

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2020 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>JOHN BUNKER SANDS WETLAND CENTER, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2101 CEDAR SPRINGS, STE 1600</b> City or town, state or province, country, and ZIP or foreign postal code <b>DALLAS TX 75201</b>	<b>D</b> Employer identification number <b>27-0712564</b> <b>E</b> Telephone number <b>214-849-9000</b> <b>G</b> Gross receipts\$ <b>585,483</b>
<b>F</b> Name and address of principal officer: <b>TERRY SAM ANDERSON</b> <b>505 E BROWN ST.</b> <b>WYLIE TX 75098</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.WETLANDCENTER.COM</b>		<b>L</b> Year of formation: <b>2009</b> <b>M</b> State of legal domicile: <b>TX</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE JOHN BUNKER SANDS WETLAND CENTER IS TO EDUCATE AND PROVIDE RESEARCH.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>		<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	380,771	484,662	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,875	10,405	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,617	8,372	
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,442	50,019	
		558,705	553,458	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	840	300	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	255,373	278,363	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>90,450</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	136,120	120,433	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	392,333	399,096	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	166,372	154,362	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	<b>21</b> Total liabilities (Part X, line 26)	2,170,824	2,322,662	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	15,384	13,486	
		2,155,440	2,309,176	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>JOHN DEFILLIPO</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>THOMAS V STEPHEN</b>	Preparer's signature <b>THOMAS V STEPHEN</b>
	Firm's name ▶ <b>THOMAS STEPHEN &amp; COMPANY, LLP</b> <b>3300 OAK LAWN AVE STE 650</b> Firm's address ▶ <b>DALLAS, TX 75219</b>	Date <b>05/14/21</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00855135</b> Firm's EIN ▶ <b>75-2805390</b> Phone no. <b>214-824-2556</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE JOHN BUNKER SANDS WETLAND CENTER IS TO EDUCATE AND PROVIDE RESEARCH OPPORTUNITIES IN THE AREAS OF WATER REUSE, QUALITY, SUPPLY; WILDLIFE CONSERVATION; AND WETLAND SYSTEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 176,190 including grants of \$ 300 ) (Revenue \$ 10,405 ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 176,190

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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	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>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part 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
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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

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

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?		<input checked="" type="checkbox"/>
<b>9</b>	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 O.	<input checked="" type="checkbox"/>	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** 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. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**ROSEWOOD MANAGEMENT CORP** 2101 CEDAR SPRINGS ROAD, SUITE 1600 DALLAS TX 75201 214-849-9000

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

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

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

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

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

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN DEFILLIPO EXECUTIVE DIRECTOR	40.00 0.00			X				96,212	0	0
(2) TERRY SAM ANDERSON PRESIDENT	4.00 0.00	X		X				0	0	0
(3) DON GORDON DIRECTOR	1.00 0.00	X						0	0	0
(4) HAVEN HEINRICHS DIRECTOR	1.00 0.00	X						0	0	0
(5) TOM KULA DIRECTOR	1.00 0.00	X						0	0	0
(6) KEN MINDELL TREASURER	3.00 0.00	X		X				0	0	0
(7) ANJANETTE MURRY DIRECTOR	1.00 0.00	X						0	0	0
(8) WILSON SANDS DIRECTOR	4.00 0.00	X						0	0	0
(9) JAMIE STEINBERG SECRETARY	1.00 0.00	X						0	0	0
(10) SUZANNE TUTTLE DIRECTOR	1.00 0.00	X						0	0	0
(11) ANGELA SMITH ASST. SECRETARY	1.00 0.00			X				0	0	0





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	3,927				
	c Fundraising events	1c	48,650				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	432,085				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	<b>h Total. Add lines 1a-1f</b>			<b>484,662</b>			
<b>Program Service Revenue</b>	2a EDUCATION TOURS/CLASSES	Business Code	611710	5,944	5,944		
	b ADMISSION FEES	Business Code	611710	4,461	4,461		
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			<b>10,405</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			8,372		8,372	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	476			
		(ii) Personal	6b				
		Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	476				
	<b>d Net rental income or (loss)</b>			<b>476</b>	<b>476</b>		
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
		(ii) Other	7b				
		Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	<b>d Net gain or (loss)</b>						
	8a Gross income from fundraising events (not including \$ 48,650 of contributions reported on line 1c). See Part IV, line 18		8a	75,172			
b Less: direct expenses		8b	28,131				
<b>c Net income or (loss) from fundraising events</b>			<b>47,041</b>				
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
<b>c Net income or (loss) from gaming activities</b>							
10a Gross sales of inventory, less returns and allowances		10a	6,396				
	b Less: cost of goods sold	10b	3,894				
<b>c Net income or (loss) from sales of inventory</b>			<b>2,502</b>	<b>2,502</b>			
<b>Miscellaneous Revenue</b>	11a	Business Code					
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>			<b>553,458</b>	<b>13,383</b>	<b>0</b>	<b>8,372</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	300	300		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	96,212	43,295	28,864	24,053
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	182,151	81,968	54,645	45,538
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	4,052		4,052	
<b>c</b> Accounting	6,583		6,583	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,763	1,693	1,129	941
<b>12</b> Advertising and promotion	1,030	1,030		
<b>13</b> Office expenses	12,460	5,607	3,738	3,115
<b>14</b> Information technology	1,784		1,784	
<b>15</b> Royalties				
<b>16</b> Occupancy	22,745	10,235	6,824	5,686
<b>17</b> Travel	113		113	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	42,618	19,178	12,785	10,655
<b>23</b> Insurance	11,388		11,388	
<b>24</b> 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 O.)				
<b>a OTHER PROGRAM EXPENSE</b>	12,053	12,053		
<b>b OTHER EXPENSES</b>	1,844	831	551	462
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	399,096	176,190	132,456	90,450
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>142,383</b>	<b>1</b>	<b>120,441</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>103</b>	<b>4</b>	
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>5,575</b>	<b>8</b>	<b>3,367</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>10,676</b>	<b>9</b>	<b>12,103</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,661,763</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>459,576</b>	<b>1,244,804</b>	<b>10c</b> <b>1,202,187</b>
	<b>11</b> Investments—publicly traded securities	<b>762,672</b>	<b>11</b>	<b>823,415</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>4,611</b>	<b>15</b>	<b>161,149</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>2,170,824</b>	<b>16</b>	<b>2,322,662</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>15,384</b>	<b>17</b>	<b>13,486</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>15,384</b>	<b>26</b>	<b>13,486</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,530,249</b>	<b>27</b>	<b>1,863,426</b>
	<b>28</b> Net assets with donor restrictions	<b>625,191</b>	<b>28</b>	<b>445,750</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>2,155,440</b>	<b>32</b>	<b>2,309,176</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>2,170,824</b>	<b>33</b>	<b>2,322,662</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>553,458</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>399,096</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>154,362</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,155,440</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-626</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,309,176</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>JOHN BUNKER SANDS WETLAND CENTER, INC</b>	Employer identification number <b>27-0712564</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(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 federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	288,113	366,749	429,308	380,771	484,662	1,949,603
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	288,113	366,749	429,308	380,771	484,662	1,949,603
<b>5</b> 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)						731,086
<b>6 Public support.</b> Subtract line 5 from line 4						1,218,517

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	288,113	366,749	429,308	380,771	484,662	1,949,603
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,269	4,227	9,479	16,064	8,372	40,411
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-11,439	-33,033	-7,648	119,802	47,041	114,723
<b>11 Total support.</b> Add lines 7 through 10						2,104,737

**12** Gross receipts from related activities, etc. (see instructions) 12 363,213

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	57.89%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	68.33%

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2020 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 .....			
<b>b</b> From 2016 .....			
<b>c</b> From 2017 .....			
<b>d</b> From 2018 .....			
<b>e</b> From 2019 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 .....			
<b>b</b> Excess from 2017 .....			
<b>c</b> Excess from 2018 .....			
<b>d</b> Excess from 2019 .....			
<b>e</b> Excess from 2020 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 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 II, LINE 10 - OTHER INCOME DETAIL**

<b>FUNDRAISING EVENTS (LOSS) - 2016</b>	<b>\$</b>	<b>-11,439</b>
<b>FUNDRAISING EVENTS (LOSS) - 2017</b>	<b>\$</b>	<b>-33,033</b>
<b>FUNDRAISING EVENTS (LOSS) - 2018</b>	<b>\$</b>	<b>-7,648</b>
<b>FUNDRAISING EVENTS (LOSS) - 2019</b>	<b>\$</b>	<b>119,802</b>
<b>FUNDRAISING EVENTS (LOSS) - 2020</b>	<b>\$</b>	<b>47,041</b>

DRAFT

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**JOHN BUNKER SANDS WETLAND CENTER,  
INC**

Employer identification number

**27-0712564**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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**

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 totaling \$5,000 or more during the year ..... ▶ \$ .....

**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).

Name of organization

JOHN BUNKER SANDS WETLAND CENTER,

Employer identification number

27-0712564

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTH TEXAS MUNICIPAL WATER DISTRICT 505 E. BROWN STREET WYLIE TX 75098	\$ 162,165	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LH HOLDINGS, INC 2001 ROSS AVENUE SUITE 4600 DALLAS TX 75201	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ROSEWOOD FOUNDATION 2101 CEDAR SPRINGS ROAD STE 1600 DALLAS TX 75201	\$ 49,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE SEAY FOUNDATION 6060 N CENTRAL EXPRESSWAY SUITE 500 DALLAS TX 75206	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HAVEN AND TRAVIS HEINRICH 2101 CEDAR SPRINGS RD STE 1700 DALLAS TX 75201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JACOB AND LINDY SANDS 15000 SW 120TH STREET ANDOVER KS 67002	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**JOHN BUNKER SANDS WETLAND CENTER,**

Employer identification number

**27-0712564**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>ESBER CHARITABLE TRUST</b> <b>5271 RAVINE DRIVE</b>  <b>DALLAS TX 75225</b>	\$ <b>25,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>COMMUNITIES FOUNDATION OF TEXAS</b> <b>5500 CARUTH HAVEN LANE</b>  <b>DALLAS TX 75225</b>	\$ <b>45,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>THE ROSEWOOD CORPORATION</b> <b>5445 CARUTH HAVEN LANE, #2423</b>  <b>DALLAS TX 75225</b>	\$ <b>10,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>KEN MINDELL</b> <b>740 LEXINGTON AVE</b>  <b>COPPELL TX 75019</b>	\$ <b>13,101</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<b>ALAN PLUMMER ASSOCIATES, INC.</b> <b>1320 S. UNIVERSITY DR, STE 300</b>  <b>FORT WORTH TX 76107</b>	\$ <b>30,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

JOHN BUNKER SANDS WETLAND CENTER, INC

Employer identification number

27-0712564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		1,587,175	405,538	1,181,637
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		26,470	22,923	3,547
<b>e</b> Other .....		48,118	31,115	17,003
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,202,187

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>CONSTRUCTION IN PROCESS</b>	<b>161,149</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>161,149</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



**Part XIII** Supplemental Information *(continued)*

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**JOHN BUNKER SANDS WETLAND CENTER,  
INC**

Employer identification number

**27-0712564**

**Part I 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.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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?  Yes  No

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** 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.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>WINGS OVER WETL</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>123,722</b>			<b>123,722</b>
	<b>2</b> Less: Contributions	<b>48,550</b>			<b>48,550</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>75,172</b>			<b>75,172</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>28,131</b>			<b>28,131</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>28,131</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>47,041</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>JOHN BUNKER SANDS WETLAND CENTER, INC</b>	Employer identification number <b>27-0712564</b>
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**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

IN 2020 THE JBS WETLAND CENTER OFFERED 38 PROGRAMS SERVING 771 STUDENTS AND 518 ADULTS. PROGRAMS OFFERED INCLUDE THESE MAJOR AREAS; WETLAND ECOLOGY, PLANT ECOLOGY, BIRD ADAPTATIONS AND WATER CONSERVATION. OUR PROGRAMMING IS SPECIFICALLY MARKETED TO DALLAS ISD AND 13-MEMBER CITIES AND NUMEROUS INDEPENDENT SCHOOL DISTRICTS THAT THE NORTH TEXAS MUNICIPAL WATER DISTRICT SERVES. EACH PROGRAM IS GEARED TOWARD THE TEXAS ESSENTIAL KNOWLEDGE AND SKILLS GIVING STUDENTS HANDS ON EXPERIENCE IN CONDUCTING FIELD RESEARCH AND APPLYING IT TO SCHOOL-BASED STUDIES. THE PROGRAMS ALSO ASSIST TEACHERS IN USING THE WETLAND AS A DEMONSTRATION MODEL OF HOW HUMANS MAY HAVE A POSITIVE IMPACT ON THE ENVIRONMENT. WE BELIEVE THIS METHOD HELPS STUDENTS MAKE SOUND ENVIRONMENTAL DECISIONS AND PROVIDES A FRAME OF REFERENCE WHEN CHOOSING A SCIENCE-BASED CAREER PATH. OUR PROGRAMS ARE CONTINUALLY DEVELOPED AND IMPROVING USING EXTERNAL REVIEW AND INPUT FROM TEACHERS AND RESEARCHERS ALIKE.

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

<b>HAVEN HEINRICHS</b>	<b>WILSON L. SANDS</b>
------------------------	------------------------

<b>DIRECTOR</b>	<b>PRES/DIRECT</b>
-----------------	--------------------

<b>FAMILY &amp; BUSINESS-ROSEWOOD COR</b>	
---	--

<b>KEN D MINDELL-ROSEWOOD MANAGEMENT</b>	<b>ANGELA SMITH-ROSEWOOD MANAGEMENT</b>
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<b>TREASU/DIREC</b>	<b>ASSIST. SEC</b>
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<b>BUSINESS WITH ROSEWOOD CORP</b>	
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Name of the organization

Employer identification number

JOHN BUNKER SANDS WETLAND CENTER,

27-0712564

TOM KULA

NORTH TEXAS MUNICIPAL WATER DISTRICT

DIRECTOR

BUSINESS

DON GORDON

NORTH TEXAS MUNICIPAL WATER DISTRICT

DIRECTOR

BUSINESS

TERRY S ANDERSON

NORTH TEXAS MUNICIPAL WATER DISTRICT

DIRECTOR

BUSINESS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE BYLAWS OF THE JOHN BUNKER SANDS (JBS) WETLAND CENTER, INC. PROVIDE A RIGHT TO THE BOARD OF DIRECTORS OF THE NORTH TEXAS MUNICIPAL WATER DISTRICT TO APPOINT THREE DIRECTORS TO THE JOHN BUNKER SANDS WETLAND CENTER BOARD. THE BYLAWS ALSO PROVIDE A RIGHT TO THE BOARD OF DIRECTORS OF THE ROSEWOOD CORPORATION TO APPOINT THREE DIRECTORS TO THE JOHN BUNKER SANDS WETLAND CENTER BOARD.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

THE ORGANIZATION HAD NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

TERRY SAM ANDERSON

505 E BROWN ST.

Name of the organization

Employer identification number

JOHN BUNKER SANDS WETLAND CENTER,

27-0712564

WYLIE, TX 75098

TOM KULA

505 E BROWN ST.

WYLIE, TX 75098

DON GORDON

505 E BROWN ST.

WYLIE, TX 75098

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 AFTER FORM 990 WAS PREPARED AND REVIEWED, THE PROPOSED FINAL VERSION WAS PRESENTED TO THE EXECUTIVE DIRECTOR OF THE ORGANIZATION PRIOR TO FILING. THE FORM 990 WAS PRESENTED TO THE GOVERNING BOARD OF THE ORGANIZATION PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND/OR EMPLOYEES OF THE JOHN BUNKER SANDS WETLAND CENTER, INC. ARE REQUIRED TO REVIEW THE CENTER'S CONFLICTS OF INTEREST, ETHICS AND FRAUD POLICY AND COMPLETE A "CONFLICTS OF INTEREST AND ETHICS ANNUAL DISCLOSURE STATEMENT". IF ANY CONFLICT IS REPORTED, THE ORGANIZATION AND THE REPORTING INDIVIDUAL WORK TOGETHER TO RESOLVE THE CONFLICT CONSISTENT WITH APPLICABLE LAW AND FIDUCIARY STANDARDS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR'S SALARY AND BONUS WAS DETERMINED BASED ON

Name of the organization

Employer identification number

JOHN BUNKER SANDS WETLAND CENTER,

27-0712564

COMPARABILITY DATA OBTAINED FOR EXECUTIVE DIRECTORS OF OTHER DALLAS AREA AND NATIONAL NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENT ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST ALONG WITH THE ORGANIZATION'S FORM 990 AND FORM 1023 AT THE PHYSICAL ADDRESS LISTED IN PART VI, SECTION C, LINE 20. FORM 990 IS ALSO PROVIDED ON THE ORGAIZATION'S WEB SITE AND ON GUIDESTAR.ORG.

DRAFT

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return **JOHN BUNKER SANDS WETLAND CENTER, INC**

Identifying number  
**27-0712564**

Business or activity to which this form relates

**MISCELLANEOUS**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>48,008</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>48,008</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building	10/07/10	1,587,175			1,587,175	40 MO S/L	79,359	39,679
2	Office Chairs	5/17/10	337			337	10 MO S/L	67	34
3	10 Folding Tables	10/07/10	2,911			2,911	12 MO S/L	485	243
4	36 Black Reflex Chairs	10/07/10	2,242			2,242	12 MO S/L	374	186
5	40 Black Circulation Chairs	10/07/10	2,858			2,858	12 MO S/L	476	239
6	GE Profile Refrigerator	10/07/10	1,864			1,864	12 MO S/L	311	155
7	4.5ft Waverely Benches	10/07/10	1,728			1,728	12 MO S/L	288	144
8	Audio Visual Equipment	10/07/10	14,646			14,646	12 MO S/L	2,441	1,221
9	8 Rocking Chairs	10/07/10	1,485			1,485	12 MO S/L	248	123
10	14 Tables and 20 Chairs	3/31/11	3,382			3,382	12 MO S/L	564	281
11	Laminator	9/30/11	440			440	12 MO S/L	73	37
12	Office Chair and Desk	3/30/12	670			670	12 MO S/L	112	55
13	Console Table for Merch	5/24/12	335			335	12 MO S/L	56	28
14	Sitting Area Furniture	6/11/13	828			828	12 MO S/L	138	69
15	Window Treatments	8/01/14	1,728			1,728	12 MO S/L	288	144
16	Sleeping Qtrs Furniture	1/01/15	874			874	10 MO S/L	175	87
17	Projector and Screen	1/01/15	828			828	10 MO S/L	166	82
18	Floating Dock	2/27/15	2,862			2,862	20 MO S/L	286	143
19	Center Expansion	9/01/18	5,145			5,145	20 MO S/L	343	257
20	Center Expansion	10/01/18	1,715			1,715	20 MO S/L	107	86
21	Center Expansion	12/01/18	1,240			1,240	20 MO S/L	67	62
22	HP Z400 Tower PC	5/17/10	1,666			1,666	5 MO S/L	666	334
23	HP SB 2530P Laptop	5/17/10	1,856			1,856	5 MO S/L	742	372
24	HP LI M1522NF Printer	5/17/10	432			432	5 MO S/L	173	86
25	HP SB LA2205WG Monitors	5/17/10	519			519	5 MO S/L	208	103
26	Other Computer Equipment	6/20/13	218			218	5 MO S/L	87	44
27	Virtual Desktop Hardware	6/20/13	1,374			1,374	5 MO S/L	550	274
28	Eagle Nest Camera	7/13/14	7,600			7,600	5 MO S/L	3,040	1,520
29	Promotional Video	6/30/14	5,000			5,000	5 MO S/L	2,000	1,000
30	HP T160 Thin Clinet	4/09/14	237			237	5 MO S/L	95	47
31	Virtual Desktop Hardware	10/06/14	1,245			1,245	5 MO S/L	498	249
32	Computer Printer Monitor	8/03/15	3,124			3,124	5 MO S/L	1,250	624
<b>Total Other Depreciation</b>			<u>1,658,564</u>			<u>1,658,564</u>		<u>95,733</u>	<u>48,008</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,658,564</u>			<u>1,658,564</u>		<u>95,733</u>	<u>48,008</u>
<b>Grand Totals</b>			1,658,564			1,658,564		95,733	48,008
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,658,564</u>			<u>1,658,564</u>		<u>95,733</u>	<u>48,008</u>

# TX Asset Report

## Miscellaneous

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
<b>Other Depreciation:</b>								
1	Building	10/07/10	1,587,175	1,587,175	79,359	39,679	39,679	0
2	Office Chairs	5/17/10	337	337	67	34	34	0
3	10 Folding Tables	10/07/10	2,911	2,911	485	243	243	0
4	36 Black Reflex Chairs	10/07/10	2,242	2,242	374	186	186	0
5	40 Black Circulation Chairs	10/07/10	2,858	2,858	476	239	239	0
6	GE Profile Refrigerator	10/07/10	1,864	1,864	311	155	155	0
7	4.5ft Waverly Benches	10/07/10	1,728	1,728	288	144	144	0
8	Audio Visual Equipment	10/07/10	14,646	14,646	2,441	1,221	1,221	0
9	8 Rocking Chairs	10/07/10	1,485	1,485	248	123	123	0
10	14 Tables and 20 Chairs	3/31/11	3,382	3,382	564	281	281	0
11	Laminator	9/30/11	440	440	73	37	37	0
12	Office Chair and Desk	3/30/12	670	670	112	55	55	0
13	Console Table for Merch	5/24/12	335	335	56	28	28	0
14	Sitting Area Furniture	6/11/13	828	828	138	69	69	0
15	Window Treatments	8/01/14	1,728	1,728	288	144	144	0
16	Sleeping Qtrs Furniture	1/01/15	874	874	175	87	87	0
17	Projector and Screen	1/01/15	828	828	166	82	82	0
18	Floating Dock	2/27/15	2,862	2,862	286	143	143	0
19	Center Expansion	9/01/18	5,145	5,145	343	257	257	0
20	Center Expansion	10/01/18	1,715	1,715	107	86	86	0
21	Center Expansion	12/01/18	1,240	1,240	67	62	62	0
22	HP Z400 Tower PC	5/17/10	1,666	1,666	666	334	334	0
23	HP SB 2530P Laptop	5/17/10	1,856	1,856	742	372	372	0
24	HP LI M1522NF Printer	5/17/10	432	432	173	86	86	0
25	HP SB LA2205WG Monitors	5/17/10	519	519	208	103	103	0
26	Other Computer Equipment	6/20/13	218	218	87	44	44	0
27	Virtual Desktop Hardware	6/20/13	1,374	1,374	550	274	274	0
28	Eagle Nest Camera	7/13/14	7,600	7,600	3,040	1,520	1,520	0
29	Promotional Video	6/30/14	5,000	5,000	2,000	1,000	1,000	0
30	HP T160 Thin Clinet	4/09/14	237	237	95	47	47	0
31	Virtual Desktop Hardware	10/06/14	1,245	1,245	498	249	249	0
32	Computer Printer Monitor	8/03/15	3,124	3,124	1,250	624	624	0
<b>Total Other Depreciation</b>			<u>1,658,564</u>	<u>1,658,564</u>	<u>95,733</u>	<u>48,008</u>	<u>48,008</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,658,564</u>	<u>1,658,564</u>	<u>95,733</u>	<u>48,008</u>	<u>48,008</u>	<u>0</u>
<b>Grand Totals</b>			1,658,564	1,658,564	95,733	48,008	48,008	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,658,564</u>	<u>1,658,564</u>	<u>95,733</u>	<u>48,008</u>	<u>48,008</u>	<u>0</u>

# AMT Asset Report

## Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building	10/07/10	0				0 0 HY	0	0
2	Office Chairs	5/17/10	0				0 0 HY	0	0
3	10 Folding Tables	10/07/10	0				0 0 HY	0	0
4	36 Black Reflex Chairs	10/07/10	0				0 0 HY	0	0
5	40 Black Circulation Chairs	10/07/10	0				0 0 HY	0	0
6	GE Profile Refrigerator	10/07/10	0				0 0 HY	0	0
7	4.5ft Waverly Benches	10/07/10	0				0 0 HY	0	0
8	Audio Visual Equipment	10/07/10	0				0 0 HY	0	0
9	8 Rocking Chairs	10/07/10	0				0 0 HY	0	0
10	14 Tables and 20 Chairs	3/31/11	0				0 0 HY	0	0
11	Laminator	9/30/11	0				0 0 HY	0	0
12	Office Chair and Desk	3/30/12	0				0 0 HY	0	0
13	Console Table for Merch	5/24/12	0				0 0 HY	0	0
14	Sitting Area Furniture	6/11/13	0				0 0 HY	0	0
15	Window Treatments	8/01/14	0				0 0 HY	0	0
16	Sleeping Qtrs Furniture	1/01/15	0				0 0 HY	0	0
17	Projector and Screen	1/01/15	0				0 0 HY	0	0
18	Floating Dock	2/27/15	0				0 0 HY	0	0
19	Center Expansion	9/01/18	0				0 0 HY	0	0
20	Center Expansion	10/01/18	0				0 0 HY	0	0
21	Center Expansion	12/01/18	0				0 0 HY	0	0
22	HP Z400 Tower PC	5/17/10	0				0 0 HY	0	0
23	HP SB 2530P Laptop	5/17/10	0				0 0 HY	0	0
24	HP LI M1522NF Printer	5/17/10	0				0 0 HY	0	0
25	HP SB LA2205WG Monitors	5/17/10	0				0 0 HY	0	0
26	Other Computer Equipment	6/20/13	0				0 0 HY	0	0
27	Virtual Desktop Hardware	6/20/13	0				0 0 HY	0	0
28	Eagle Nest Camera	7/13/14	0				0 0 HY	0	0
29	Promotional Video	6/30/14	0				0 0 HY	0	0
30	HP T160 Thin Clinet	4/09/14	0				0 0 HY	0	0
31	Virtual Desktop Hardware	10/06/14	0				0 0 HY	0	0
32	Computer Printer Monitor	8/03/15	0				0 0 HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>					<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>					<u>0</u>	<u>0</u>
<b>Grand Totals</b>			0					0	0
<b>Less: Dispositions and Transfers</b>			<u>0</u>					<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>0</u>					<u>0</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

AMT  
Adjustments/  
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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There are no assets that meet the criteria of this report

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# Future Depreciation Report      FYE: 12/31/21

## Miscellaneous

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Building	10/07/10	1,587,175	39,680	0
2	Office Chairs	5/17/10	337	34	0
3	10 Folding Tables	10/07/10	2,911	242	0
4	36 Black Reflex Chairs	10/07/10	2,242	187	0
5	40 Black Circulation Chairs	10/07/10	2,858	238	0
6	GE Profile Refrigerator	10/07/10	1,864	155	0
7	4.5ft Waverly Benches	10/07/10	1,728	144	0
8	Audio Visual Equipment	10/07/10	14,646	1,220	0
9	8 Rocking Chairs	10/07/10	1,485	124	0
10	14 Tables and 20 Chairs	3/31/11	3,382	282	0
11	Laminator	9/30/11	440	37	0
12	Office Chair and Desk	3/30/12	670	56	0
13	Console Table for Merch	5/24/12	335	28	0
14	Sitting Area Furniture	6/11/13	828	69	0
15	Window Treatments	8/01/14	1,728	144	0
16	Sleeping Qtrs Furniture	1/01/15	874	88	0
17	Projector and Screen	1/01/15	828	83	0
18	Floating Dock	2/27/15	2,862	143	0
19	Center Expansion	9/01/18	5,145	258	0
20	Center Expansion	10/01/18	1,715	86	0
21	Center Expansion	12/01/18	1,240	62	0
22	HP Z400 Tower PC	5/17/10	1,666	333	0
23	HP SB 2530P Laptop	5/17/10	1,856	371	0
24	HP LI M1522NF Printer	5/17/10	432	87	0
25	HP SB LA2205WG Monitors	5/17/10	519	104	0
26	Other Computer Equipment	6/20/13	218	43	0
27	Virtual Desktop Hardware	6/20/13	1,374	275	0
28	Eagle Nest Camera	7/13/14	7,600	1,520	0
29	Promotional Video	6/30/14	5,000	1,000	0
30	HP T160 Thin Clinet	4/09/14	237	48	0
31	Virtual Desktop Hardware	10/06/14	1,245	249	0
32	Computer Printer Monitor	8/03/15	3,124	625	0
<b>Total Other Depreciation</b>			<u>1,658,564</u>	<u>48,015</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,658,564</u>	<u>48,015</u>	<u>0</u>
<b>Grand Totals</b>			<u>1,658,564</u>	<u>48,015</u>	<u>0</u>

# TX Future Depreciation Report

## Miscellaneous

Asset	Description	Date In Service	Cost	TX
<b>Other Depreciation:</b>				
1	Building	10/07/10	1,587,175	39,680
2	Office Chairs	5/17/10	337	34
3	10 Folding Tables	10/07/10	2,911	242
4	36 Black Reflex Chairs	10/07/10	2,242	187
5	40 Black Circulation Chairs	10/07/10	2,858	238
6	GE Profile Refrigerator	10/07/10	1,864	155
7	4.5ft Waverely Benches	10/07/10	1,728	144
8	Audio Visual Equipment	10/07/10	14,646	1,220
9	8 Rocking Chairs	10/07/10	1,485	124
10	14 Tables and 20 Chairs	3/31/11	3,382	282
11	Laminator	9/30/11	440	37
12	Office Chair and Desk	3/30/12	670	56
13	Console Table for Merch	5/24/12	335	28
14	Sitting Area Furniture	6/11/13	828	69
15	Window Treatments	8/01/14	1,728	144
16	Sleeping Qtrs Furniture	1/01/15	874	88
17	Projector and Screen	1/01/15	828	83
18	Floating Dock	2/27/15	2,862	143
19	Center Expansion	9/01/18	5,145	258
20	Center Expansion	10/01/18	1,715	86
21	Center Expansion	12/01/18	1,240	62
22	HP Z400 Tower PC	5/17/10	1,666	333
23	HP SB 2530P Laptop	5/17/10	1,856	371
24	HP LI M1522NF Printer	5/17/10	432	87
25	HP SB LA2205WG Monitors	5/17/10	519	104
26	Other Computer Equipment	6/20/13	218	43
27	Virtual Desktop Hardware	6/20/13	1,374	275
28	Eagle Nest Camera	7/13/14	7,600	1,520
29	Promotional Video	6/30/14	5,000	1,000
30	HP T160 Thin Clinet	4/09/14	237	48
31	Virtual Desktop Hardware	10/06/14	1,245	249
32	Computer Printer Monitor	8/03/15	3,124	625
<b>Total Other Depreciation</b>			<u>1,658,564</u>	<u>48,015</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,658,564</u>	<u>48,015</u>
<b>Grand Totals</b>			<u>1,658,564</u>	<u>48,015</u>

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

**JOHN BUNKER SANDS WETLAND CENTER,  
INC****27-0712564**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	378,382	480,735	102,353
	2. Membership dues and assessments	2,389	3,927	1,538
	3. Government contributions and grants			
	4. Program service revenue	36,875	10,405	-26,470
	5. Investment income	16,064	8,372	-7,692
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	553		-553
	8. Net income or (loss) from fundraising events	119,802	47,041	-72,761
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	3,690	2,502	-1,188
	11. Other revenue	950	476	-474
	12. <b>Total revenue.</b> Add lines 1 through 11	558,705	553,458	-5,247
<b>Expenses</b>	13. Grants and similar amounts paid	840	300	-540
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	87,342	96,212	8,870
	16. Salaries, other compensation, and employee benefits	168,031	182,151	14,120
	17. Professional fundraising fees			
	18. Other professional fees	25,786	14,398	-11,388
	19. Occupancy, rent, utilities, and maintenance	21,560	22,745	1,185
	20. Depreciation and Depletion	44,140	42,618	-1,522
	21. Other expenses	44,634	40,672	-3,962
	22. <b>Total expenses.</b> Add lines 13 through 21	392,333	399,096	6,763
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	166,372	154,362	-12,010
<b>Other Information</b>	24. Total exempt revenue	558,705	553,458	-5,247
	25. Total unrelated revenue			
	26. Total excludable revenue	58,132	21,755	-36,377
	27. Total assets	2,170,824	2,322,662	151,838
	28. Total liabilities	15,384	13,486	-1,898
	29. Retained earnings	2,155,440	2,309,176	153,736
	30. Number of voting members of governing body	9	9	
	31. Number of independent voting members of governing body	9	9	
	32. Number of employees	6	6	
33. Number of volunteers	23	25		

Form **990****Tax Return History****2020**Name **JOHN BUNKER SANDS WETLAND CENTER,  
INC**Employer Identification Number  
**27-0712564**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....			426,870	378,382	480,735	
Membership dues .....			2,438	2,389	3,927	
Program service revenue .....			32,227	36,875	10,405	
Capital gain or loss .....			-105	553		
Investment income .....			9,479	16,064	8,372	
Fundraising revenue (income/loss) .....			-7,648	119,802	47,041	
Gaming revenue (income/loss) .....						
Other revenue .....			3,667	4,640	2,978	
<b>Total revenue</b> .....			466,928	558,705	553,458	
Grants and similar amounts paid .....			2,632	840	300	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			84,129	87,342	96,212	
Other compensation .....			158,128	168,031	182,151	
Professional fees .....			36,053	25,786	14,398	
Occupancy costs .....			12,960	21,560	22,745	
Depreciation and depletion .....			47,720	44,140	42,618	
Other expenses .....			45,943	44,634	40,672	
<b>Total expenses</b> .....			387,565	392,333	399,096	
<b>Excess or (Deficit)</b> .....			79,363	166,372	154,362	
Total exempt revenue .....			466,928	558,705	553,458	
Total unrelated revenue .....						
Total excludable revenue .....			45,268	58,132	21,755	
Total Assets .....			2,115,320	2,170,824	2,322,662	
Total Liabilities .....			128,692	15,384	13,486	
Net Fund Balances .....			1,986,628	2,155,440	2,309,176	

**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 3		14			
TOTAL	\$ 3					

**Taxable Dividends from Securities**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 6,825		14			
TOTAL	\$ 6,825					

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## Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 3,763	\$ 1,693	\$ 1,129	\$ 941
TOTAL	\$ <u>3,763</u>	\$ <u>1,693</u>	\$ <u>1,129</u>	\$ <u>941</u>

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Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
NORTH TEXAS MUNICIPAL WATER DISTRICT	\$ 516,871	\$ 474,776
LH HOLDINGS, INC	160,000	117,905
THE ROSEWOOD FOUNDATION	156,785	114,690
THE SEAY FOUNDATION	55,000	12,905
CLAYTON SANDS	18,500	
GRAND PEAKS PROPERTIES	15,000	
KATHY DECKER	28,000	
TRAMMELL CROW	10,000	
DR. JON AND NANCY ESBER	5,000	
PAUL AND ELLEN FLOWERS	5,000	
HAVEN AND TRAVIS HEINRICHS	15,000	
A.G. HILL PARTNERS, LLC	5,000	
BOWMER AND HELEN SANDS	6,000	
PATRICK AND KRISTY SANDS	5,250	
JACOB AND LINDY SANDS	15,000	
STARK AND GEMMA STARKS	10,000	
ESBER CHARITABLE TRUST	50,000	7,905
CAROLYN BARTH	1,000	
COMMUNITIES FOUNDATION OF TEXAS	45,000	2,905
THE ROSEWOOD CORPORATION	10,000	
A. G. HILL PARTNERS, LLC	5,000	
KEN MINDELL	13,101	
ALAN PLUMMER ASSOCIATES, INC.	30,000	
WILSON SANDS	5,500	
SUZANNE TUTTLE	6,600	
TOTAL	<u>\$ 1,192,607</u>	<u>\$ 731,086</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
EDUCATION TOURS/CLASSES	\$ 5,944
ADMISSION FEES	4,461
MUD BUG	
WINGS OVER WETLAND	75,172
SALE OF INVENTORY	6,396
RENT	476
TOTAL	<u>\$ 92,449</u>

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Mud Bug

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSE	\$ _____
TOTAL	\$ <u>0</u>

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**Wings Over Wetland**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSE	\$ 28,131
TOTAL	\$ <u>28,131</u>

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Gross rents

<u>Code</u>	<u>Description</u>	<u>Amount</u>
1	RENT	\$ 476
	TOTAL	\$ <u>476</u>

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Thomas Stephen & Company, LLP  
3300 Oak Lawn Ave Ste 650  
Dallas, TX 75219

JOHN BUNKER SANDS WETLAND CENTER,  
INC  
2101 Cedar Springs, Ste 1600  
Dallas, TX 75201

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