				×
				882 842 842
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				;= X
J Lease of facilities, equipment, or other assets to related organization(s)				1) X
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t X
o Sharing of paid employees with related organization(s)				10 X
b Reimbursement paid to related organization(s) for expenses				X ot
				×
q neimodisement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s ×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered i	lation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	pevlove
	type (a-s)			
£				
(2)				
(3)				
(4)				
ופי				
(9)				
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हिन्नेंस VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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PartVIII Supplemental Information					
Provide additional information for responses to questions on Schedule R (see instructions).					
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE	AS	CORP	OR	TRUS	T:
NAME OF RELATED ORGANIZATION:					
WISCONSIN BUSINESS GROWTH FUND, INC.					
DRIVARY ACMITYTMY, DEDICT MEN MARKET MAY CREATED DROWING	CAE	TMAT	EOE	CMA	тт
PRIMARY ACTIVITY: DEPLOY NEW MARKET TAX CREDITS, PROVIDE	CAP	TIAL	101	SIL	
BUSINESS LENDING					
DOSINESS DENDING					
					
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