Form **990**

(Rev January 2020)

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

OMB No 1545-0047

Open to Public Inspection

	Ā	For the 2	019 calen	dar year, or tax year begin	nina		2019, and	endin	a			2 1935 3.
		Check if app		C	9	,				D Employer ide	ntification number	
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		Name o	-	NEENAH, WI 54956	JKIS BEACH I	NOAD						
		Initial r	eturn	NEENAII, WI 34930						920 73	0-3986	
_		Final retu	urn/terminated								_	
		Amend	led return							G Gross receipt	\$ 706,6	96.
		Applica	ation pending	F Name and address of principal	officer RITA UI	RTCH	······································	1	H(a) Is this	a group return for	ubordinates? Yes	X No
		ш	, ,	SAME AS C ABOVE	KIIA OL	MICH			H(b) Are all	subordinates inclu attach a list (see	ded? Yes	No
	$\overline{}$	Tay-even	npt status	X 501(c)(3) 1 501(c) () ◀ (insert no) 4947(a)(1) or	527	، If "No,	" attach a list (see	instructions)	_
	÷	Websit	<u>:</u>	TPS://WILDONES.OF		7 []1517(6			III-a Craun	exemption number	_	
					·					-		
	K		rganization	X Corporation Trust	Association Othe	r	L Year of	tormatio	on 197	9 W State o	f legal domicile WI	
	P,a		Summar						DD OM			
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	ģ			NDSCAPING PRACTIC								<u>UŢ</u> _
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	Governence			ox • if the organization		•	r disposed	of mo	re than 2	1 -	essets	
	9			oting members of the gover			// l.== 1 h.\			3		11
	SS			dependent voting members						4		11
	Activities &	C Tot	al aumhar	of individuals employed in of volunteers (estimate if						5		8
	Ę	7 Tol	al Humber	ed business revenue from F	Part VIII polyma (RECE	IVED	- 1		6 7a		600
	4	/a 100	ai urireiaid	t business revenue irom r	from Form 000 T	C), NHE 12		101			· · · · · · · · · · · · · · · · · · ·	<u>0.</u>
		b Nei	unrelated	business taxable income						7L		<u>0.</u>
		• •			1h) 06 0	MAY 1 5	2020	RS-0	P	rior Year	Current Year	
	<u>o</u>			and grants (Part VIII, line				18		259,973		
	Revenue	9 Pro	ogram serv	rice revenue (Part VIII, line	2g)	OCDE	AL LIT			88,126		
	ě	10 Inv	estment in	ncome (Part VIII, column (A	i), lines 3, 4, and	AUGUE	N, WI		<u> </u>	4,894		<u> 109.</u>
202	•			e (Part VIII, column (A), Iır						81,082	96,1	
				e – add lines 8 through 11			(A), line 12	?)		434,075		
ಯ		13 Gra	ants and si	ımılar amounts paıd (Part I	X, column (A), line	es 1-3)				31,345	26,9	<u>45.</u>
2		14 Ber	nefits paid	to or for members (Part I)	(, column (A), line	4)					1	
APR		15 Sal	laries, othe	er compensation, employee	benefits (Part IX,	column (A),	, lines 5-10)		100,031	104,8	57.
∀	Ses	16a Pro	ofessional :	fundraising fees (Part IX, o	olumn (A), line 11	e)						
\circ	- Le			sing expenses (Part IX, col	• •		7,2	0.2				*17,100
SCANNED	Ä			- · ·		-	- 1,2	02.	\$1-02 TOSE	States Friday	Programme Company	3, 3, 3
2				ses (Part IX, column (A), lir						214,866		
\leq				es Add lines 13-17 (must e		mn (A), line	25)		<u></u>	346,242		
$\ddot{\circ}$		19 Rev	venue less	expenses Subtract line 1	3 from/line 12					87,833.	167,1	<u>.50.</u>
S	9 9									ng of Current Yea		
	sets slan	20 Tot	al assets ((Part X, line 16).	•				1	1,141,226	1,305,5	10.
	Ass	21 Tot	al liabilitie	s (Part X, line 26)						8,465	4,7	82.
	Net	22 Net	t assets or	fund balances Subtract lii	ne 21 from line 20					,132,761	1,300,7	28
	Pa		Signatur	e Block							1 2/300//	<u> </u>
					ra including accompany	una sahadulaa an	d stataments	and to t	ha hast of m	w knowledge and b	oliof it in this possest an	
	comp	olete Declara	ation of prepa	eclare that I have examined this retuirer (other than officer) is based on a	all information of which p	reparer has any	knowledge	anu io i	ne best of it	iy kriowieuge anu o	ener, it is true, correct, ar	10
				O A	≤ 0				·	5/11	12020	
	c:-		Signatu	re of officer	Janxis	<u> </u>			Da	ate T	12020	
	Sig He	jn To	DTC	UADD A CANDEDC		•			mpra	CHDED	,	
	пе	re		HARD A. SANDERS print name and title					TREA	SURER		
				·	Brancola		10-4-	-		[548 [DTIN	
			Print/Type p	reparer's name	Preparer's signature		Date			Check 🛂 ıf	PTIN	
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	Mav	the IRS	discuss th	is return with the preparer				and the state of t	ma nijagadadakaiRWaRA			No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

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c (Code) (Expenses \$	21,234. incli	uding grants of	\$) (R	evenue \$	3	0,433	3.)
NATIONAL H	PUBLIC EDUCATION	N - PRODUCE BE	ROCHURES,	VIDEOS, JO	OURNALS,	AND MAIN	NTAIN :	вотн д	A
WEBSITE AN	ND SOCIAL MEDIA	PRESENCE, ALI	L FOR THE	PURPOSE OF	PROVIDI	NG VALII	DATED		
INFORMATIO	ON FOR MEMBERS	AND THE GENERA	AL PUBLIC	ABOUT THE	RESOURCE	CONSERV	JATION		
BENEFITS (OF USING NATIVE	PLANTS IN NAT	TURAL LAND	SCAPING.					
				- 					
	- -								
d Other program s	services (Describe on S	Schedule O)	SEE SCHE	DULE O					
(Expenses \$	5,877	including grants of	\$	5,302.)(Revenue \$		725.)	

329,077.

4e Total program service expenses

Form 99t (2019) WILD ONES NATURAL LANDSCAPERS, LTD. Part IV Checklist of Required Schedules

<u> </u>			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 (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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 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 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
t	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	11 b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a		Х
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		X
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		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		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 (see instructions)	17		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
2 0 a	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		Х
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Form 990 (2019) WILD ONES NATURAL LANDSCAPERS, LTD. Part IV | Checklist of Required Schedules (continued)

			Yes	No
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 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 Schedule J	23		Х
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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
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 contributions? If 'Yes,' complete Schedule M	30		Х
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		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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
	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	х	
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
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 a 8	_	162	110
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2019) WILD ONES NATURAL LANDSCAPERS, LTD.

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

- 15° E			Yes	No
2.	a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	of the last	7% 7%)	بالدياد المالية
28	ments, filed for the calendar year ending with or within the year covered by this return 2a	8		
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Reference	144	Will the
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
- 1	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 8	a 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		х
ı	b If 'Yes,' enter the name of the foreign country►	\$\$\$\$b	李州岛	12221
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	Man Z. Zelda	X
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,	X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	a 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?	6a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	,	
7	Organizations that may receive deductible contributions under section 170(c).	633		
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	\$25°	整组	1.544
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	\$.X.\$		17:18
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	X
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	,	x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		91-300	
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	Tix de	水纖	兴心
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
ı	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10	Section 501(c)(7) organizations. Enter		1. C.	12 5 \ 25°
ā	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1. 1.	
	Section 501(c)(12) organizations. Enter		Land Control	1
	a Gross income from members or shareholders			
ł	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 8	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2 (2/3)	2-7.3
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1	4.5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45	1	\$ 120°
ā	a 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	2 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	逐渐	泛黑
ŀ	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 13b			
	c Enter the amount of reserves on hand		7.12 17.15	The state of
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	FWF#	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	,	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · · ·	T	
. •	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N	1867	N. W.	100
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X
	If 'Yes,' complete Form 4720, Schedule O	24 (A)		
3AA	TEEA0105L 07/31/19	Form	1 990	(2019)

Form 990 (2019) WILD ONES NATURAL LANDSCAPERS, LTD. 39-1695443 Page 6 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 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 SEE SCH. O of the governing body, or if the governing body delegated broad 1 a 11 authority to an executive committee or similar committee, explain on Schedule O **b** Enter the number of voting members included on line 1a, above, who are independent 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other SEE SCHÉDULE O officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? SEE SCHEDULE Q X Did the organization have members or stockholders? 6 7 a 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? SEE SCHEDULE O X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X 8ь \overline{X} b Each committee with authority to act on behalf of the governing body? 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 on Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 2 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE ŚCHEDULE O Х Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a X **b** Other officers or key employees of the organization SEE SCHEDULE O 15_b 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 16 a Х 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed WΙ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. |X| Upon request X Other (explain on Schedule O) SEE SCH. O Another's website

BAA

the public during the tax year

RICK SANDERS 388 DEREK WAY

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

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39-1695443

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

- 1 a 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

See instructions for the order in which to list the persons above

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

<u> </u>	T	(C)					Trent diffeer, direct	· · · · · · · · · · · · · · · · · · ·		
(A) Name and title	(B) Average hours per	l tha	n one s both	box, an o	unles fficer truste		ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELAINE KRIZENESKY NATIONAL OFFICE DIRECTOR	- <u>50</u> -				Х			50,000.	0.	. 0.
(2) JANICE S. HAND DIRECTOR	$-\frac{24}{0}$	х						0.	0.	0.
(3) RITA ULRICH PRESIDENT	$-\frac{20}{0}$	X		Х				0.	0.	0.
(4) SUSAN HALL SECRETARY	4	х		Х				0.	0.	0.
(5) RICK SANDERS TREASURER	_ 35 _	X		Х				0.	0.	0.
(6) MARTI AGLER DIRECTOR	6	X		**		-		0.	0.	0.
7) ELLEN FOLTS DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(8) DENISE GEHRING VICE PRESIDENT	$-\frac{10}{0}$	X		х				0.	0.	0.
(9) MATTHEW ROSS DIRECTOR	- 4 - 0	X		Λ				0.	0.	0.
(10) KAREN SYVERSON DIRECTOR	- 4 - 0	X						0.	0.	0.
(11) PAM TODD DIRECTOR		X						0.	0.	0.
(12) SALLY WENCEL DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(13)	0	^			х			0.	0.	0.
(14)								0.	0.	<u> </u>

Page 8

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	En	nplo	oye	es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
	(B)			((()							,
· (A)	Average hours	(do	not o	check	sition more	e than is bot	one h an	(D)	(E)		(F)	
Name and title	per	offi	cer a	nd a	direct	or/trus	itee)	Reportable compensation from	Reportable compensation from	Estima	ted amo	ount
		or d	쟓	Officer	€ @	Highest co employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comper the or	isation t ganizati	ion
	for related	or director	틓	œ	Key employee	loyer	ਜੂ				related nization	
	tions	2 2	ᆵ		ğ) omp						
	below dotted line)	Stee	nstitutional trustee		ື	Highest compensated employee						
	illie,		6			<u>g</u>	1					
<u>(15)</u>												
<u>(16)</u>		-										-
(17)									-			
(18)												
<u>(19)</u>		ļ										
(20)		\vdash	╁		-	\vdash	<u> </u>					
						l						
(21)												
(22)												
(23)												
(24)												
(25)		•										
1 b Subtotal		J					-	50,000.	0.	!		0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)							>	50,000.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve)	who	rece	ıved	more than \$100,00	00 of reportable comp	ensation	1	
from the organization • 0											Vac	No
2.5.11		1				,	l l				Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, truste ch individu	ee, ki ial	еу е	mpi	oye	e, or	nıgı	nest compensated	i employee	3		Х
4 For any individual listed on line 1a, is the sum o	f reportab	le co	mpe	ensa	ation	and	l oth	ner compensation	from			
the organization and related organizations greate such individual	er than \$1	50,0	د,00	If "	Yes,	' con	nple	te Schedule J for		4		Х
5 Did any person listed on line 1a receive or accru	ie comper	nsatio	on fr	rom	any	unre	elate	ed organization or	ındıvıdual			
for services rendered to the organization? If 'Yes	s,' comple	te S	ched	dule	J fo	or su	ch p	person		5		X
Section B. Independent Contractors 1 Complete this table for your five highest comper	sated ind	enen	den	t co	ntra	ctors	tha	at received more t	han \$100,000 of			
compensation from the organization Report comper	sation for	the c	aler	ndar	yea	end	ing v	with or within the or	rganization's tax year			
(A) Name and business address (B) Description of services							of services	Compe	;) nsatio	ın		
								 				
2 Total number of independent contractors (including	but not lim	ited t	o th	ose	liste	d abo	ove)	who received more	e than			•
\$100,000 of compensation from the organization							•					
DAA		TEEA								Eorm	000	(2010)

		Check if Schedule O contains	a res	sponse or note to an	ny line in this Part V	'IIL -		
		, , ,		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns	1:	4,830.	Lard Which & Landon is bounded			
Contributions, Gifts, Grants and Other Similar Amounts	i .	Membership dues	11					
جَ جَ		Fundraising events	10					
fts,		Related organizations	10	 				
<u> </u>		Government grants (contributions)	10	 				
Sin		All other contributions, gifts, grants, and		•				
if e		similar amounts not included above	11	140,932.				
들	g	Noncash contributions included in						
ig Si		lines 1a-1f	19	3				
<u>8</u> 8	h	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	325,515.			
JE .	-	•		Business Code	arta dring dring to said finding that is an under the		ស្តីប៉ុស្តែទាំកាព្តិពីប្រើប្រើស្តីពីប្រើប្រើប្រើប្រើប្រើប្រើប្រើប្រើប្រើប្រើ	walinging grand and the second second
ಪ ≳	2 a	EDU_CONF, EVENTS, & PUBS		611710	94,728.	94,728.		
Program Service Revenue	b							
Ž.	C	· 	<u></u>					
Şe	d		- - -				e	`
Ë	e							
. ģ	f	All other program service reven	ue	L	<u></u>			
₫.	g	Total. Add lines 2a-2f		•	94,728.		新疆的是1.344 多	A CANADA
	3	Investment income (including divid	lends,	interest, and				
		other similar amounts)			9,009.	,		- 9,009.
	4	Income from investment of tax-	exem	pt bond proceeds	•			
	5	Royalties		····	Marin alka ika a iba a basa a ka			**
			Real	(II) Personal				
		Gross rents 6a						
	ı	Less rental expenses 6b				ipazostatisky		
	C	Rental income or (loss) 6c					A MANAGEMEN	
	d	Net rental income or (loss)		•	•			
	7 a	Gross amount-from (i) Sec	urities	(ii) Other				\$7986000007
		sales of assets						
	Ь	other than inventory Less cost or other basis						
•	~	and sales expenses 7b						
	C	Gain or (loss). 7c	•					
	d	Net gain or (loss)		•				-
. 40	8a	Gross income from fundraising events	-	~ 1		orboth for a Life Harar Reaction of Albertaini		
쿹		(not including \$,				
Š		of contributions reported on line 1c)						
Other Revenu		See Part IV, line 18	L	8a 268,064.				
Ē	b	Less direct expenses		8b 176,502				
₹	C	Net income or (loss) from fundra	aising	events 📜 🟲	91,562.	We want the		91,562.
	9a	Gross income from gaming activities		,				T0770/47-087
		See Part IV, line 19		9a				
	ь	Less direct expenses	Ľ	9 Ь				
	С	Net income or (loss) from gamin	ng act	ivities				
	10a	Gross sales of inventory, less	ſ					
-	1	Gross sales of inventory, less returns and allowances	þ	0 a 8,777.				
	b	Less cost of goods sold	· [i	0b 4,828.				
	_ c	Net income or (loss) from sales	of in		3,949.	3,949.		
10				Business Code	was modern and the contraction of the contraction o		ing of the state o	
Miscellaneous Revenue	11 a	MISCELLANEOUS		900099	603.	603.		
scellaneo Revenue	Ь							
₩₹	С							
ည္ပၽ	d	All other revenue.						
Σ	е	Total. Add lines 11a-11d			603.			
-	12	Total revenue. See instructions		-		99,280.	0.	100,571.

Part X Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All o		omplete column (Λ)							
	Check if Schedule O contains a response or note to any line in this Part IX										
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	26,945.	26,945.								
2	Grants and other assistance to domestic individuals See Part IV, line 22.	=3,555									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors,										
6	trustees, and key employees Compensation not included above to	49,058.	39,246.	7,359.	2,453.						
,	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	. 0.	0.	0.	0.						
7	Other salaries and wages	45,026.	36,021.	6,754.	2,251.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,472.	1,178.	221.	73.						
9	Other employee benefits	1,828.	1,462.	₌ 275.	. 91.						
10	Payroll taxes	7,473.	5,978.	1,121.	374.						
11	Fees for services (nonemployees)										
ā	a Management				<u> </u>						
t	Legal ·	1,629.	1,303.	245.	81.						
(Accounting	847.	678.	127.	42.						
•	d Lobbying										
•	Professional fundraising services See Part IV, line 17										
	Investment management fees										
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	826.	661.	124.	41.						
13	Office expenses	3,764.	3,011.	565.	188.						
14	Information technology	6,239.	4,991.	936.	312.						
15	Royalties										
16	Occupancy -	7,546.	6,037.	1,132.	377.						
17	Travel	392.	314.	59.	19.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			•							
19 20	Conferences, conventions, and meetings Interest	235.	188.	. 35.	12.						
21	Payments to affiliates	12,694.	10,155.	1,904.	635.						
22	Depreciation, depletion, and amortization										
23	Insurance	5,883.	4,706.	883.	294.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses										
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)										
á	EDU_CONF,EVENTS,W/S,PUBS	151,215.	151,215.								
	COSTS TO SUPPORT PSR ACTIVITY	14,744.	14,744.								
	COSTS TO RAISE MEMBERSHIP	12,507.	12,507.								
	COSTS TO RAISE DONATIONS	7,114.	7,114.								
	All other expenses	779.	623.	117.	39.						
25	Total functional expenses Add lines 1 through 24e	358,216.	329,077.	21,857.	7,282.						
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)		·								

Pâ	ırt X	Balance Sheet	·			
		Check if Schedule O contains a response or note t	o any line in this Part X		1	
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	·	277.	1	470.
	2	Savings and temporary cash investments		573,669.	2	745,059.
	3	Pledges and grants receivable, net			3	
•	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ıl contributor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net	,,,,,		7	
Ø	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
As		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 643,263.			
	b	Less accumulated depreciation	10b 125, 281.	526,893.	10 c	517,982.
	11	Investments - publicly traded securities		40,386.	11	41,999.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		5, ,	14	
	15	Other assets See Part IV, line 11		1.	15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,141,226.	16	1,305,510.
	17	Accounts payable and accrued expenses	3,365.	17	4,682.	
	18	Grants payable			18	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contrib controlled entity or family member of any of these pe	utor, or 35%	100.	22 22	100.
	23	Secured mortgages and notes payable to unrelated the		100.	23	100.
	24	Unsecured notes and loans payable to unrelated third	'	5,000.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	3,000.	25	
	26	Total liabilities. Add lines 17 through 25		8,465.	26	4,782.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► _ X			
<u>a</u>	27	Net assets without donor restrictions	,	930,735.	27	1,097,083.
Ba	28	Net assets with donor restrictions	•	202,026.	28	203,645.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds	÷	A WAR WAS COME AS SHARE DELICA COMPANIES OF THE COMPANIES	29	
ş	30	Paid-in or capital surplus, or land, building, or equipr	nent fund		30	
88	31	Retained earnings, endowment, accumulated income			31	
Ϋ́	32	Total net assets or fund balances	, .	1,132,761.	32	1,300,728.
Ž	33	Total liabilities and net assets/fund balances		1,141,226	33	1,305,720.

Forn	990 (2019) WILD ONES NATURAL LANDSCAPERS, LTD.	39-1695	443	P;	age 12
Par	t XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	25,	366.
2	Total expenses (must equal Part IX, column (A), line 25)	2			216.
3	Revenue less expenses Subtract line 2 from line 1	3			150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			761.
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 on Schedule O) SEE SCHEDULE O	9			817.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1.3		728.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev	newed on a			
	separate basis, consolidated basis, or both	newed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ŧ	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	eparate			
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		<u> </u>
•	of tyes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2¢		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		Х
ŧ	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form	990	(2019)

BAA

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

2019

Open to Public

Name of the organization					Employer identific	ation number
WILD ONES NATURAL LANDSO		· <u> </u>			39-169544	
Part Reason for Public Cha						tions.
The organization is not a private found	•			-		(A')
1 A church, convention of church	•			,,,,,,,	(i).	
2 A school described in section 1					(
3 A hospital or a cooperative h	-					
4 A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	:tion 1 70(b)(1)(A)(iii)	Inter the hospital's
name, city, and state			. .			
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle implete Part II)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6 A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	•
7 An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pu	blic described
8 A community trust described	ın section 170(b)(1)(A)(vi). (Complete Part I	1)			
9 An agricultural research organi or university or a non-land-grai						
university		. ,		-, - ,,	'	
An organization that normally refrom activities related to its convextment income and unreguene 30, 1975 See section!	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ns, and	(2) no i	more than 33-1/3% of a	its support from gross
11 An organization organized a		•	ety See	section	1 509(a)(4).	•
12 An organization organized a	•	•	•		` ` ` `	ut the nurnoses of one
or more publicly supported o	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a))(2). See section 509(a	(3). Check the box in
a Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganızat itees of t	ion(s), typically by giving the supporting organizati	the supported on. You must
b Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or tion(s). You
Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar	nd function	onally integrated with, its	supported
d Type III non-functionally integ	rated. A sunnorting org	anization operated in cor	nection	with its s	supported organization(s) that is not
functionally integrated The constructions) You must com						
e Check this box if the organiz integrated, or Type III non-fu				that it is	затурет, туретт, тур	e ili functionally
f Enter the number of supported	organizations	,, ,				
g Provide the following information						
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) l organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(A)						
(B)				_		
(C)						
(D)						
(E)						
Total						

Par	Complete only if you checked organization fails to qualify	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un	nd 170(b)(1)(A) oder Part III If the	(vi)
Sec	tion A. Public Support			<u> </u>	<u>-:</u>		
Cale	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	. (e) 2019	(f) Total
1 \	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants')	203,538.	210,193.	270,480.	259,973.	325,515.	1,269,699.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		•				. 0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.	,				•	0.
4	Total. Add lines through 3	203,538.	210,193.	270,480.	259,973.	325,515.	1,269,699.
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)				Section of the sectio		
6	Public support. Subtract line 5 from line 4						1,269,699.
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	ı · · · · · · · · · · · · · · · · · · ·	,		
Cale begi	ndar year (or fiscal year nning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	203,538.	210,193.	270,480.	259,973.	325,515.	1,269,699.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	427.	620.	2,728.	4,893.	9,009.	17,677.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5,212.	136.	2,7201	1,0301	3,003.	5,348.
⁻ 10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,511.	. 531.	. 722.	756.	603.	14,123.
: 11	Total support. Add lines 7 through 10						1,306,847.
12	Gross receipts from related activ					12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	urd, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	Percentage			•	
	Public support percentage for 20 Public support percentage from	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14 15	97.16 % 96.36 %
16a	33-1/3% support test—2019. If t and stop here. The organization				d line 14 is 33-1%	3% or more, check	
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did i qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	-
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box-and stop he	re. Explain in Part	VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	15 is 10% VI how the

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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)

	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Gifts, grants, contributions, and membership fees						
	received (Do not include		_				
_	any 'unusual grants ')	203,538.	210,193.	270,480.	<u>259,973.</u>	325,515.	1,269,699.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is					İ	
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities						<u> </u>
-	that are not an unrelated trade						
	or business under section 513				· · · · · · · · · · · · · · · · · · ·		0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on			•			
	its behalf			ľ			0.
5	The value of services or facilities furnished by a						
	governmental unit to the			1			
	organization without charge						0.
	Total. Add lines 1 through 5	203,538.	210,193.	270,480.	259,973.	325,515.	1,269,699.
7 a	Amounts included on lines 1, 2, and 3 received from	T	Т				
	disqualified persons	0.	0.	0.	0.	0.	0.
ь	Amounts included on lines 2		···	· · ·		<u> </u>	<u>.</u>
_	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						-
	1% of the amount on line 13	1					
	for the year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6)		, %	., .,		,	1,269,699.
Sec	tion B. Total Support	·······	······				
Calend	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	203,538.	210,193.	270,480.	259,973.	325,515.	1,269,699.
	Gross income from interest, dividends,	200,000.	220,230.		200,0.01	020,0101	2,205,055.
	payments received on securities loans,						
	rents, royalties, and income from similar sources	427.	620.	2,728.	4,893.	9,009.	17,677.
b	Unrelated business taxable	421.	020.	2,720.	4,093.	9,009.	11,011.
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975.					į	0
	Add lines 10a and 10b	427.	620.	2,728.	4,893.	9,009.	17,677.
	Net income from unrelated business	721.	020.	2,720.	4,000.	2,002.	11,011.
•	activities not included in line 10b,					ļ	
	whether or not the business is regularly carried on	5,212.	136.	İ		İ	5,348.
12	Other income Do not include	3,414.	130.				3,340.
	gain or loss from the sale of		1	İ			
	capital assets (Explain in Part VI) SEE PART VI	11,511.	531.	722.	756.	603.	14,123.
13	Total support. (Add lines 9,						
	10c, 11, and 12)	220,688.	211,480.	273,930.	265,622.	335,127.	1,306,847.
14	First five years. If the Form 990 organization, check this box and	ıs for the organıza stop here	tion's first, second	d, third, fourth, oi	r fifth tax year as	a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pul	-	ercentage	····			
	Public support percentage for 20	<u> </u>		e 13, column (f))	1	15	97.16 %
	Public support percentage from 2					16	98.07 %
	tion D. Computation of Inv						
	Investment income percentage for			d by line 13. colu	ımn (f))	17	1.35 %
	Investment income percentage fi			-	.,,	18	0.68 %
	33-1/3% support tests—2019. If t				d line 15 is more	<u> </u>	
, <i>J</i> a	is not more than 33-1/3%, check						
b	33-1/3% support tests-2018. If t						-1/3%, and
20	Ine 18 is not more than 33-1/3% Private foundation. If the organization		=	-			IIIZALIOII
۷.	r invate rountation. If the organiz	Lation ald not cite	A DOX ON HITE I	-, 130, UL 130, U	TOUR WITS DUX ATTU	See matructions	

Part IV 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

- 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 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)? 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)

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	10b		

Pa	TtilV Supporting Organizations (continued)			
	Her the average ten accorded a set of control to the following paragraph.	7000 #_#O	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c 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.	11c		
<u>Se</u>	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Se	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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	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	The state of the s	
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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction 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 year (see instructions).			
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
			4 \	
	c The organization supported a governmental entity	instruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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	2 b		
3	Parent of Supported Organizations Answer (a) and (b) below.			150
	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		<u> </u>
	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A — Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 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 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B — Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B. line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year MG - BATTE STATE Distributable Amount. Subtract line 5 from line 4 unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions) BAA

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 WILD ONES NATURAL L	ANDSCAPERS, LTD.	39-16	- 95443 Page 7
Par	t:V. Type III Non-Functionally Integrated 509(a)(3) S			
	tion D — Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pr			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations		
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
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 organization Part VI) See instructions	tion is responsive (provide	details	-, -
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2019	(iii) Dıstributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	基本的基本的		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		7 4:600	
b	From 2015 , , ,	The Latest Court of the order of the property of the contract of the court of the c	an migratur dar die principale and minimizacination	
c	From 2016			
d	From 2017	PART SERVING		
е	From 2018			
1	Total of lines 3a through e			MATERIAL SERVICES
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	,		
	Distributions for 2019 from Section D, line 7. \$			
а	Applied to underdistributions of prior years			PARTY AND THE PROPERTY OF THE PARTY OF THE P

6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions

5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

	Excess distributions carryover to	2020. Add lines 3) and 40
8	Breakdown of line 7	e .

b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

a Excess from 2015 **b** Excess from 2016

c Excess from 2017

d Excess from 2018. e Excess from 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2019		2018		2017	_	2016		2015
MISC	ral :	\$ 603. \$ 603.	<u>\$</u>	756. 756.	<u>\$</u> \$	722. 722.	\$ \$	531. 531.	\$ \$	11,511. 11,511.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 2019

Open to Public Inspection

Employer identification number

	WILD ONES NATURAL LANDSCAPE		39-1695443
Par	t Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, line	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 dor are the organization's property, subject to the		lonor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any othe	ids can be used only r purpose conferring Yes No
Par	t II Conservation Easements.		
ļ	Complete if the organization answ	wered 'Yes' on Form 990, Part IV, line	e 7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	X Preservation of land for public use (for exami		tion of a historically important land area
	X Protection of natural habitat	Preserval	tion of a certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the for	rm of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
2	Total number of conservation easements		2a 1
	Total acreage restricted by conservation ease	ments	2b 11
	: Number of conservation easements on a certif		2c
,	Number of conservation easements included in	n (c) acquired after 7/25/06, and not on a histo	oric
	structure listed in the National Register		2 d
3	Number of conservation easements modified, trantax year ►	isferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located >	<u>1</u>
5	Does the organization have a written policy re and enforcement of the conservation easemer		andling of violations, X Yes No
6	Staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring, the staff and volunteer hours devoted to monitoring and the staff a	nspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspersely. \$ 835.	ecting, handling of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements SEE PART XI	to the organization's financial statements that	nd expense statement and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, on wered 'Yes' on Form 990, Part IV, line	r Other Similar Assets. e 8.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide in
ŧ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	FASB ASC 958, to report in its revenue state or public exhibition, education, or research in furth	ment and balance sheet works of art, lerance of public service, provide the
	(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, hamounts required to be reported under FASB	nistorical treasures, or other similar assets for fina ASC 958 relating to these items	ncial gain, provide the following
a	Revenue included on Form 990, Part VIII, line	1	* \$
t	Assets included in Form 990, Part X		► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Stem the organization's accusation, accession, and other records, check any of the following that make significant use of its collection states (check all that apply)	Schedule D (Form 990) 2019 WILD Part III Organizations Mainta				39-16		Page 2
a Public exhibition d Loan or exchange program c Dither			· · · · · · · · · · · · · · · · · · ·			<u></u>	ueu)
b Scholarly research c Other	items (check all that apply)	i, accession, and othe	er records, check a	iny of the following that r	make significant use of its	s collection	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempl purpose in Port XII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No 5 During the year, did the organization and to be maintained as part of the organization's collection? Part IV Ecrow and Custodial Arrangements. Complete of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No 5 bit 'Yes', explain the arrangement in Part XIII and complete the following table 1 c	a Public exhibition		d Loan	or exchange program			
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d Equipment 12,899. 11,269. 1,630. e Other 700. 700.	•	 		200,004.	111,012.	143	,
e Other 700. 700.		 		12 299	11 269	1	630
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •				11,209.	 	
		nn (d) must equal Fo	orm 990, Part X.		•	517	

BAA

Schedule D (Form 990) 2019

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		, Canal	· · · · · · · · · · · · · · · · · · ·
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered), Part IV, line 11c. See Form 9	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			•
(6)			
<u>(7)</u> (8)			
(9)			
(10)			····
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets.	N/A		
Complete if the organization answered), Part IV, line 11d. See Form 9	
(1)	scription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15)	•	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Fo		e or 11f. See Form 990, Part X, line 25.	
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes (2)			
(3)	_		
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)	- i ·		
(6)			
(7)			
(8)			·
(9) (10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	 		
Town (Solution (D) must equal Form 330, Fart A, Column (D) mic 23)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	itnote to the organization's fin	nancial statements that reports the organization's	Liability for uncertain

Schedule D (Form 990) 2019 WILD ONES NATURAL LANDSCAPERS,	LTD.	39-169544	3 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12	2a.	
1 Total revenue, gains, and other support per audited financial statements		1	<u>525, 366</u> .
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants .	2 c	-	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	L	2e	
3 Subtract line 2e from line 1		3	525,366
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			/
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b	,	
c Add lines 4a and 4b	L := I	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12)	5	525,366
Part XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form	atements With Expe	•	· · ·
1 Total expenses and losses per audited financial statements		1	358,216.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	1 "	
h Prior year adjustments .	2 h	i di notetito pi	
c Other losses	2 c	Ransement	
d Other (Describe in Part XIII)	2 d		

Part XIII Supplemental Information.

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII.)

c Add lines 4a and 4b.

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

2е

3

4 c

5

358,216.

358,216.

PART II, LINE 5 - SUMMARIZED POLICY

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

THE PRAIRIE, MARSH AREA, AND TURTLE BREEDING HABITAT ARE PART OF WILD ONES LIVING SHOWCASE OF THE NATURAL ENVIRONMENT.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

WE TRACK PRAIRIE MAINTENANCE EXPENSES

BAA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545 0047

2019

Open to Public Inspection

Name of the organization Employer identification number 39-1695443 WILD ONES NATURAL LANDSCAPERS, LTD. Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b c X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No Yes **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes 1 2 3 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		G (Form 990 or 990-EZ) 2019 WILD O			39-169	
Par	<u>† </u>	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	nswered 'Yes' on Fo	orm 990, Part IV, II	ne 18, or reported
		List events with gross receipts gr	eater than \$5,000.	s and gross income	5 OH 1 OHH 550-LZ,	mies i and ob.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
_			PLANT SALES, G		NONE	(add column (a) through column (c))
R E			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	268,064.			268,064.
Ē	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	268,064.			268,064.
	4	Cash prizes				
n	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X	8	Entertainment				
EXPENSES	9	Other direct expenses	176,502.			176,502.
S	10	Direct expense summary Add lines 4 thi			•	176,502.
.	11	Net income summary Subtract line 10 fr			•	91,562.
Pai	τ !!!	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered Yes	s' on Form 990, Pa	rt IV, line 19, or re	ported more than
		\$10,000 07.1 01.1 330 EE, 11110 00	· 	(b) Pull tabs/instant		(d) Total gaming
R E			(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
Ĕ				bingo		through column (c))
REVENUE						
	1	Gross revenue				
	,	Cash prizes				
D X	1	Gash prizes				
DIRECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	
		•				
	8	Net gaming income summary Subtract I	ine / from tine 1, colum	iii (u)		· · · · · · · · · · · · · · · · · · ·
9	Ente	er the state(s) in which the organization co	onducts gaming activitie	es		
		he organization licensed to conduct gamin	g activities in each of th	nese states?		Yes No
١	b If 'N	No,' explain				
		re any of the organization's gaming license	es revoked, suspended,	or terminated during th	ne tax year?	Yes No
ı	bolf 'Y	es,' explain				
BAA			TEEA3702L 0	8/19/19	Schedule G (For	m 990 or 990-EZ) 2019
	-		, Lartor VILL V			

Sche	edule'G (Form 990 or 990-EZ) 2019 WILD ONES NATURAL LANDSCAPERS, LTD.	39-169544	3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	l to	Yes	No
13	Indicate the percentage of gaming activity conducted in			
	a The organization's facility	13a		%
	a An outside facility	13Ь		
	Enter the name and address of the person who prepares the organization's gaming/special events books and rec			
	Name •	. 		
	Address •	 -		
t	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of the third party servenue received by the organization servenue are of gaming revenue retained by the third party servenue retained by the third party		Yes	No
	Name •			
	Address ►			
16	Gaming manager information			
	Name •		-	
	Gaming manager compensation \$	•		
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			-
a	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	ne _		٦
	state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	Yes _	No
	organization's own exempt activities during the tax year > \$	(III (III e		
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (III)	and (v);	
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	any additiona	31	
	PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION			
	TO RAISE FUNDS TO SUPPORT OUR ONGOING NATURAL ENVIRONMENT EDUCATION	N MISSION		
		C (F ^^) 000 T	70 2010
BAA	TEEA3703L 08/19/19 Sched	lule G (Form 990	or 990-E	4) 40 9

BAA

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

WILD ONES NATURAL LANDSCAPERS. LTD

Employer identification number

39-1695443

FORM 990 - ADDITIONAL DBAS

WILD ONES

WILD ONES: NATIVE PLANTS, NATURAL LANDSCAPES

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SEEDS FOR EDUCATION: PROVIDE GRANTS TO QUALIFIED SCHOOLS, AND LOCAL COMMUNITY
ORGANIZATIONS, THAT SUBMIT PLANS, STAND JUDGING, AND WIN APPROVAL TO USE NATIVE
PLANTINGS TO IMPROVE THE NATURAL ENVIRONMENT, BENEFIT SOIL STRUCTURE, ENHANCE PLANT
COMMUNITIES, INCREASE NATIVE POLLINATORS, SUPPORT NATIVE FAUNA, IMPROVE AIR QUALITY
AND EXPAND WATER SHEDS.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

COMMITTIEES, IN GENERAL -- THE BOARD MAY CREATE SUCH COMMITTEES AS IT DEEMS
APPROPRIATE AND DELEGATE TO SUCH COMMITTEE SUCH AUTHORITY AS THE BOARD DEEMS
APPROPRIATE. COMMITTEES MUST CONTAIN AT LEAST THREE DIRECTORS OF THE ORGANIZATION.
NONDIRECTORS MAY SERVE ON SUCH COMMITTEES. COMMITTEES MAY BE DISSOLVED BY THE BOARD.
EXECUTIVE COMMITTEE -- MANAGEMENT OF THE AFFAIRS OF THE CORPORATION, WHEN IT IS NOT
IN SESSION, SHALL BE VESTED IN AN EXECUTIVE COMMITTEE WHICH SHALL BE CONSTITUTED AS
FOLLOWS: PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, AND IMMEDIATE PAST
PRESIDENT. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND
SHALL EXERCISE ALL OF THE POWERS OF THE BOARD EXCEPT THE POWER TO AMEND THESE BYLAWS
AND TO ELECT NEW BOARD MEMBERS. THE EXECUTIVE COMMITTEE SHALL PURSUE SUCH
OBJECTIVES, POLICIES AND PROGRAMS AS SHALL BE IN ACCORDANCE WITH THE EXPRESSED
INSTRUCTIONS OF THE BOARD AND WITHIN THE PROVISIONS OF THESE BYLAWS. THE EXECUTIVE
DIRECTOR AND CORPORATE COUNSEL MAY BE EX-OFFICIO MEMBERS OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS

PRESIDENT IS THE TIE-BREAKER

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

A DIRECTOR AND THE TREASURER ARE MARRIED. EXECUTIVE COMMITTEE AND BOARD REVIEW AND APPROVE ALL MAJOR FINANCIAL TRANSACTIONS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

WILD ONES HAS 4600 MEMBERS IN 58 CHAPTERS ACROSS THE UNITED STATES

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

EVERY OTHER EVEN YEAR, THE MEMBERS SHALL ELECT ONE MORE OR ONE LESS THAN HALF, ALTERNATELY, OF THE DIRECTORS OF THE BOARD OF DIRECTORS. EACH MEMBERSHIP SHALL BE ENTITLED TO ONE VOTE IN EACH MATTER SUBMITTED TO VOTE AT A MEETING OF MEMBERS. FOR ELECTION OF DIRECTORS, BALLOTS SHALL BE MAILED OR SENT ELECTRONICALLY TO EACH MEMBER NO LATER THAN 45 DAYS PRIOR TO THE ANNUAL MEMBERSHIP MEETING OF THE YEAR OF ELECTION AND SHALL BE RETURNED NO LATER THAN TWO WEEKS PRIOR TO THE ANNUAL MEMBERSHIP MEETING OF THAT SAME YEAR. BALLOTS POSTMARKED OR ENTERED ELECTRONICALLY LATER SHALL NOT BE COUNTED. THE DATES MAY BE CHANGED AS DETERMINED BY THE BOARD OF DIRECTORS. THE SECRETARY OR DESIGNATED AGENT SHALL COUNT THE VOTES AND ANNOUNCE THE RESULTS TO THE DIRECTORS NO LATER THAN ONE WEEK PRIOR TO THE ANNUAL MEETING. IN CASE OF A TIE, THE SECRETARY SHALL DETERMINE THE WINNER BY LOT. OFFICERS -- ANNUALLY, THE BOARD ELECTS THE OFFICERS OF THE CORPORATION PRESIDENT, VICE PRESIDENT, SECRETARY, AND TREASURER.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD IS PROVIDED WITH MONTHLY FINANCIAL REPORTS. THE 990, YEAR-END FINANCIALS, AND ALL SUPPORTING DOCUMENTS, WORKSHEETS, AND REFERENCES ARE PUT ON THE WILD ONES WEBSITE IN A PROTECTED FOLDER. INTERNAL AUDITORS FROM THE FINANCE COMMITTEE REVIEW THE DOCUMENTS, PROVIDE SUGGESTED CHANGES, AND RECOMMEND FORWARDING THE 990 AND KEY SUPPORTING DOCUMENTS TO THE BOARD. THE BOARD REVIEWS THE DOCUMENTS AND ARE THEN REQUIRED TO SIGN AN AFFIDAVIT EXPRESSING THEY HAVE REVIEWED THE 990 AND IT IS READY

Employer identification number

39-1695443

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

FOR SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER AND EMPLOYEE IS REQUIRED TO SIGN AN AFFIRMATION ANNUALLY THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY, THAT THEY HAVE COMPLIED WITH THE GUIDELINES, AND THERE THERE HAVE BEEN NO EXCEPTIONS DURING THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
FOR THE EXECUTIVE DIRECTOR, A SEARCH COMMITTEE IS FORMED. A JOB DESCRIPTION,
POSITION REQUIREMENTS, AND EXPECTATIONS ARE UPDATED TO MEET CURRENT NEEDS.

COMPARATIVE EARNINGS ARE EVALUATED. RESPONDING CANDIDATES ARE EVALUATED AGAINST THE
SEARCH CRITERIA, AND THOSE THAT QUALIFY ARE SO NOTED. THE MEMBERS OF THE EXECUTIVE
COMMITTEE INTERVIEW AND RATE CANDIDATES. FINALISTS ARE REVIEWED, REFERENCES CHECKED,
THE TOP THREE CANDIDATES ARE PRESENTED TO THE FULL BOARD WITH RECOMMENDATIONS FROM

THE SELECTION COMMITTEE, AND EXECUTIVE COMMITTEE. THE BOARD MAKES THE FINAL DECISION

ON OFFERS, SALARY, BENEFITS, AND ANY OTHER WORK CONSIDERATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR STAFF HIRING AND PAY DETERMINATION. SHOULD

THE PROPOSED PAY EXCEED THE BUDGET OR THE PROPOSED BENEFITS BE DIFFERENT THAN THE

EMPLOYEE MANUAL, THE EXECUTIVE DIRECTOR WILL BRING RECOMMENDATIONS TO THE EXECUTIVE

COMMITTEE FOR APPROVAL OF ADDITIONAL FUNDS OR BENEFITS.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC ON REQUEST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, OFFICIAL CORPORATE DOCUMENTS, MONTHLY FINANCIAL STATEMENTS, ALL

POLICIES AND PROCEDURES, CHAPTER GUIDEBOOKS, BOARD GUIDEBOOKS, CHAPTER-WIDE

COMMUNICATIONS, AND ALL KEY INFORMATIONAL DOCUMENTS ARE MADE AVAILABLE TO ALL

MEMBERS THROUGH A PASSWORD-PROTECTED SECTION OF OUR WEBSITE.

Schedule Q (Form 990 or 990-EZ) (2019)					
Name of the organization	Employer identification number	,			
WILD ONES NATURAL LANDSCAPERS, LTD.	39-1695443				
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES					
CORRECT VANGUARD INVESTMENTS TO COST RESTATE CHAPTER ASSETS BASED ON ACTUALS PROVIDED BY CHAPTERS ROUNDING	\$	129. 686. 2.			
	TOTAL \$	817.			