Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Α	For the	2018 cal	endar year, or tax year beginning	JUN 01, 2018	, and e	nding MAY 31,	2019	
В	Check if	applicable:	C Name of organization WESTERN 1	RESOURCES FOR INDI	EPEND	D Employe	r identificatio	n number
\square	Address	change	Doing business as					
一.			Number and street (or P.O. box if mail is no	ot delivered to street address) R	oom/suite	46-0401	091	
닏'	Name ch	ange	529 KANSAS CITY STREET			E Telephon	e number	
ا∐ا	nitial retu	urn	City or town	State Z	IP code	605-718-	_1022	
П	inal return	/terminated	RAPID CITY SD 57701-				-1933	
_			Foreign country name Foreign	province/state/county Fe	oreign postal			
Ш,	Amended	d return				G Gross red	ceipts \$	830377.
	Application	on pending	F Name and address of principal officer: CO	OI ERICKSON		H(a) Is this a group return	for subordinates	? Yes X No
			4217 SWEETBRIA RAPID CIT	Y SD 57703-		H(b) Are all subordina	tes included?	Yes No
	av-evem	npt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	527	If "No," attach a I		uctions)
		•		(III3eIt 110.) 4947 (a)(1) 01			•	,
JV	vebsite	: ► WRI				H(c) Group exemption	number -	
		rganization:	X Corporation Trust Associa	ation Other >	L Yea	ar of formation:	M State o	of legal domicile:
P	art I	Sui	mmary					
	1	Briefly d	escribe the organization's mission or	most significant activities	S: PROV	VIDING SERVI	CES TO F	HANDICAPP
20		BLIND	AND SEVERELY VISUALLY	MPAIRED INDIVIDUA	ALS TO	ENABLE THEM	TO	
Governance		LIVE A	AS INDEPENDENTLY AS POSSI	BLE				
Ve.	2	Check tl	nis box 🕨 if the organization dis	continued its operations of	or disposed	d of more than 25°	% of its net	assets.
တိ	3		of voting members of the governing				3	6
∞	4		of independent voting members of t				4	6
ies	5		mber of individuals employed in cale	0 , (. ,		5	11
Activities &	6		mber of volunteers (estimate if nece				6	
Act	7a		related business revenue from Part				7a	
	b		elated business taxable income from				7b	
						Prior Year	1	Current Year
a)	8	Contribu	itions and grants (Part VIII, line 1h) .			402	735.	381208.
Ž	9		n service revenue (Part VIII, line 2g)				592.	441086.
Revenue	10	-	ent income (Part VIII, column (A), lin				029.	315.
æ	11						364.	1932.
	12		enue—add lines 8 through 11 (must equ				662.	824541.
	13		and similar amounts paid (Part IX, co					
	14		paid to or for members (Part IX, col					
S	15		other compensation, employee benefits			592	266.	310980.
Expenses	16a		onal fundraising fees (Part IX, colum		,			
ber	b		ndraising expenses (Part IX, column					
ŭ	17		openses (Part IX, column (A), lines 1			336	341.	184191.
	18		penses. Add lines 13–17 (must equa				607.	495171.
	19		e less expenses. Subtract line 18 fro			-135		329370.
or			, , , , , , , , , , , , , , , , , , ,	-		Beginning of Curren		End of Year
sets	20	Total as	sets (Part X, line 16)			215	451.	179745.
Assid	21	Total lia	bilities (Part X, line 26)			130	934.	141258.
Net Assets or Fund Balances	22	Net ass	ets or fund balances. Subtract line 2	I from line 20		84	517.	38487.
Pa	ırt II	Sig	nature Block					
Und	er penalt	ies of perjui	y, I declare that I have examined this return, in	cluding accompanying schedules	and stateme	ents, and to the best of	my knowledge	-
and	belief, it	is true, corre	ect, and complete. Declaration of preparer (oth	er than officer) is based on all info	ormation of w			
Sig	ın					07/1	15/2020	
He			Signature of officer			Date		
	. •		JEANETTE RED BEAR		EXE	CUTIVE DIRECT	ror	
		<u> </u>	Type or print name and title			15.		Torus
D-1	ام:	Prin	t/Type preparer's name	Preparer's signature		Date	Check if	PTIN
Pai		TEN	INIFER YOUNG				self-employed	
	parer		's name ►JENNIFER YOUNGS E	OOKKEEDING		0772372320	82-2362	I
Us	e Only	у —			GD E	57702 Phone no.	J	
_		•	's address ► 2200 SOUTH PLAZA					
Ma	y the IF	RS discus	ss this return with the preparer show	n above? (see instructions	3)			X Yes No

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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 Χ 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 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 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 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ Χ **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Χ

Par	t IV Checklist of Required Schedules (continued)		l	1
	Dild		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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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		Х
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20		21		^
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):	00		1,,
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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			Х
	VI	37		
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		†
38		20	X	
Der	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
Fall	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	• •		
4 .	Fortantha number and dis David of Form 1990 Fig. 10 W. J. W. J. W. J. J.		Yes	No
1a	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	X	
	gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			ago c
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	· · · · · · · · · · · · · · · · · · ·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14a 14b		Λ
		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule O.			

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
_	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or und				
	supervision of officers, directors, or trustees, or key employees to a management company or of	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.		
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of suc				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	•	10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4.0		
	1 7 7		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done.		40-	37	
40			12c	X	
13	Did the organization have a written whistleblower policy?		13	Λ	37
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and apprinted and appropriate and contemporary substantiation of the deliberation of the deliberati	-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official.		150	Х	
a b	Other officers or key employees of the organization		15a 15b	Λ	X
Ŋ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		Λ
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngement			
ıva	with a taxable entity during the year?	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		iva		21
D	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure			<u> </u>	
<u> </u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99	90. and 990-T (Section	n 501	(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		551	(-)	
		αρριγ. κplain in Schedule Ο)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document		oolicv	and	
-	financial statements available to the public during the tax year.	,	,		
20	State the name, address, and telephone number of the person who possesses the organization'	s books and records:	•		
	CODI ERICKSON 4217 SWEETBRAIR RAPID CITY SD 57703-				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

	,									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARGOT BURTON	1									
VICE PRESIDENT		Х		X				0	0	0
(2) SANDRA MAGNAVI	1									
SECRETARY		Х		X				0	0	0
(3) ALAN ADEL	1									
TREASURER		х		X				0	0	0
(4) SHARON COLOMBE	1									
DIRECTOR		Х		X				0	0	0
(5) JEFF WAGNER	1									
PRESIDENT		Х		X				0	0	0
(6) ROBERT A MARTI	1									
BOARD MEMBER		Х		X				0	0	0
(7) JEANETTE RED B	40									
EXECUTIVE DIRE		Х		X				45000.	0	0
(8) CODI ERICKSON	40									
FINANCE DIRECT		Х		X				40179.	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2018)	WESTERN RESOURCES FO										0401091	- 9
P	art VII	Section A. Officers, Directors, Tr	rustees, Key Ei	nplo	yee		nd C)	High	est	Compensated	Employees	(continue	d)
		(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	more erson lirect	e than o is both or/trust	n an ee)	n Reportable compensation	(E) Reportable compensation	on an	(F) timated nount of
			week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	ns com SC) fr org: and	other pensation om the anization d related inizations
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total								•	85179.			
C		n continuation sheets to Part VII,							>	85179.			
<u>d</u> 2	Total num	d lines 1b and 1c)	imited to those					o rec	eiv		00,000 of		
	торонавіо	compensation nom the organization	-										Yes No
3		ganization list any former officer, di on line 1a? <i>If</i> "Yes," complete Sche					yee 		-	est compensate		3	Х
4	•	dividual listed on line 1a, is the sum zation and related organizations gre	•							•			
E	individual	erson listed on line 1a receive or acc			om :			· ·	d o		dividual	4	Х
5	for service	es rendered to the organization? If "										5	Х
1	Complete	ependent Contractors this table for your five highest comp tion from the organization. Report c											
	(A) (B) Name and business address Description of services					rvices	(C) Compen						
2		ber of independent contractors (inclusion) \$100,000 of compensation from the		nited f	to th	ose	e list	ted al	oov	e) who received	l		

Part VIII Statement of Revenue

		Check if Schedule O contains	a response or	note to any line i	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations	1b. 1c. 1dc. 1dc. 1dc. 1dc. 1dc. 1dc. 1dc.	379391.				
O B	h	Total. Add lines 1a-1f			381208.			
e				Business Code				
Program Service Revenue	2a b c d	PROGRAM SERVICE REV		624100	441086.	441086.		
gra	f	All other program service revenu						
Prc	g	Total. Add lines 2a–2f		•	441086.			
	3	Investment income (including divother similar amounts) Income from investment of tax-e	ridends, interes xempt bond pro	t, and ► oceeds ►	315.	315.		
	5	Royalties						
	С	Gross rents		(ii) Personal				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory .	(i) Securities	(ii) Other				
	-	Less: cost or other basis and sales expenses						
	c d	Gain or (loss)		▶				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	a	7156.				
5		Less: direct expenses		5836.				1000
		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19	ities.	•	1320.			1320.
	b	Less: direct expenses						
		Net income or (loss) from gamin		▶				
		Gross sales of inventory, less returns and allowances	_					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of	of inventory					
		Miscellaneous Revenue		Business Code				
		MISCELLANEOUS REVEN		624100	612.	306.		306.
	b							
	C	All other revenue						
	d	All other revenue			C10			
		Total. Add lines 11a–11d			612.	441707		1606
	12	Total revenue. See instructions.			824541.	441707.		1626.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 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				·					
	domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
•	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
•	trustees, and key employees	85179.	42589.	42590.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	153233.	61293.	91940.						
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	51624.	20649.	30975.						
10	Payroll taxes	20944.	8378.	12566.						
11	Fees for services (non-employees):									
a	Management	٥٢٢٢	1000	1522						
b	Legal	2555. 1150.	1022. 460.	1533. 690.						
c d	Accounting	1150.	460.	690.						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
3	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses	38271.	15308.	22963.						
14	Information technology									
15	Royalties									
16	Occupancy	42791.	17116.	25675.						
17	Travel									
18	Payments of travel or entertainment expenses									
19	for any federal, state, or local public officials Conferences, conventions, and meetings	15451.	6180.	9271.						
20	Interest	13431.	0100.	2411.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	20030.	8012.	12018.						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
_	PROGRAM SUPPORT	1515.	1500.	15.						
b	VEHICLE	62428.	24971.	37457.						
c d										
a e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e .	495171.	207478.	287693.						
26	Joint costs. Complete this line only if the	1,7,7,1,1,1	20/1/0.	201073.						
	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)									

WESTERN RESOURCES FOR INDEPEND Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19444.	1	3465
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	175939.	4	173374.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	3-7			
		other basis. Complete Part VI of Schedule D 10a 13260.			
	b	Less: accumulated depreciation 10b 10354.	3589.	10c	2906.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16479.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	215451.	16	179745.
	17	Accounts payable and accrued expenses	50318.	17	56500.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
40	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and		22	
<u>.</u>	22	disqualified persons. Complete Part II of Schedule L		22	
_	23 24	Unsecured notes and loans payable to unrelated third parties	80616.	24	84758.
	25	Other liabilities (including federal income tax, payables to related third	00010.	24	04/50.
	23	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	130934.	26	141258.
		←	130731.		111230
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.			
S		•	EE021	07	21.001
<u>a</u>	27	Unrestricted net assets	77231.	27	31201.
Ä	28	Temporarily restricted net assets	7286.	28	7286.
ũ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	84517.	33	38487.
	3/1	Total liabilities and not assets/fund balances	215451	3/1	179745

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. [
1	Total revenue (must equal Part VIII, column (A), line 12)		8245	41.
2	Total expenses (must equal Part IX, column (A), line 25)		4951	71.
3	Revenue less expenses. Subtract line 2 from line 1		3293	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		845	17.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
Dout	column (B))		4138	87.
Part	Check if Schedule O contains a response or note to any line in this Part XII		Г	\neg
	Check if Schedule O contains a response of note to any line in this Fart Air	· · ·		ᆜ
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
_				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20		
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ju	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			000 //	

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of t	_						Employer identification	n number	
		RESOURCES FOR				: t \	46-0401091		
Part I		eason for Public Cha tion is not a private foun							
1	-	urch, convention of chu		`		-	•		
2	A sc	hool described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	· 990-EZ).)		
3	A ho	spital or a cooperative h	nospital service organ	nization described in s	ection 17	70(b)(1)(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A fee	deral, state, or local gov	ernment or governme	ental unit described in	section	170(b)(1)((A)(v).		
7 X		organization that normall cribed in section 170(b)			rom a gov	vernmenta	al unit or from the ge	eneral public	
8	A co	mmunity trust described	d in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)				
9	or ur	gricultural research organiversity or a non-land-gersity:	rant college of agricu	Iture (see instructions)	. Enter th	e name, o	city, and state of the	college or	
10	An or rece	ersity: organization that normall ipts from activities relate ort from gross investme ired by the organization	ed to its exempt funct ent income and unrela	ions—subject to certain ated business taxable	n exception exception (le	ons, and (ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its	
11	An c	organization organized a	nd operated exclusiv	ely to test for public sa	fety. See	section	509(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	T th	ype I. A supporting organication supported organization. You must o	anization operated, su on(s) the power to reg	upervised, or controlled	d by its su	pported o	rganization(s), typic	ally by giving	
b	C	ype II. A supporting orgontrol or management or ganization(s). You must	f the supporting orga	nization vested in the					
С	T	ype III functionally inte	egrated. A supporting	g organization operated				tegrated with,	
d		s supported organization ype III non-functionally						organization(s)	
u		at is not functionally into							
		equirement (see instruct							
е		heck this box if the orga inctionally integrated, or						ype III	
f		the number of supporte							
g		de the following informa			i				
(1)) Name	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	, , , , , , , , , , , , , , , , , , ,	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Page 2

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

	tion A. Public Support	Ţ								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	756534.	829070.	530228.	402735.	381208.	2899775.			
2	Tax revenues levied for the									
	organization's benefit and either paid									
_	to or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	756534.	829070.	530228.	402735.	381208.	2899775.			
4 5	The portion of total contributions by	730334.	027070.	330220.	402733.	301200.	2000110.			
3	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						2899775.			
Sec	tion B. Total Support			•						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	756534.	829070.	530228.	402735.	381208.	2899775.			
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties, and income from									
	similar sources					315.	315.			
9	Net income from unrelated business									
	activities, whether or not the business is									
	regularly carried on									
10	Other income. Do not include gain or									
	loss from the sale of capital assets	0506	6406	10000	11000	1020	20000			
	(Explain in Part VI.)	8586.	6496.	10080.	11988.	1932.	39082. 2939172.			
11	Total support. Add lines 7 through 10	' ()				42	2939172.			
12 13	Gross receipts from related activities, etc. (se					(2)				
13	First five years. If the Form 990 is for the organization, check this box and stop here .						_			
C							· · · · <u> </u>			
	Etion C. Computation of Public Sup			t //		44	98.66%			
14 15	Public support percentage for 2018 (line 6, c Public support percentage from 2017 Schedu					14 15	79.83%			
	33 1/3% support test—2018. If the organiza				•		7 7 . 0 3 70			
IVa	and stop here. The organization qualifies as						> X			
h	33 1/3% support test—2017. If the organiza		-				<u> </u>			
~	box and stop here. The organization qualifie									
17a	10%-facts-and-circumstances test—2018.	If the organization	did not check a bo	ov on line 13 16a	or 16h, and line 14					
174	10% or more, and if the organization meets	•			•					
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization									
b	10%-facts-and-circumstances test—2017.	-				ne				
	15 is 10% or more, and if the organization r					d. c				
	Explain in Part VI how the organization meet supported organization				•	•				
10							· · · · •			
18	Private foundation. If the organization did n	ot check a box on	ше тэ, тба, тбр, т	ira, oi irb, cneck	ulis dox and see		. ⊢			

Part VI	Form 990 or 990-EZ) 2018 WESTERN RESOURCES FOR INDEPENDENT L 46-0401091 P 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	age c
	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.)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

WESTERN RESOURCES FOR INDEPENDENT L

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

46-0401091

Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

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.

Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Ins

Employer identification number

WES	TERN RESOURCES FOR INDEPE	INDENT L	46-0401091
Part		Advised Funds or Other Similar F	
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	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 do		
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, don		
	only for charitable purposes and not for the b		
	conferring impermissible private benefit?		Yes No
Part	II Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held	, —	
	Preservation of land for public use (e.g.,	recreation or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
С	Number of conservation easements on a cer	tified historic structure included in (a)	2c
d	Number of conservation easements included		
	historic structure listed in the National Regist		
3	Number of conservation easements modified	d, transferred, released, extinguished, or	terminated by the organization during
	the tax year		
4	Number of states where property subject to o		· · · · · · · · · · · · · · · · · · ·
5	Does the organization have a written policy r		
c	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitoring, in	ispecting, nandling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting handling of violations, and enforcing con	rearyation easements during the year
'	•	cting, nariding or violations, and emorcing con	iservation easements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nts of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	•	•
	organization's accounting for conservation ea	<u> </u>	
Part	III Organizations Maintaining Collec	tions of Art, Historical Treasures, o	or Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other sin	•	
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sin		
	public service, provide the following amounts	relating to these items:	
	public service, provide the following amounts (i) Revenue included on Form 990, Part VIII (ii) Assets included in Form 990, Part X	, line 1	> \$
_	(II) Assets included in Form 990, Part X		· · · · · · ▶ \$
2	If the organization received or held works of		- ·
_	following amounts required to be reported un		
	Revenue included on Form 990, Part VIII, lin		
D	Assets included in Form 990, Part X		• \$

Part	Organizations Maintaining Collect	tions of A	rt, Histor	rical Tre	asures, or (Other	Similar Asset	s (continu	ied)
3	Using the organization's acquisition, access	ion, and othe	er records	, check ar	ny of the follow	wing th	at are a significa	ant use of i	ts
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	exchange pro	ograms	3		
b	Scholarly research					-			
C	Scholarly research e Other Preservation for future generations								
		allastiana an	منمامنم	have thave	further the er	aonizo	tianla avamnt nu	urnaaa in D	lo rt
4	Provide a description of the organization's c XIII.	ollections an	u expiairi	now triey	runner the or	ganiza	lion's exempt pu	irpose in P	all
5	During the year, did the organization solicit of assets to be sold to raise funds rather than the	to be maintai						Yes	☐ No
Part	IV Escrow and Custodial Arrangeme	ents.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other i	intermedia	ary for co	ntributions or	other a	ssets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XII	I and comple	te the foll	owing tab	ole:				
							,	Amount	
С	Beginning balance					10	;		
d	Additions during the year					1d			
е	Distributions during the year					1e	•		
f	Ending balance					1f	1		
2a	Did the organization include an amount on F					dial ac	count liability?	Yes	X No
_	If "Yes," explain the arrangement in Part XII								
b		i. Check here	e ii tile ex	piarialiori	nas been pro	vided (DI Fait Alli		
Part									
	Complete if the organization answe							1	
	 	Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end	d balance	(line 1g,	column (a)) h	eld as:			
а	Board designated or quasi-endowment	▶ 0.	00%						
b	Permanent endowment • 0.	00%							
С	Temporarily restricted endowment	0.00%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 10	00%.						
3a	Are there endowment funds not in the posse			ion that a	re held and a	dminist	tered for the		
	organization by:							١	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize							3b	
4	Describe in Part XIII the intended uses of the		•						•
Part									
	Complete if the organization answe		n Form 9	90. Part	IV. line 11a	. See	Form 990. Par	t X. line 1	0.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Bool	
	ere I non a brobard	(investm		٠,,	other)		epreciation	(-, 200)	
1a	Land								
b	Buildings				1				
C	Leasehold improvements								
d	Equipment			1	3,260.		10,354.	2.	,906.
u e	Other				_ ,		_ , , , , , , , , , , , , , , , , , , ,		,

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . .

2,906.

SCHEDULE G (Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EST	TERN RESOURCES FOR II					46-0401091	
Par		•	-		ed "Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not				duran restrictes and	J II 4b - 4	
1	Indicate whether the organization ra	aised funds thro					
а	Mail solicitations		==		of non-government	•	
b	Internet and email solicitations				of government gran	ts	
С	Phone solicitations		g S	pecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written	or oral agreem	ent with ar	ny individua	al (including officers	s, directors, trustee	S,
	key employees listed in Form 990,	Part VII) or enti	ty in conne	ection with p	professional fundra	ising services?	Yes X No
b	If "Yes," list the 10 highest paid ind	ividuals or entiti	es (fundra	isers) purs	uant to agreements	s under which the f	undraiser is to be
	compensated at least \$5,000 by the	e organization.					
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
	or orinty (randraisor)						
			Yes	No			
1							
2							
3							
4							
•							
5							
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6							
7							
_							
8							
9							
9							
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otal				▶			
3	List all states in which the organiza	tion is registere	d or licens	ed to solici	t contributions or h	as been notified it i	s exempt from
	registration or licensing.						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number 46-0401091 WESTERN RESOURCES FOR INDEPENDENT L 01 FORM 990 THE FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS. THE EXECUTIVE BOARD REVIEWS AND SIGNS THE 990 PRIOR FILING. 02 CONFLICT MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST 03 CEO THE BOARD OF DIRECTORS IS REQUIRED TO SET THE EXECUTIVE DIRECTOR COMPENSATION. 04 GOVERNING DOCUMENTS ALL GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST