Form **990** 

### **Return of Organization Exempt From Income Tax**

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

OMB No 1515-00-7

Depirtment of the Trossury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending								
B Check if applicable C Name of organization D Employer Identification number								
[_	Addr chan Nam		<u>n</u> si	E1 0	150304			
<u> </u>	chan							
\- <del></del>	retur  Final	2000 MINITOTAL DATE	Room/suite		720-7140			
L	retur term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross recorpts \$	166,471.			
	Ame	nded NIEDNATI DE FANAC		H(a) Is this a group re				
<u> </u>	] repl			for subordinates				
	pend	ng SAME AS C ABOVE	₹h_	H(b) Are all subordinates in	ncludad? Yes No			
1	Tax ex	tempt status X 501(c)(3)	<b>7</b> 527	If "No," attach a	list (see instructions)			
<u>J \</u>	Vebs	nte: ► WWW.WISCONSINPLANNERS.ORG	<u> </u>	H(c) Group exemptio				
	orm c	forganization Corporation I Trust X Association Other ►  Summary	L Year	of formation 1975 N	A State of legal domicile WI			
ο.	1	Briefly describe the organization's mission or most significant activities THE	AMERIC	AN PLANNING				
Activities & Governance		ASSOCIATION AND ITS CHAPTERS PROVIDE LEA	<u>DERSHI</u>	P THROUGH C	ITIZEN AND			
ű	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	<u>0</u> 15			
ţ	5	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (2) (III)	_	6 7a	0.			
Ă		Net unrelated business taxable income from Form 990 1 line 38	İ	7b	0.			
			∑	Prior Year	Current Year			
۵u	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  NOV 1 9 2019	31 🗀	168,151.	82,945.			
Revenue	9	Program service revenue (Part VIII, line 2g)		45,237.	66,585.			
ě	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d)	<u> </u>	8,139.	15,341.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 😡 🔞 🖟 Ne) 🔰		2,900.	1,600.			
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (V), line 12)	<b>-</b>	224,427.	166,471.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)	-	6,375.	7,815.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	<u>0.</u>	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	}	0.	0.			
Expenses	i	Total fundraising expenses (Part IX, column (A), line 25)	0.	0.				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	<u> </u>	216,652.	154,374.			
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)		223,027.	162,189.			
	19	Revenue less expenses Subtract line 18 from line 12		1,400.	4,282.			
Soc			Be	ginning of Current Year	End of Year			
t Assets or d Balances	20	Total assets (Part X, line 16)		265,841.	253,342.			
ng Ag	21	Tota liabilities (Part X, line 26)		0.	0.			
ᇛ	rt II	Net assets or fund balances Subtract line 21 from line 20 Signal are Block		265,841.	253,342.			
		afties of lacture, ideclare that I have examined this return, well-ding accompanying schedule	c and statem	ante and to the heat of m	v knowledge and huled at a			
		ct, and complete. Destration of preparer (other than officer) is based on all information of wi			y Kilotaleoge and Bellet, it is			
1100,	COITE	at and some the section of the secti	non propuror		יונט יי			
Sıgı	1	Signature of officer		Ďa <b>j</b> e				
Her		GEORGE DEARBORN , TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's spature		Date Check	PTIN			
	Paid BRAD M VOGHT P00631496							
Prep		Firm's name REILLY, PENNER & BENTON INC.	2	Firm's EIN ▶	39-0747409			
Use	UNIY	Firm's address 1233 NORTH MAYFAIR RD, STITE 303	4	Phone no (4	14) 271-7800			
May	the I	RS discuss this return with the preparer shown above? (see instructions)		) Frione no ( 4	X Yes No			
	1 12-3		ons		Form <b>990</b> (2018)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			·
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<b></b>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Λ
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		X
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		_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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	46		v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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		Х
	domestic government on Fart IX, column (A), inte 1.11 Tes, complete ochequie 1, Farts Land II	<u> </u>		41

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Α.
	Did the organization minest any proceeds of tax exempt borids beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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," complete			}
	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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С				
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30	<b> </b> -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	<del></del>	
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J.Z		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		,	Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  [	1		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	v	
	regulation with find to buse with lets.	1 10	_ ^	

Form 990 (2018)

AMERICAN PLANNING ASSOCIATION - WISCONSI
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return		<u> </u>						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		_ !					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country	ĺ		ļ. <sub>1</sub>					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
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 charitable contributions?	<u>6a</u>		<u> X</u>					
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).			;					
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?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del> -					
С	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		h						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
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?	7 <u>h</u>							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		-					
	sponsoring organization have excess business holdings at any time during the year?	_ 8							
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		·					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter	35							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b								
11	Section 501(c)(12) organizations. Enter			۰ ۱					
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		_X_					
	If "Yes," see instructions and file Form 4720, Schedule N			<u>-</u> _ '					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_					
	If "Yes," complete Form 4720, Schedule O		000	(00 ( = )					
		Form	990	(2018)					

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

	Check if Schedule O contains a response or note to any line in this Part VI				<u>X</u>					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7	']							
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b   7								
2										
	officer, director, trustee, or key employee?		2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		Х					
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or								
	more members of the governing body?		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or								
	persons other than the governing body?	•	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by the following:								
	The governing body?		8a	х						
b	Each committee with authority to act on behalf of the governing body?		8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the								
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )								
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates.								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	·	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	- 1.5							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye									
Ů	in Schedule O how this was done	55, 555555	12c	x						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		14	X						
15	Did the process for determining compensation of the following persons include a review and approva	il by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by masponaoni								
2	The organization's CEO, Executive Director, or top management official		15a		Х					
h	Other officers or key employees of the organization		15b		X					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		.02							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a								
104	taxable entity during the year?	none with a	16a	•	Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its narticination	100							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization the organization that the organization the organization that the organization the organization that the o									
	exempt status with respect to such arrangements?	iization 3	16b							
Sec	tion C. Disclosure		נטטו		-					
	List the states with which a copy of this Form 990 is required to be filed NONE									
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section 501(a)(2)	s only	aveila	ıhle					
10		a 330-1 (Oection 301(c)(0)	3 Offig)	avalla	DIE					
	for public inspection Indicate how you made these available Check all that apply  Own website X Another's website X Upon request Other (explain	ın Schedule O)								
40		•	l finan	Cial						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	milet of interest policy, and	man	ual						
00	statements available to the public during the tax year	oke and reserves								
20	State the name, address, and telephone number of the person who possesses the organization's bod	oks and records -								
	GEORGE DEARBORN JR., AICP - 920-419-3855									
	2000 MUNICIPAL DR., NEENAH, WI 54956									

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#### AMERICAN PLANNING ASSOCIATION - WISCONSI

51-0150304

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

Chook if Cohodula	O contains a response	or note to any line in	this Dort VII
CHECK II OCHECINE	O COMAINS A RESCONSE	or note to any line it	i ii iis Fait vii

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

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

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

(A)	(B)				C)			ted any current officer, o	(E)	(F)
Name and Title	Average	Positio		Position		Reportable	Reportable	Estimated		
	hours per	box	, unle	theck more than one ess person is both an			h an	compensation	compensation	amount of
	week		cer an	id a d	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	ste e			ısated		organization (W-2/1099-MISC)	(**-271099-141130)	organization
	organizations	truste	Institutional trustee		a A	u be		(** 27 1000 111100)		and related
	below	ndual	E E	   =	Key employee	est cc loyee	<u> </u>			organizations
	line)	μĒ	Instr	Officer	Key	Highest compensated employee	Former			
(1) JASON VALERIUS	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) GEORGE DEARBORN	1.00				1					
TREASURER		X		X				0.	0.	0.
(3) HANNAH MULROY	1.00				ŀ					
SECRETARY		X		X	<u> </u>			0.	0.	0.
(4) DREW PENNINGTON	1.00									
VICE PRESIDENT - CHAPTER A		X		X		_		0.	0.	0.
(5) KRISTAN SANCHEZ	1.00							_	_	_
VICE PRESIDENT - AWARDS		Х		Х				0.	0.	0.
(6) NANCY FRANK	1.00								_	_
VICE PRESIDENT - PROFESSIO		Х		X				0.	0.	0.
(7) SANDY SCHERER	1.00	<b> </b>								
VICE PRESIDENT - MEMBERSHI		Х	_	X				0.	0.	0.
		-								
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(A)
Name and business address
NONE

Description of services

Compensation

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

			LANNING ASS	OCIATION -	WISCONSI	51-015	0304 Page
Pal	rt VI						
<u> </u>		Check if Schedule O contains a resp	onse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	9,945.	82,945.			
	2 a	CONFERENCE INCOME	Business Code 900099	66,585.	66,585.		-
Program Service Revenue	c d e f	All other program service revenue		66,585.			
	3 4 5	I Total. Add lines 2a-2f Investment income (including dividends, other similar amounts) Income from investment of tax-exempt b Royalties  (i) Rea	ond proceeds	15,341.			15,341.
		Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	<b>•</b>				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	ties (ii) Other				
	8 a	Net gain or (loss) Gross income from fundraising events (n including \$ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses Net income or (loss) from fundraising events.	a b	W. 200			
	9 a	Gross income from gaming activities. See Part IV, line 19 Less direct expenses Net income or (loss) from gaming activities.	a b				
	10 a	Gross sales of inventory, less returns and allowances Less cost of goods sold	a b				
		Net income or (loss) from sales of inventor Miscellaneous Revenue NEWSLETTER	Business Code 900099	1,600.	1,600.		
	_				_		

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

0.

1,600. 166,471.

68,185.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	7,315.	_ 7,315.		<u> </u>				
2	Grants and other assistance to domestic	-							
	individuals See Part IV, line 22	500.	500.						
3	Grants and other assistance to foreign				1				
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members				- J				
5	Compensation of current officers, directors,								
_	trustees, and key employees								
6	Compensation not included above, to disqualified				up.				
_	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	-							
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal								
С	Accounting	1,400.	,	1,400.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)	3,250.	1,250.	2,000.					
12	Advertising and promotion								
13	Office expenses	24.		24.	<u> </u>				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	21 000	21 000		<del></del> _				
19	Conferences, conventions, and meetings	31,902.	31,902.						
20	Interest			<del></del>					
21	Payments to affiliates  Depreciation, depletion, and amortization								
22 23	Insurance	595.		595.					
23 24	Other expenses. Itemize expenses not covered								
24	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.)	98,573.	98,573.						
a	PLAN4HEALTH PROGRAM				·-				
b	LEGISLATIVE PROGRAM	10,300. 4,199.	10,300. 4,199.						
C	NATIONAL MEETING EXPENS	2,250.	2,250.	-					
d	NEWSLETTER PRODUCTION	1,881.	1,124.	757.	<u> </u>				
	All other expenses  Total functional expenses Add lines 1 through 24e	162,189.	157,413.	4,776.	0.				
25 26	Joint costs. Complete this line only if the organization	104,109.	<u> </u>	<u> </u>					
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 86,981 1 83,509. Cash · non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 1,220. 4 Accounts receivable, net 4 0. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 177,640. 169,833. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 265,841 253,342 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 265,841 Unrestricted net assets 27 253,342. 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 265,841. 253,342. 33 33 Total net assets or fund balances 265,841 253,342. Total liabilities and net assets/fund balances

Form 990 (2018)

<u>-orm</u>	1990 (2018) AMERICAN PLANNING ASSOCIATION - WISCONSI	<u> </u>	0304	Pa	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		ľ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	2,1	89.
3	Revenue less expenses Subtract line 2 from line 1	3		4,2	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26.	5,8	<u>41.</u>
5	Net unrealized gains (losses) on investments	5	-1	6,7	81.
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	25	<u>3,3</u>	<u>42.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	li	-	
2a	, , , , , , , , , , , , , , , , , , , ,		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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2018)

#### **SCHEDULE A**

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN PLANNING ASSOCIATION - WISCONST Employer identification number 51-0150304

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions											
Γhe	organ	zation is not a private found	ation because it is (	For lines 1 through 12, of	heck only	one box)					
1		A church, convention of ch	urches, or association	on of churches described	ın sectio	n 170(b)(1	I)(A)(i).	RC			
2		A school described in secti						(17)			
3	一	A hospital or a cooperative					n).	0 1			
4	一	A medical research organiz	•				•	the hospital's name.			
•		city, and state									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a or	overnmental unit describ	ned in			
5	لـــا	section 170(b)(1)(A)(ıv). (C		nege or armyerally owner	и ог орсти	too by a g	overnmental and accord	,ca			
_	$\overline{}$				a:a=	70/1-1/41/41	<i>(. )</i>				
6	片	A federal, state, or local gov	_					and the described of			
7	لــــا	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe	• •								
9	Ш	An agricultural research org					-	•			
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or			
		university									
10	$\mathbf{x}$	An organization that norma	•	·	-						
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975			
		See section 509(a)(2). (Cor	mplete Part III)								
11		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See <b>section 509(a)(3)</b> . (	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g				
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or trustees of the s	supporting			
		organization You must o	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	•		tion with it	s support	ed organization(s), by ha	ving			
		control or management o	· ·								
		organization(s) You mus			•			•			
С		Type III functionally inte	•		ın connec	tion with, a	and functionally integrate	ed with,			
	\ <u></u>	its supported organization									
d		Type III non-functionally	, , ,	•	•			zation(s)			
_		that is not functionally int									
		requirement (see instructi	-		-						
е		Check this box if the orga	*	•							
Ī		functionally integrated, or					<i>31 7 31 31</i>				
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	3 - 3						
ď		ride the following information	-	d organization(s)							
		) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
	•										
		<u> </u>									
							-	_			
Tota	 1		-		-		<del></del>				

Sched <b>Part</b>	ule A (Form 990 or 990-EZ) 2018 A  Support Schedule for (Complete only if you checked	Organizations	s Described ir	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i) /
	fails to qualify under the tests				or railed to quality	andor rait in in the	o organization/
Sooti	on A. Public Support	- 10.000 20.011   p.o.					
	<del>-</del>		1 (1) (2)		4 0 0047	4.3.0040	10/2 11
	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f)/Total
	ifts, grants, contributions, and					İ	
	nembership fees received (Do not						
	clude any "unusual grants ")	<u> </u>			<del>                                     </del>	<del>                                     </del>	
_	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	r expended on its behalf			-			
3 ∏	he value of services or facilities						
	irnished by a governmental unit to						
	ne organization without charge				-	/	
	otal. Add lines 1 through 3			-	ļ	/	
	he portion of total contributions				/		
b	y each person (other than a					,	
•	overnmental unit or publicly		1				
	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
C	olumn (f)						
	ublic support. Subtract line 5 from line 4			<u> </u>	Í		
Secti	on B. Total Support	· ·	T			1	
Calenda	ar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	mounts from line 4						
<b>8</b> G	ross income from interest,						
dı	ıvıdends, payments received on						
se	ecurities loans, rents, royalties,						
aı	nd income from similar sources		ļ <i>1</i>	<u> </u>	-		
9 N	et income from unrelated business						
a	ctivities, whether or not the						
b	usiness is regularly carried on						
<b>10</b> O	ther income Do not include gain						
01	r loss from the sale of capital						,
as	ssets (Explain in Part VI )		/				
11 To	otal support. Add lines 7 through 10		<u>/</u>		<u> </u>		
<b>12</b> G	ross receipts from related activities,	etc (see instructi	ons)			12	
13 Fi	irst five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
01	rganization, check this box and stop	here	<del></del>				<u>▶</u> ∟
	on C. Computation of Publ	<del></del>	·			<del></del>	
	ublic support percentage for 2018 (l	/		column (f))		14	<u>%</u>
	ublic support percentage from 2017	/				15	<u>%</u>
	3 1/3% support test - 2018. If the c				14 is 33 1/3% or n	nore, check this bo	x and
	top here. The organization qualifies				45 65 155		. ▶∟
	3 1/3% support test - 2017. If the c	-			1 line 15 is 33 1/3%	or more, check th	NS DOX
	nd stop here. The organization qual				- 40 40 40		▶∟_
	0% -facts-and-circumstances test						
	nd if the organization meets the "fac					π VI how the organ	nization
	neets the "facts-and-circumstances"	-					▶□
	0% -facts-and-circumstances test						
	nore, and if the organization meets th				-		; _
	rganization meets the "facts-and-circ		-	•			
18 P	rivate foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b			•
					Sche	edule A (Form 990	or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 AMERICAN PLANNING ASSOCIATION - WISCONSI51-0150304 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	63,962.	200,490.	139,280.	197,721.	82,945.	684,398.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,831.	15,138.	24,121.	15,667.	68,185.	143,942.
3	Gross receipts from activities that						_
	are not an unrelated trade or bus- iness under section 513						
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			-		•	
J	furnished by a governmental unit to the organization without charge			li l			
6	Total. Add lines 1 through 5	84,793.	215,628.	163,401.	213,388.	151,130.	828,340.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)		•				828,340.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	84,793.	215,628.	163,401.	213,388.	151,130.	828,340.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	2 556	2 (22	2 505	0 130	15 241	24 174
	and income from similar sources	3,556.	3,633.	3,505.	8,139.	15,341.	34,174.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	3,556.	3,633.	3,505.	8,139.	15,341.	34,174.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital	6,887.	3,478.	2,220.	2,900.		15,485.
40	assets (Explain in Part VI)	95,236.	222,739.	169,126.	224,427.	166,471.	877,999.
	Total support (Add lines 9, 10c, 11, and 12)   First five years. If the Form 990 is for						
14		the organization s	s iirst, second, triir	u, iourtri, or intii ta	ax year as a section	n 50 r(c)(5) organiz	ation,
<u>Sa</u>	check this box and stop here ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2018 (I			nolumn (fl)	-	15	94.34 %
	• • • • • • • • • • • • • • • • • • • •	• •	•	column (i))		16	94.38 %
	Public support percentage from 2017 ction D. Computation of Inves					10	<u> </u>
	· · · · · · · · · · · · · · · · · · ·			no 12 notumo (f)		47	3.89 %
	Investment income percentage for 20	•		ne 13, column (i))		17	
18				on line 14 and line	15 is more than 2	18	
	a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box at	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	ightharpoons x
t	33 1/3% support tests - 2017. If the	<del>-</del>					and
	line 18 is not more than 33 1/3%, che					-	<b>▶</b>
20	Private foundation. If the organization	n did not check a l	box on line 14, 19:	a, or 19b, check th	ns box and see ins	tructions	

## Schedule A (Form 990 or 990-EZ) 2018 AMERICAN PLANNING ASSOCIATION - WISCONSI51-0150304 Page 4 Part IV Supporting Organizations

Supporting Organizations
(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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 12a or 12b 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 (as 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.
	_		
	1		
		_	
	2		
	3a	-	_'
			,
	3b	-	-
	30_		
	3c		<u> </u>
	4a		
	10		
	4b		_
	4c		
	5a		
	5b		
	5c		-
	6		
	7		
	. 8		
	9a		
	<b> </b>		
	9b		
	9с		
	10a		
_	10b		

	edule A (Form 990 or 990 EZ) 2018 AMERICAN PLANNING ASSOCIATION - WISCONSIST-U	15030	4 Pa	<u>age 5</u>
Ра	rt IV   Supporting Organizations (continued)		T.,	<b></b>
	Lies the expense to proported a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		44-		-
	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		
		11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Stion B. Type I Supporting Organizations	11c	]	<u> </u>
<u> </u>	tion b. Type reapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
	the supported organization(s)	1		l
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		_	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	-		ĺ
	that these activities constituted substantially all of its activities	2a		
b	•			İ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	$\sqcup$	
3	Parent of Supported Organizations Answer (a) and (b) below.			
· a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990 EZ) 2018 AMERICAN PLANNING ASSOC rt V			01-0150304 Page 6
`	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI \ Con instructions Al
1	other Type III non-functionally integrated supporting organizations must co			rait vi) See instructions. Al
Sect	tion A - Adjusted Net Income	Jinpiete O	(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	<del>"</del>	
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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·····	_
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			,
	instructions for short tax year or assets held for part of year)			!
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	i	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	<del></del>	
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		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018 AMERICAN PLANNING ASSOCIATION - WISCONSI51-0150304 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ı) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 1 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A Part VI	(Form 990 or 990-EZ) 2018 AMERICAN PLANNING ASSOCIATION – WISCONSI51-0150304 Page 8  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(See Histroctions)
<u> </u>	
•	
	·

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN PLANNING ASSOCIATION - WISCONSI

Employer identification number 51-0150304

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End'of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structui	re i
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h	n)(4)(B)(I)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	ne organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

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

		N PLANNING									ge <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	<u>rt, His</u>	torical Tr	easures, c	or Othe	er Sin	<u>nilar Asse</u>	<b>ts</b> (contint	ıed)	
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	at are a s	ignifica	nt use of its	collection	items	,
	(check all that apply)										
а	Public exhibition	d	, <u>                                    </u>	Loan or exc	hange progra	ams					
b	Scholarly research	е	, [	Other					— <del></del>		
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how ti	hey further tl	he organızatı	on's exe	mpt pu	irpose in Par	t XIII		
5	During the year, did the organization solicit of					er sımıla	r assets	s _	_		i
	to be sold to raise funds rather than to be m								<u> </u>		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	include	ed	_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table <sup>.</sup>							
									Amount		
С	Beginning balance						10	<u> </u>			
d	Additions during the year						_10	1			
е	Distributions during the year						16	•			
f	Ending balance						11	f	<del></del>		
	Did the organization include an amount on F								」Yes	님	No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete									<del></del> -	
		(a) Current year	(b) F	rior year	(c) Two year	rs dack	(d) Inre	ee years back	(e) Four y	ears b	аск
1a	Beginning of year balance										
b	Contributions										—
С.	Net investment earnings, gains, and losses							-	-		
	Grants or scholarships			<del></del>	<u> </u>						
е	Other expenditures for facilities										
	and programs	·									—
	Administrative expenses End of year balance		_								
g	Provide the estimated percentage of the cur	ront year and halans	l na (lina 1	a column (s	l hold as						
2	Board designated or quasi-endowment	•	%	g, column (e	ij) rielu as						
	Permanent endowment	<u>~~~</u>	_′"								
	Temporarily restricted endowment	%									
·	The percentages on lines 2a, 2b, and 2c sho	<del></del>									
За	Are there endowment funds not in the posse	·	ation tha	at are held a	nd administe	red for t	he orga	nization			
- Ou	by						5-		[·	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I\	√, line 11a S	See Form 990	), Part X,	line 10	1			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumul	ated	(d) Book	value	
		basis (investr	nent)	basis	(other)	der	oreciati	on			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment					_					
e	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)						0.

▶ 0 . Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018	AMERICAN PL	ANNING	ASSOCI	ATION -	WISCO	NSI 51	-0150304	Page 3
Part	VII Investments -	Other Securities.							
		anization answered "Yes"							
(a) De	escription of security or categ	JOTY (including name of security)	<b>(b)</b> Boo	k value	(c) Metho	od of valuatio	n Cost or end	d-of-year market	value
(1) Fin	ancial derivatives						· · · · · · · · · · · · · · · · · · ·		
	sely-held equity interests								
(3) Otl		<u> </u>							
(A)_	MADISON COMM	UNITY		·····				<u> </u>	
(B)_	FOUNDATION		16	<u>59,833.</u>	END-C	F-YEAR	MARKET	VALUE	
(C)									
(D)_		,					_		
<u>(E)</u>									
<u>(F)</u>						<del></del>	_		
(G)						<del></del>			
<u>(H)</u>						··			
	Col (b) must equal Form 990		16	<u>59,833.</u>	<u></u>				
Part	VIII Investments -	•							
		anization answered "Yes"						<del></del>	
	(a) Description of	investment	<b>(b)</b> Boo	k value	(c) Metho	od of valuation	n Cost or end	l-of-year market	value
(1)_				-					
(2)						·			
(3)						·			
(4)_	<u>.</u>	<del></del>							
(5)		· ·	<u> </u>						
(6)									
(7)_									
(8)		_							
(9)									
	Col. (b) must equal Form 990  IX Other Assets.	), Part X, col. (B) line 13.) ▶	L					· · · · · ·	····
Part				David IV June	114 0 5	- 000 D+ V	les 16		
	Complete if the org	anization answered "Yes"	on Form 990 Description	, Part IV, line	11a See Form	1 990, Part X,	line 15	(b) Book va	عاداه
		(a)	Description					(b) BOOK V	alue
(1)									
(2)									
(3)					,				
<u>(4)</u>									
<u>(5)</u>		<del></del>						<del></del>	
<u>(6)</u>									
(7)_									
<u>(8)</u>							-		
<u>(9)</u>	(Caluma (b) must squal E	orm 990, Part X, col (B) line	0.15.1			· · ·			
Part			<del>- 13)</del>						
· art		anızatıon answered "Yes"	on Form 990	Part IV line	11e or 11f Se	e Form 990 I	Part X line 25		
		escription of liability	0111 01111 000		(b) Book value		art X, iiio 20		
<u>1.</u> (1)	Federal income taxes	,			(-,				
	rederal income taxes	· .							
(2)									1
(3)		······································							
<u>(4)</u>									
<u>(5)</u>					<del></del> -				
<u>(6)</u>		· <del></del>			<del></del>				
<u>(7)</u>	•			<del></del>					
(8)				-					
<u>(9)</u>	(Column (h) must asset 5	orm 000 Port V and (D) In-	0.25.1						
		orm 990, Part X, col. (B) line Sitions. In Part XIII, provide		ne footnote to	the organizat	ion's financia	l statemente f	hat reports the	
	•	certain tax positions under							
org	ιαι πεαιτυπ S παυπιτή for Und	zertaiii tax positions under	1 114 40 (ASC	(40) OHECK	HELE II THE TEX	r or rule loom	ote has been	PIOVIDED III PAIL	AIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 AMERICAN PLANNING ASSOCI	<u> ATION - WISCONS:</u>	<u> 51-015030</u>	) <b>4</b> Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С.	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	_2d	_	
e	Add lines 2a through 2d		2e	<del>-</del>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII )	4b		
D	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		iline 4, Part X, line 2, P	art XI,
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2018 Open to Public

Inspection

OMB No 1545-0047

Name of	Name of the organization	PI.ANNTNG	AMERICAN PLANNING ASSOCIATION	TSNOWSTM - I	<b>⊢</b>			Employer identification number 51 – 01 5 0 3 0 4
Part	General Information on Grants and Assistance	nd Assistance			1			100000
1 000	Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
crit	criteria used to award the grants or assistance?	stance?						X Yes No
2 Des	Describe in Part IV the organization's procedures for monitoring the use of	ocedures for moni	toring the use of grant	grant funds in the United States	d States			
Part II	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	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "	Yes" on Form 990, Pa	rt IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	Jed		-	
1 (a)	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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	le line 1 table				•
3 Ent	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					<b>A</b>
LHA Fc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information (Form 990) (2018) AMERICAN PLANNING ASSOCIATION – WISCONSI 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 (d) Amount of non-cash assistance 26 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 832102 11-02-18 Part III

Page 2:

51-0150304

Schedule I (Form 990) (2018)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Name of the organization

AMERICAN PLANNING ASSOCIATION - WISCONSI

Employer identification number 51-0150304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROFESSIONAL PLANNERS IN THE DEVELOPMENT OF VITAL COMMUNITIES BY
ADVOCATING EXCELLENCE IN COMMUNITY PLANNING, PROMOTING EDUCATION AND
CITIZEN EMPOWERMENT, AND PROVIDING THE TOOLS NECESSARY TO EFFECT
POSITIVE CHANGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO EFFECT POSITIVE CHANGE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PRESIDENT'S NATIONAL MEETING SUPPORT, LEGISLATIVE PROGRAM, AND PROGRAM
INITIATIVES
EXPENSES \$ 24,688. INCLUDING GRANTS OF \$ 7,815. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEE HAS THE POWER TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
MEETINGS OF THE BOARD ARE HELD QUARTERLY, IN WHICH THE ORGANZIATION HAS THE
ABILITY TO MONITOR AND ENFORCE COMPLIANCE. THE BOARD FOLLOWS THE CODE SET
BY THE AMERICAN INSTITUTE OF CERTIFIED PLANNERS.

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Name of the organization	AMERÏCAN E	LANNING AS	SSOCIATION	- WISCONSI		dentification number
ALL GOVERNING	DOCUMENTS	AVAILABLE	ONLINE OR	BY REQUEST.	ALL OTHE	R DOCUMENTS
ARE REPORTED !	THROUGH THE	BOARD OF	DIRECTORS	AND REPORTED	TO OUR	UMBRELLA
ORGANIZATION,	AMERICAN E	LANNING AS	SSOCIATION			
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