

# Return of Organization Exempt From Income Tax

**2006**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_, **2006, and ending** \_\_\_\_\_, **20**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

200612 031530000 29 IB  
NORTHEAST WISCONSIN LAND TRUST INC  
14 TRI PARK WAY STE 1  
APPLETON WI 54914-6430

I  
R  
S

**D Employer identification number**

391867891

**E Telephone number**

(920) 738-7265

**F Accounting method:**  Cash  Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ www.newslt.org

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included? N/A  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ N/A

**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 82645

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				69985							
<b>c</b> Indirect public support (not included on line 1a)				8444							
<b>d</b> Government contributions (grants) (not included on line 1a)				2344							
<b>e</b> Total (add lines 1a through 1d) (cash \$ 65773 noncash \$ 15000 )										80773	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										<b>2</b>	
<b>3</b> Membership dues and assessments										<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments										<b>4</b>	
<b>5</b> Dividends and interest from securities										<b>5</b>	
<b>6a</b> Gross rents		<b>6a</b>									
<b>b</b> Less: rental expenses		<b>6b</b>									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )										<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
<b>b</b> Less: cost or other basis and sales expenses		<b>8a</b>		<b>8b</b>							
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>									
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)										<b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b) 10th Anniversary picnic		<b>9a</b>		1872							
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>		1611							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										<b>9c</b> 261	
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>									
<b>b</b> Less: cost of goods sold		<b>10b</b>									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)										<b>11</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										<b>12</b> 81034	
<b>13</b> Program services (from line 44, column (B))										<b>13</b> 69937	
<b>14</b> Management and general (from line 44, column (C))										<b>14</b> 13518	
<b>15</b> Fundraising (from line 44, column (D))										<b>15</b> 1960	
<b>16</b> Payments to affiliates (attach schedule)										<b>16</b> 0	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										<b>17</b> 85415	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										<b>18</b> -4381	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										<b>19</b> 269,695	
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 1										<b>20</b> -1766	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										<b>21</b> 263,548	

RECEIVED  
JUL 10 2007  
OGDEN, UT

SCANNED AUG 03 2007

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) <u>N/A</u>	23				
24	Benefits paid to or for members (attach schedule) <u>N/A</u>	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <u>See Statement 2 &amp; 4</u>	25a	31800	28620	2544	636
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) <u>N/A</u>	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) <u>N/A</u>	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	4725	3544	709	472
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	2794	2460	249	85
30	Professional fundraising fees	30				
31	Accounting fees	31	5100		5100	
32	Legal fees	32				
33	Supplies	33	3071	2523	380	168
34	Telephone	34	1629	1548	81	
35	Postage and shipping	35	1248	1994	20	234
36	Occupancy	36	4400	3740	440	220
37	Equipment rental and maintenance	37				
38	Printing and publications	38	3688	3582		106
39	Travel	39	796	796		
40	Conferences, conventions, and meetings	40	1739	1739		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	<u>Dues and subscriptions</u>	43a	1562	1523		39
b	<u>Licenses and permits</u>	43b	25		25	
c	<u>Consultant</u>	43c	19796	16827	2969	
d	<u>Land projects</u>	43d	983	983		
e	<u>Insurance</u>	43e	2015	1025	990	
f	<u>Bank charges</u>	43f	44	34	10	
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	85415	69937	13518	1960

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0;  
 (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Preserve Conservation Land  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

**a** Completion of 5 conservation easements on 330 acres of land. Little Wolf Headwaters and Red Banks ecosystem education, outreach and planning. Education through 12 presentations to 450 individuals. Volunteers donated 2000 hours valued at over \$35,000. Management and monitoring of protected lands.  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

69937

**b** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**c** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . ►

69937

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing . . . . .	38,347	45	33,464
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .		47a	
	b Less: allowance for doubtful accounts . . . . .		47b	47c
	48a Pledges receivable . . . . .		48a	0
	b Less: allowance for doubtful accounts . . . . .	2,344	48b	48c
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .		51a	
	b Less: allowance for doubtful accounts . . . . .		51b	51c
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	
	54a Investments—publicly-traded securities . . . . .		54a	
	b Investments—other securities (attach schedule) . . . . .		54b	
	55a Investments—land, buildings, and equipment: basis . . . . .		55a	
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	55c
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .	215,500	57a	
b Less: accumulated depreciation (attach schedule) . . . . .		57b	57c	
58 Other assets, including program-related investments (describe ► See Statement 3) . . . . .	15,049	58	15,603	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	271,240	59	264,567	
Liabilities	60 Accounts payable and accrued expenses . . . . .	1,545	60	1,019
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe ► . . . . .)		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	1,545	66	1,019	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	250,195	67	249,048
	68 Temporarily restricted . . . . .	19,500	68	114,500
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	269,695	73	263,548	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	271,240	74	264,567	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	82b 12353		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?		
	N/A		
<b>85b</b>	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>85c</b>	c Dues, assessments, and similar amounts from members		
	N/A		
<b>85d</b>	d Section 162(e) lobbying and political expenditures		
	N/A		
<b>85e</b>	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	N/A		
<b>85f</b>	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	N/A		
<b>85g</b>	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>85h</b>	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86a</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12		
	N/A		
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities		
	N/A		
<b>87a</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders		
	N/A		
<b>87b</b>	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	N/A		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
<b>88b</b>	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
<b>89b</b>	b <b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>89c</b>	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0</u>		
<b>89d</b>	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0</u>		
<b>89e</b>	e <b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89f</b>	f <b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89g</b>	g <b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	N/A		
<b>90a</b>	List the states with which a copy of this return is filed <u>Wisconsin</u>		
<b>90b</b>	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
	<u>1</u>		
<b>91a</b>	The books are in care of <u>Deborah Nett</u> Telephone no. <u>(920) 738-7265</u> Located at <u>14 Tric Park Way, Bldg 1, Appleton WI</u> ZIP + 4 <u>54914-6430</u>		
<b>91b</b>	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country **N/A**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		0	0
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					0

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>N/A</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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.

**Please Sign Here**

Signature of officer: Robert W. [Signature] Date: 6/28/07

Type or print name and title: PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

*Northeast Wisconsin Land Trust, Inc.*

Employer identification number

*3911867891*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

Total number of other employees paid over \$50,000 . ▶ *0*

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>None</i>		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ *0*

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>None</i>		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ *0*

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>See Statement 4, Form 990 Part J-A</i>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement <i>See Statement 5</i>	X	
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶		<u>0</u>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		<u>0</u>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		<u>0</u>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		<u>0</u>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants See line 28.)	212,827	92,271	106,420	65010	476,528
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	7	11	18
<b>19</b> Net income from unrelated business activities not included in line 18.					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	212,827	92,271	106,427	65021	476,546
<b>24</b> Line 23 minus line 17	212,827	92,271	106,427	65021	476,546
<b>25</b> Enter 1% of line 23	2128	923	1064	650	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	26a	9531
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	214,224
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	476,546
d Add: Amounts from column (e) for lines: 18 <u>18</u> 19 _____ 22 _____ 26b <u>214,224</u>	26d	214,242
e Public support (line 26c minus line 26d total)	26e	262,304
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	55 %

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

N/A

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

N/A

(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

27c N/A

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

27d N/A

e Public support (line 27c total minus line 27d total)

27e N/A

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

27f N/A

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g N/A %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. None

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
<b>29</b>		

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

<b>30</b>		
-----------	--	--

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

<b>31</b>		
-----------	--	--

.....  
.....  
.....

**32** Does the organization maintain the following:

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

.....  
.....

**33** Does the organization discriminate by race in any way with respect to:

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

.....  
.....  
.....

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

<b>34a</b>		
------------	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either 34a or b, please explain using an attached statement.

<b>34b</b>		
------------	--	--

**35** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

<b>35</b>		
-----------	--	--

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals <i>N/A</i>	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0												
38	Total lobbying expenditures (add lines 36 and 37)	38	0												
39	Other exempt purpose expenditures	39	85415												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	85415												
41	Lobbying nontaxable amount. Enter the amount from the following table—														
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000 . . . . .</td> <td>20% of the amount on line 40 . . . . .</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 . . . . .</td> <td>\$100,000 plus 15% of the excess over \$500,000 . . . . .</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 . . . . .</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 . . . . .</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 . . . . .</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 . . . . .</td> </tr> <tr> <td>Over \$17,000,000 . . . . .</td> <td>\$1,000,000 . . . . .</td> </tr> </table>		<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .	Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .	Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .	Over \$17,000,000 . . . . .	\$1,000,000 . . . . .	41	17083
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .														
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .														
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .														
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .														
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	4271												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	0												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	0												

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	17083	17385	19881	19916	74265
46					111398
47	0	0	0	0	0
48	4271	4346	4970	4979	18566
49					27849
50	0	0	0	0	0

**Part VI-B Lobbying Activity by Nonelecting Public Charities** *N/A*  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			Amount
	Yes	No	
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



SCHEDULE 1: SPECIAL EVENTS: 10 <sup>th</sup> Anniversary Picnic: Income	1872
Expense	<u>-1611</u>
Net	261

STATEMENT 1: CHANGES IN NET ASSETS Total to Form 990, Part 1, Line 20

Return on beneficial interest in Community Foundation	554
Transfer to Community Foundation endowment	-2500
U.S. Treasury payment for 2005	196
Correction 2005 expenses	<u>-16</u>
TOTAL TO Part 1, Line 20	-1766

STATEMENT 2: OFFICER COMPENSATION ALLOCATION, PART 11, LINE 25

Name of Officer	Compensation	Employee Ben.	Expense Accounts	Totals
Jim Klinkert	31800	0	0	31800
A. Program Services	28620			
B. Management and General	2544			
C. Fundraising	636			

STATEMENT 3: OTHER ASSETS Total to Form 990, Part IV, Line 58, Column B

BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION 15603

STATEMENT 4: Part II, line 25a and Part V-A  
 OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES IN 2006  
 LINE 25A COMPENSATION OF CURRENT OFFICERS, DIRECTORS, KEY EMPLOYEES

Title	Name	Address	Hours/week	Comp.	Bene.	Exps.	Term
<b>BOARD OF DIRECTORS:</b>							
Co-President	Bob Stadel	14 Tri-Park Way	Appleton, WI 54914	10	0	0	2008
Co-President	Sue Kinde	14 Tri-Park Way	Appleton, WI 54914	15	0	0	2007
Vice-Pres	Tim Schmidt	14 Tri-Park Way	Appleton, WI 54914	10	0	0	2007
Secretary	Allen Davis	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2008
Treasurer	Kevin Kosgard	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2009
	Mike Brandel	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2008
	Tim Douglas	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2009
	Jim Resick	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2009
	Curt Solberg	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2009
	Randy Stadtmueller	14 Tri-Park Way	Appleton, WI 54914	5	0	0	2007
	Aurelia Stampf	14 Tri-Park Way	Appleton, WI 54914	10	0	0	2008
	Ron Vander Velden	14 Tri-Park Way	Appleton, WI 54914	10	0	0	2008
	Betty Winter	14 Tri-Park Way	Appleton, WI 54914	10	0	0	2008

EXECUTIVE DIRECTOR:

	Jim Klinkert	14 Tri-Park Way	Appleton, WI 54914	30	31800,	0	0
--	--------------	-----------------	--------------------	----	--------	---	---

LINE 26 OTHER SALARIES AND WAGES

Program Dir	Deborah Nett	14 Tri-Park Way	Appleton, WI 54914	30	4725,	0	0
-------------	--------------	-----------------	--------------------	----	-------	---	---

LINE 43C OTHER EXPENSES

Consultant	Leslie Taylor, LT Associates				19796,	0	0
	1411 Apple Creek Rd, Appleton WI 54913						

Northeast Wisconsin Land Trust, Inc. EIN 39-1867891								2006 990	
At the beginning of 2006, Northeast Wisconsin Land Trust held 16 easements, totalling 1680.9 acres, all in the state of Wisconsin.									
During 2006, NEWLT acquired 5 easements totaling 330 acres, bringing the total to 2010.9 acres, all in the state of Wisconsin.									
No easements were modified, sold, transferred or terminated during 2006. There are no easements on golf courses or within or adjacent to residential developments.									
Charitable contributions are requested but not required in order to have the resources to enforce the restrictions; contributions for monitoring and legal defense are directed to area Community Foundations.									
12 easements were monitored, totalling 1030 acres; owned lands of 87 acres were managed. Spring 2007 monitoring of 874 acres completed or scheduled.									
Total staff time devoted to monitoring was 65 hours and expenses were \$1895 Volunteers donated much work and expenses.									
Year	Project	Owned	CE Acres	# of CE	CE Recorded	Contains Home/Farm Buildings	Charitable Contribution	Acres Monitored in 2006	Acres Completed or Scheduled Spring 07
1998	Timm's Woods		60	1	9/17/98			60	60
	Beckwith		199	2	12/30/98	x	x		199
1999	*Reeve	39			12/9/99		x		
	Hall		40	3	12/27/99		x	40	
	Hall		80	4	12/27/99		x	80	
2000	Hall-S Hobart Farm		91	5	12/26/00	x	x	91	
	Crane-Patrick		160	6	12/27/00	x	x		160
2001	Hall-Hobart Farm		75	7	12/26/01	x	x	75	
2002	Finch, Richard & Lois		80	8	3/5/02	x	x	80	
	Pfefferle, J & Lynn		118	9	5/20/02	x	x	118	
	Maassen		65.32	10	12/23/02		x		65.32
2003	Markman		26.6	11	12/29/03	x	x	26.6	
2004	Thiel		221	12	2/17/04	x		221	
	Timm's Meadow		67	13	12/22/04			67	67
	Zimmerman		36.7	14	12/21/04		x	36.7	
	Zehner		187.605	15	12/13/04		x		187.605
2005	Pawlacyk		135	16	12/28/05		x	135	135
	*Stroebe Marsh (Guckenberg-Sturm)	48.183					x		
2006	Mason		40	17	5/1/06		x		
	Markman		70	18	12/28/06		x		
	Dohr		40	19	12/28/06		x		
	Schneider 1		100	20	12/29/06	x	x		
	Schneider 2		80	21	12/29/06				
2007	Conover		83.59	22	1/19/07		x		
	Williams		80	23	3/19/07	x	x		
	<b>Total</b>	<b>87.183</b>	<b>2135.815</b>					<b>1030.3</b>	<b>873.925</b>