CHANGE OF ACCOUNTING PERSON 29493,05509020 OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Open to Public

A	For th	e 2016 ca	lendar year, or tax year begir	nning	7/1/2017	, and e	ending	9/3	0/2017			
В	Check if	applicable	C Name of organization Woo	od Lane Inde	ıstnes	_		D Employer	dentific	ation number		
\boxtimes	Address	change	Doing business as									
\Box	Name ch	2000	Number and street (or PO box i	if mail is not de	livered to street address)	Room/suite		34-6525333	3			
님	Name G	ange	991 S Main St					E Telephone	number			
Ш	Initial reti	пш	City or town		State	ZIP code		(419) 352-5059				
	Final return	n/terminated	Bowling Green	Caralan as	OH	43402	1					
$\overline{\Box}$	Amended	d ratura	Foreign country name	Foreign pr	ovince/state/county	Foreign posta	ii code	G Gross reco	ointe C	1	508,610	
	Amended	rictum					$\overline{}$	G G1088 76C	albie e			
لبإ	Application	on pending	F Name and address of principal o				H(a) is th	nis a group return (or subordin	nates?Yes	s X No	
<u> </u>			Vic Gable 991 S. Main St , I	Bowling Gr	een, OH 43402		H(b) Ar	e all subordinate	s include	d? Yet	s 🔲 No	
<u>ا</u>	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or [} #	"No," attach a lis	it (see ins	structions)		
العه 	Website	e: ► N/A			<u></u>	<u> </u>	H(c) Gr	oup exemption i	number B	•		
				1		1.4						
		rganization		Association	n Other ▶	LYE	ar of form	ation 1962	IN Sta	ate of legal domicile	e OH	
ناج	art I		mmary									
رة ب	1		escribe the organization's m					employment	and trai	ining to		
2.5	1		who are mentally and devel			different envir	onment	<u>s.</u>				
Governance.			sheltered workshops and co									
€ S	2	Check th	nis box ▶॑ if the organiz	ation disco	ntinued its operatio	ns or disposed	d of more	e than 25% (of its ne	t assets		
ŏ	3	Number	of voting members of the go	verning bo	dy (Part VI, line 1a)		٠, ,	/	3		7	
Activities &	4	Number	of independent voting members	bers of the	governing body (Pa	rt VI, line 1b)	.\/		4		7	
Ë	5	Total nu	mber of individuals employed	d in calenda	ar year 2016 (Part \	/, line 2a)	. Y		5		317	
<u>₹</u>	6	Total nu	mber of volunteers (estimate	if necessa	ry)				6			
¥	7a	Total uni	related business revenue fro	m Part VIII	column (C), line 12	2	. 1		7a		0	
	b	Net unre	elated business taxable incor	ne from Fo	rm 990-T, line 34 .				7b		0	
							T	Prior Year		Current Ye	ar	
٥	8	Contribu	itions and grants (Part VIII, Ii	ne 1h)				2,895	,059		700,183	
Revenue	9	Program service revenue (Part VIII, line 2g)							4,711		369,065	
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							2,385		391	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).									225,398	
	12	Total reve	enue—add lines 8 through 11 (5,395	,786	1,	295,037				
	13	Grants a	and similar amounts paid (Pa	rt IX, colum	nn (A), lines 1-3).	•			0		0	
	14	Benefits	paid to or for members (Par	t IX, columi	n (A), line 4)				0		0	
Ş	15	Salaries,	other compensation, employee	e benefits (F	art IX, column (A), lii	nes 5–10)		2,589	,254		781,619	
ısı	16a	Professi	onal fundraising fees (Part IX	K, column (A), line 11e)				0		0	
Expenses	Ь		draising expenses (Part IX,	-		0	Callet !	18 18 18 18 18	17. 17.	新华 人名阿克纳	الله (المروزية -	
மி	17	Other ex	penses (Part IX, column (A),	, lines 11a-	11d, 11f-24e)				,791		218,263	
	18	Total exp	penses. Add lines 13-17 (mu	ist equal Pa	nt IX, column (A), le	ne 25).		3,291			999,882	
	19		e less expenses Subtract line			· - 2		2,104			295,155	
Net Assets or Fund Balances					8	(3)	Beginn	ing of Current	Year	End of Yea	ıř	
sets	20	Total ass	sets (Part X, line 16)		[FEB 12	2018		2,954	,868	3,	190,735	
t As	21	Total liab	oilities (Part X, line 26)		[<u> řč </u>		284	1,001		224,713	
\$ 5	22	Net asse	ets or fund balances. Subtrac	t line 21 fro	m line′20ື່າ ເລັດເລັດ ເ	0 9		2,670	,867	2,	966,022	
	irt II	Sig	nature Block			<u></u>						
			, I declare that I have examined this i									
and	belief, it is	true, correc	ct and complete. Declaration of prep.	arer (other tha	n officer) is based on all i	nformation of which	h preparei	has any knowle	edge	Classe	4	
Sig	ın	-	4/1 1 XILLE						3/0	219015	<u> </u>	
He			Signature of officer	V 22	\sim			Date	•			
•••			G.K Grable	CE	<u> </u>							
			Type or print name and title									
_		Print	Type preparer's name	Pr	eparer's signature		Date		heck	T of PTIN	1	
Pai		Joan	nne L Bower				1/3	I	elf-employ	" yed P005809:	59	
	parer			CPA Inc			<u> </u>					
US	e Only	nly Firm's name ▶ Joanne L Bower CPA, Inc Firm's address ▶ 1422 W McPherson Hwy., Clyde, OH 43410					+	Firm's EIN ► 26-1656434				
<u> </u>								Phone no	(419) 5	547-8452		
May	the IR	S discuss	s this return with the prepare	r snown ab	ove? (see instructio	ns) .				X Yes	No	

Form 9	90 (2016)	Wood Lane Industries	34-6525333	Page 2
Pai	rt III	Statement of Program Service Accomplishments		. [
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u>. </u>
1	To provi	escribe the organization's mission. de employment and training to persons who are mentally and developmentally disabled al different environments, such as sheltered workshops and community settings		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O.	. Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program conducts, any program describe these changes on Schedule O	. Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest program services s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported		
4a	includes vocation commun) (Expenses \$ 307,607 including grants of \$) (Revenuemployment opportunities for individuals with disabilities in Northwest Ohio. This re-manufacture of toner cartridges, employment supports including al/habilitation, day services, personal care and transportation, independent jobs in ity settings, sheltered workshop, and scanning services. 187 consumers served		
				
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	⇒\$)
		·		
			,	
4d	Other pro	ogram services (Describe in Schedule O)		
	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total pro	gram service expenses 307,607		

Form 990 (2016) Wood Lane Industries Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Χ 11c 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? If "Yes," complete Schedule D, Part IX. 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b Х Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

17

17

18

Х

Χ

Х

34-6525333

Par	Checklist of Required Schedules (continued)			
		000	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
b	, , , , , , , , , , , , , , , , , , , ,	200		ř–
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 17 if "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			- ^-
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	}	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- <u></u> -		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	ľ	1	1
	employees? If "Yes," complete Schedule J	23	1	Х
24a		 -		ΓŤ
4-14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	}	X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Γ
Ī	to defease any tax-exempt bonds?	24c	1 1	ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1	i	ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	J]	1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	-	}	l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	377	(4) - 1)	1 1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	د به درانس	* ~ , , , ,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	- }		l
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	}	1	l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified]]	
	conservation contributions? If "Yes," complete Schedule M	30	\vdash	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	} }	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	100		
	If "Yes," complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22]]	v
24	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	 - 	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	} }	v
250		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	_^_
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1 1	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	 	
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1-30	 	
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		}	I
	V/	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u></u> -		_ -
40	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

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Par	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 1a 5	j.,	. 1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	#* * # = 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Ĺ	
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		· . '	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 317			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	├
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	├──	├─
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		Į	ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-	İ	,
L	account)?	4a	├	X
b	If "Yes," enter the name of the foreign country:	1.	1	\
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	\$-	يتجرال	
E.	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	120	X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	╁	T x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\vdash	 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>	 	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- u	 	 ^
	gifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).	1 / ja (*)	1-3-5	<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	11.	8	1-4
-	and services provided to the payor?	7a) at 2	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Į	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	pr.		25
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.7 7.2. Aur		27
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	ر وهي سندها	in's	12.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├	
10	Section 501(c)(7) organizations. Enter	11,00 E	ا رازی	
a	Initiation fees and capital contributions included on Part VIII, line 12	3	£	1,5
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ا پرشد		1 3
11	Section 501(c)(12) organizations. Enter	,		1
a b	Gross income from members or shareholders	, -	1	ν,
D	against amounts due or received from them.)	ا داداً الأراب	1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ser. 1.	- 3
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124	3. 13	 -
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	132	, 7	150
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	140	1.13	15
b	Enter the amount of reserves the organization is required to maintain by the states in which		1, "	1.3
	the organization is licensed to issue qualified health plans		149	با
С	Enter the amount of reserves on hand	c^{-1}	1.	<u>.</u> .
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schedule O	14h		

Form 990 (2016)

Part VI Wood Lane Industries

Wood Lane Industries	34-6525333	Page
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	ule O. See instri	uctio <u>ns</u> .
Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	. X

Sect	ion A. Governing Body and Management				·
		- ١		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7	4 [:	٠,	, ,
	If there are material differences in voting rights among members of the governing body, or		, '1		1
	If the governing body delegated broad authority to an executive committee or similar			, , , ;	1. 1.
	committee, explain in Schedule O.	41.	, 3	, ,	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	snip with	2.34	5	7
_	any other officer, director, trustee, or key employee?		2		X_
3	Did the organization delegate control over management duties customarily performed by or under		_ '		
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets? .	5_		X
6	Did the organization have members or stockholders?		6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	1		
	one or more members of the governing body?		7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,	1	1	l
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	1.37	, · ·	
	the year by the following		1.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
а	The governing body?		8a	_X_	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u> </u>	9		LX_
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	<u>Code</u>		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such			l	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	L	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		200	7 -	129
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	ļ		
	describe in Schedule O how this was done	• • • • •	12c	_X_	
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	-	Y	1.7	24
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	57 P	142	دُ نر کارا
а	The organization's CEO, Executive Director, or top management official .		15a		X
b	Other officers or key employees of the organization	•	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		, ,		74.70
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jement	#2,,	14 % 14	L2
	with a taxable entity during the year?		16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		1	, , ,	,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			الديستاس
	the organization's exempt status with respect to such arrangements?		16b		L
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed	0.7.0			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	u- i (Section 501(c)(3	is onli	/)	
	available for public inspection Indicate how you made these available. Check all that apply				
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	ıcy, ar	a	
	financial statements available to the public during the tax year.	والمواجعة المعاجعة مراجعة			
20	State the name, address, and telephone number of the person who possesses the organization's to				
	Vic Gable	(419) 352-5059			
	991 S Main St , Bowling Green, OH 43402				

Form 990 (2016)	Wood Lane Industries									34-65253	33 P	age 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	Εm	ple	oyee	s, ł	lighest Comp	ensated		
1	Employees, and Independent C										r	_
	Check if Schedule O contains a r	esponse or no	te to	an	y lir	ie ii	n this	<u> Pa</u>	art VII	<u> </u>	<u> L</u>	
Section`A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsate	ed E	mployees			
1a Complete	this table for all persons required to be	listed. Report co	mper	nsati	on 1	for t	he ca	ilen	dar year ending v	with or within the	;	
organizatıon's	s tax year.											
	of the organization's current officers, d ion Enter -0- in columns (D), (E), and (iuals	or c	rganizations), re	gardless of amo	unt	
	of the organization's current key emplo											
who received	e organization's five current highest con reportable compensation (Box 5 of For and any related organizations.										oyee)	
_	of the organization's former officers, ke	v emnlovees a	nd hic	hac	t co	mn	encet	ad a	mniovees who r	eceived more th	an	
	eportable compensation from the organ							eu (simployees wild i	eceived more un	an	
	of the organization's former directors	-			-			city :	as a former direc	tor or trustee of	the	
	more than \$10,000 of reportable compo											
=	n the following order individual trustees		_						-			
	employees; and former such persons						-,		-,,	-,g		
Check thi	is box if neither the organization nor an	v related organiz	ation	cor	npe	nsa	ted a	nv c	urrent officer, dir	ector, or trustee		
		T	Γ.		<u> </u>	C)			T T			
		ĺ				ition			Ì	Ì]	
	(A)	(B)	ι,		neck	more	than o		(D)	(E)	(F)	
	Name and Title	Average hours per	box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimate amount	
		week (list any hours for	or di	Insti	Officer	₹ ey	High	Former	from the	from related organizations	other compensa	atron
		related organizations below dotted	Individual trustee or director	Institutional trustee	ď	employee	Highest compensated employee	ष्ट्	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizat and relat	tion
		line)	l ste	tz		8	pe	ĺ			organizati	ons
			*	ê	ŀ		sate	ł				
(1) John Fa	nuantt .	2.00		-		-	<u> </u>	-			<u> </u>	
(1) John Fa Board Membe		2 00	x	l					}			
	nmy Corral	2.00	 ^-	\vdash		\vdash		-				
Board Membe	*	2.00	X	1			1	1		1		
	k Bostdorff	2 00		<u> </u>	_		-					
Board Membe			x	ł		Ì	}					
(4) Barb Fo		2 00		Г								
President					Х			ĺ			_	
(5) Joe Friz	zado	2 00										
Vice President	t		l _		Х			ļ				
(6) Val Kab	а	2.00										
Treasurer					Х			L				
	agsamen-Conrad	2 00	}									
Secretary				_	X	!						
(8) Vic Gab	ole	40 00										
CEO				_		X		_	21,323			
(9) Melinda		40 00				$ \cdot $						
Director of Fin	ance			H	\square	X	L		15,325			—
10)												
						_	<u> </u>	ļ.,				
(11)				1							l	

(12)

(13)

more than \$100,000 of compensation from the organization

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted hours per hours for related organizations below dotted hours for hours for related organizations below dotted hours for hours fo		an ee)	(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			
(15)				_			8				
					_	_		_			
					!						
						-		_			
				_				-			
				_				_		 	
					_	_					
				_	_ !			_			
					_	-			:		
(24)		 									
(25)											
1b c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis		<u>.</u>		/ho	recei	▶ ▶ ved	36,648 0 36,648 more than \$100	0 0 0 ,000 of	0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu		•	-	-	e, o	r high	nest	compensated		Yes No
	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•	•						•	ל	\$ 1
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yes									ridual	5 X
	ion B. Independent Contractors						Albak a			1400 000 -6	
	Complete this table for your five highest compecompensation from the organization Report colyear										tax
	(A) Name and business address							_	(B) Description of sen	rices ((C) Compensation
none											0
					_	_		_			0
											0
	Total number of independent contractors (include										0

Form 990 (2016) Page 9 Wood Lane Industries 34-6525333 Part VIII Statement of Revenue

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

		Check ii Scredule O contains	a response	01 1	iole lo arry line ii	i ulis Pait VIII	· · · ·		· · _ <u> </u>
	•			, ,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns .		1a	0		1	. ,	,
돮	b	Membership dues		1b		1			· .
E S		·	•		<u> </u>				,
S, C	C	Fundraising events .		1c	0			1	ļ.
Gifts, Grants llar Amounts	d	Related organizations .		1 <u>d</u>	<u> </u>		('	
S, E	e	Government grants (contribution	s)	1e	700,139				
2 2	l f	All other contributions, gifts, gran				1 ' ; ,			'
ž ž	1	similar amounts not included abo		1f	1 44			1	
Žδ	1				<u> 44</u>		1	1.1.	
Contributions, Gifts, Grants and Other Similar Amounts) 9	Noncash contributions included in li		\$	0				
	<u> </u>	Total. Add lines 1a-1f	<u> </u>		<u> </u>	700,183	1.4	h = h	
φ	1				Business Code		1		
Ē	2a	Contract Work			310000	115,726	115,726		
ě	Ь	Services				253,339			
9	c			•		0			
Σ	٦					0		 	
Program Service Revenue	ı u								
Ę.	•					0	 	<u> </u>	
5 E	T	All other program service revenu	е		L	0			
	g	Total. Add lines 2a-2f		<u> </u>	<u> </u>	369,065	- 1 - 1 "	galotain bir o	2 m 2 2 2 m 1 1 m
	3	Investment income (including div	idends, inter	est,	and			}	
	Ì	other similar amounts)				391	Ì)	391
	4	Income from investment of tax-ex	cempt bond	proc	eeds ►	0			
	5	Royalties	•		>	<u> </u>		 	
	-		(ı) Real	<u></u> -	(ii) Personal	val 18 1 1 1 1 1 1 1 1 1 1	2 11 7 LA SARBY	15 15 150	Ar 5 mg 2 de 1 12
	60	Gross rents	—— —		(1) (1)		The state of the state of	Control of the second	3 3 4 4
	6a						124 125 200	The said	静态显示。
	b	Less. rental expenses					B		[15] 等情点是主
	С	Rental income or (loss) .	L	0	0	مرداده الاستعادية الارادة	Leine Vole make week	The state of the s	The state of
	d	Net rental income or (loss)			<u>, , , </u>	o		L	
	7a	Gross amount from sales of	(i) Securitie	s	(II) Other	- The 18 34 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To a stand they to	337 31 res
	1	assets other than inventory		0	0	198		ا الله الإدارة الله الله الله الله الله الله الله الل	
	ь	Less: cost or other basis				1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 35		
	-	and sales expenses		0	0		4		
		Gain or (loss)					医海绵 洗涤		
	C		 _	- 0		عساء بدير إلا المعالم المعالم الما			ا ، جانب وأنت سلاكمكالم
	d	Net gain or (loss)		1	_ •	0			
	ĺ								J. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ıne ı	8a	Gross income from fundraising					The first of the	To the first of the second of	145 流光型全国
ļе,		events (not including \$	0			1 348 4557	5.08年7年7月		
ev		of contributions reported on line 1	lc).	i					
r		See Part IV, line 18		а	o	民族的名词			
Other Revenu	b			ь	0			(4) 4 5 h	
ō	C	Net income or (loss) from fundral		~ ,		ائن ماده الدار مدائد الدار • • • • • • • • • • • • • • • • • • •		المراجع والمراجع والمراجع	1 T, 11 1 1
	9a	Gross income from gaming activi		1	·	3 - 1 / 2 / 2 / 2	3, 9, 2, 1	mar at 0. 21 A at 2	n . 1 . 2 . 2 .
	34]	أو	的是一个 的特别。			
				а			The figures to properly	Burner & Section	Burgara Comme
	b	Less direct expenses		b	0	1411. 2012 Live	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	راه ما ما ما الله الله الله الله الله الل	1-11-15 1 1 1 2 1
	С	Net income or (loss) from gaming	activities .	٠.	<u> ▶</u>	0			
Ì	10a	Gross sales of inventory, less		Ì			Mark Strain	1. 快点时间点	ا من المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة المناسبة
ı		returns and allowances		a	428,610			A Charles	
1	b	Less: cost of goods sold		ь	213,573		[[[台] [[[[]]]]]		
	c	Net income or (loss) from sales o			▶	215,037	215,037	الامتحاث المتحادة	أسام والمحديد البرسد والمسيني
}		Miscellaneous Revenue		`	Business Code	h	210,007 2162535	298 - 14 - 1	
ł	11a	Reimbursements				0.817	ta hata hadah	المساهات أشاعا لمساه	9,817
Ì		Vandina	·	ł		9,817			
	b	Vending	·	ļ		261			261
]	C	Miscellaneous]		283			283
l	ď	All other revenue		L		0			
Ì	е	Total. Add lines 11a-11d			▶	10,361		表為有限人共	1 1 1 1 1 1 1 1
	12	Total revenue. See instructions.			▶	1,295,037	584,102	01	10,752

	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	<u>columns. All other o</u>	rganizations must d	omplete column (A))
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			An a fighterny	
	domestic governments. See Part IV, line 21.	0		A 150 3 4 46 13	of the man with the second
2	Grants and other assistance to domestic			"我们的"我们"。	100 mm
	ındıvıduals See Part IV, line 22	0		·····································	Just wife fill
3	Grants and other assistance to foreign			· · · · · · · · · · · · · · · · · · ·	
	organizations, foreign governments, and foreign			The total and the same	
	individuals See Part IV, lines 15 and 16	0		1 carling letter	
4	Benefits paid to or for members	0		1. 13 · 有700 14 44.44	* 19. F 18. M > 2.9
5	Compensation of current officers, directors,		}		
	trustees, and key employees	487,349		487,349	ļ
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and		}		Ì
	persons described in section 4958(c)(3)(B).	0		<u> </u>	
7	Other salaries and wages	97,949	97,949		<u> </u>
8	Pension plan accruals and contributions (include				Ì
	section 401(k) and 403(b) employer contributions).	0	<u> </u>		
9	Other employee benefits	119,750		119,750	
10	Payroll taxes	76,571	48,551	28,021	
11	Fees for services (non-employees)				
а	Management	0	<u> </u>	<u> </u>	
b	Legal	980	<u></u>	980	
C	Accounting	8,249	<u></u>	8,249	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	31. C. A. A. B. B. B. C. B.	To British Stage To Select .	
f	Investment management fees	0	<u> </u>		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,765			
12	Advertising and promotion	3,838		3,838	<u></u>
13	Office expenses	1,119			<u> </u>
14	Information technology	5,260		5,260	<u> </u>
15	Royalties	0			L
16	Occupancy . ,	98,232	92,615	5,617	
17	Travel	5,525		5,525	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,602		1,602	·
20	Interest	0			
21	Payments to affiliates	0			l
22	Depreciation, depletion, and amortization	1,336	1,336	0	0
23	Insurance	7,591		7,591	
24	Other expenses Itemize expenses not covered		(1955年) 重要的	医抗性 医皮质性病炎	[15] "我们是
	above (List miscellaneous expenses in line 24e. If		والمناورة والمرابع والمناورة		
	line 24e amount exceeds 10% of line 25, column	The state of the s	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(A) amount, list line 24e expenses on Schedule O)	The state of the s	10 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2		
а	Vehicle expenses	24,707	24,707		
b	Day services	1,395	1,395		
С	Workshop supplies & materials	12,999			
d	Dues/Fees/Subs	26,781	15,039		
е	All other expenses Miscellaneous	6,884	132	6,752	
25	Total functional expenses. Add lines 1 through 24e	999,882	307,607	692,275	
26	Joint costs. Complete this line only if the		, 	<u> </u>	
-	organization reported in column (B) joint costs		!		
	from a combined educational campaign and				
	fundraising solicitation Check here ► if		,		}
	Sallanuma COD 00 0 (ACC 050 700)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,624,156	1	1,106,353
	2	Savings and temporary cash investments	919,499	2	919,890
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	253,032	4	242,209
	5	Loans and other receivables from current and former officers, directors,	1.5		2 1 2 12 12 14
	1	trustees, key employees, and highest compensated employees	The season of the	1	
	1	Complete Part II of Schedule L		5	1
	6	Loans and other receivables from other disqualified persons (as defined under section	4, ,	1	4
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		11.3	
	ĺ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ħ	1	organizations (see instructions) Complete Part II of Schedule L	The of a first course of a course of a first of the office of the original original of the original original original original original original original orig	6	
Assets	7	Notes and loans receivable, net	0	 	<u> </u>
Ä	8	Inventories for sale or use	56,879		73,964
	9	Prepaid expenses and deferred charges	76,669		32,541
	10a	Land, buildings, and equipment cost or	10,000	-	02,041
	100	other basis Complete Part VI of Schedule D 10a 1,020,70		15	
	ь	Less accumulated depreciation 10b 215,52		10c	805,177
	11	Investments—publicly traded securities	23,882		005,177
	12	Investments—other securities See Part IV, line 11	<u> </u>		0
	13	Investments—program-related See Part IV, line 11			0
	14	A bound the second	0	14	10,000
	15		751		601
	16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)			3,190,735
_	17	Accounts payable and accrued expenses	2,954,868		224,713
	18	Grants payable	284,001	18	224,713
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,	ويوادون والمراجع المراجع المرا	P. Cake	8-3261 5, 2527 1 47, 27 17 majoda
≅		trustees, key employees, highest compensated employees, and	Flexible Control	35.7	
Liabilities		disqualified persons. Complete Part II of Schedule L	المراكب المستركة والمراكب المراكب المراكبة المراكبة	22	ا المُقَادُ اللَّهُ اللَّهُ المُعَادِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ
==	23	Secured mortgages and notes payable to unrelated third parties .	0	_	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third		 -	
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	284,001	26	224,713
		Organizations that follow SFAS 117 (ASC 958), check here ► X and	1	~ f, b	"你是我的我们们的原本。"
S.		complete lines 27 through 29, and lines 33 and 34.	The state of the s	· - (- 1)	
ဦ	0.7	· · · · · · · · · · · · · · · · · · ·		المنطقة الما	
aga	27	Unrestricted net assets	2,670,867	27	2,966,022
ă l	28 29	Temporarily restricted net assets		28 29	
Ĕ	25	Permanently restricted net assets	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 12 17	and the second second
<u>ب</u>		Organizations that do not follow SFAS 117 (ASC958), check here and	The state of the s		THE REAL PROPERTY.
<u></u>		complete lines 30 through 34.	Turk The Control of t		THE PROPERTY OF THE PARTY.
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30_	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
÷	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,670,867	33	2,966,022
	34	Total liabilities and net assets/fund balances	2,954,868	_34	3,190,735

rorm s	990 (2016) VVOOd Lane industries	34	1-0525333	Pag	e IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			· [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,295	,037
2	Total expenses (must equal Part IX, column (A), line 25)	2		999	882
3	Revenue less expenses Subtract line 2 from line 1	3		295	,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,670	,867
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,966	,022
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	· · · ·	<u>. </u>	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		5.5	·· :-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		17. 17. C	5	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 77
	reviewed on a separate basis, consolidated basis, or both			ا مين	
	Separate basis Doth consolidated and separate basis			ا دوهای استانجم	317
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1 35		, 1 - 2 , 1 - 1
	separate basis, consolidated basis, or both		1775 och 1785 och	34,7	3,74
	X Separate basis Consolidated basis Both consolidated and separate basis		1	, 11	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1.5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in		154	175	7,
	Schedule O		35 U		
3a	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?		. 3a	l	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required guidt as guidte, explain why in Schedule O and describe any stone taken to undergo such guidte		المدا	- 1	

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

VOO	u L	ane industries						25333			
Par	<u>t I</u>	Reason for Public Char	ity Status (All or	ganizations must co	mplete ti	nis part.)	See instructions.				
he	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12,	check only	y one box)				
1	L	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	n operated in conju	nction with a hospital o	described	n section	170(b)(1)(A)(iil). Er	iter the			
	_	hospital's name, city, and state:									
5	Ш	An organization operated for the section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in			
6		A federal, state, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)	(v).				
7		An organization that normally red described in section 170(b)(1)(om a gove	rnmental (unit or from the gene	ral public			
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)						
9		An agricultural research organiz or university or a non-land-gran university	zation described in it college of agricult	section 170(b)(1)(A)(ix ture (see instructions).	() operate Enter the	d in conjui name, city	nction with a land-gray, and state of the co	ant college llege or			
10	X	An organization that normally re receipts from activities related t support from gross investment acquired by the organization aff	o its exempt function income and unrelated	ons—subject to certain led business taxable in	exception come (les	is, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its			
11		An organization organized and	operated exclusive	ly to test for public safe	ety See se	ection 509	9(a)(4).				
2		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 50	9(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3).			
а	[Type I. A supporting organization (sorganization You must com	s) the power to regu	larly appoint or elect a							
b	[Type II. A supporting organiz control or management of th organization(s) You must co	cation supervised or e supporting organi omplete Part IV, So	r controlled in connecti ization vested in the sa ections A and C.	ame perso	ns that co	ntrol or manage the	supported			
С	Ì	its supported organization(s)	ated. A supporting of (see instructions)	organization operated i	n connect	ion with, a	and functionally integ	rated with,			
d	[Type III non-functionally in that is not functionally integral	tegrated. A support ated The organizat	ting organization opera ion generally must sat	ated in cor isfy a distr	nection was	ith its supported org quirement and an att				
_	Г	requirement (see instructions						- 411			
е	L	Check this box if the organiz functionally integrated, or Ty					i type i, type ii, type	9 ())			
f		Enter the number of supported of						. 0			
g		Provide the following information	about the support	ed organization(s)							
	(i)	Name of supported organization	(ii) EIN	(ili) Type of organization (described on lines 1–10		rganization	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))		ir governing ment?	instructions)	instructions)			
			}			No					
\)					Yes	No					
''											
3)											
;)											
))											
:)											

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34-6525333 Schedule A (Form 990 or 990-EZ) 2016 Wood Lane Industries 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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2015 (e) 2016 (f) Total (c),2014 Calendar year (or fiscal year beginning in) 0 0 0 0 7 Amounts from line 4 0

8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources				<u> </u>		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	J					0
11	Total support. Add lines 7 through 10	7 1/2 1 2 1/2-	14 THE THE	the same statement of the	1 - 1 - 15-1 N	JA 1869 日本1975年	0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	

Sec	Section C. Computation of Public Support Percentage							
	organization, check this box and stop here /	.▶ _						
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_						

14	Public support percentage for 2016 (line 6, column (1) divided by line 11, column (1)).	14	0 00 %
15	Public support percentage from 2015 Schedule/A, Part II, line 14	15	0 00%
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more,		
	and stop here. The organization qualifies as a publicly supported organization		

and stop here. The organization qualifies as a publicly supported organization		_				
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this						
hay and stop here. The organization qualifies as a publicly supported organization		ĺ				

	box and stop nere. The organization qualifies as a publicly supported organization
7a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14
	ıs 10% or more, and ıf the orgánızatıon meets the "facts-and-cırcumstances" test, check thıs box and stop here . Explaın ın
	Part VI how the organization mosts the "facts and groupstances" test. The organization qualifies as a publicly supported

	organization .	1.								
b	10%-facts-and-circu	umstanc	es test—	2015. If the	e organizatio	n did not che	ck a box on	line 13, 16a,	16b, or 17a, an	d line
	15 is 10% or more, a	nd if the o	organizati	on meets t	he "facts-and	l-circumstani	ces" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	supported organization	on .								

	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	_	_
	supported organization	. ▶ _	
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions	_ ▶ _	_

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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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")		877	0	2,895,059	700,183	3,596,119
2	Gross receipts from admissions, merchandise					ľ	
	sold or services performed, or facilities furnished in any activity that is related to the]	l i]	
	organization's tax-exempt purpose	945,343	749,587	934,669	3,679,622	797,675	7,106,896
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on	[
	its behalf						0
5	The value of services or facilities						<u> </u>
9							
	furnished by a governmental unit to the	2.014.600	0.704.004	0.740.060		l l	0 420 265
_	organization without charge	2,914,608	2,781,804		0 574 004	4 407 050	8,439,265
6	Total. Add lines 1 through 5	3,859,951	3,532,268	3,677,522	6,574,681	1,497,858	19,142,280
7a	Amounts included on lines 1, 2, and 3					J	_
	received from disqualified persons .	ļ					0
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					1	
	amount on line 13 for the year		_				0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	100000000000000000000000000000000000000	Land of the same o	· 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Con with the	anthus of the second	
	line 6)		改 的 得用 经产品				19,142,280
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	3,859,951	3,532,268	3,677,522	6,574,681	1,497,858	19,142,280
	Gross income from interest, dividends,		0,000,000	0,011,022	0,01.1,001	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	payments received on securities loans,					i	
	rents, royalities and income from similar sources	395	291	375	2,385	391	3,837
h	Unrelated business taxable income (less	393	291	3/3	2,300	3911	3,031
D	· ·						
	section 511 taxes) from businesses]	Ĩ	0
	acquired after June 30, 1975				0.005		0 007
-	Add lines 10a and 10b	395	291	375	2,385	391	3,837
11	Net income from unrelated business		[į			
	activities not included in line 10b, whether		ĺ	ļ		ì	_
	or not the business is regularly carried on						0
12	Other income Do not include gain or					ŀ	
	loss from the sale of capital assets		ĺ	ļ	ļ		
	(Explain in Part VI)	108,687	169,167	76,707	16,829	10,361	381,751
13	Total support. (Add lines 9, 10c, 11,		ļ	į		į.	
	and 12)	3,969,033	3,701,726	3,754,604	6,593,895	1,508,610	19,527,868
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						▶ 🔙
Sec	tion C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2016 (line 8, c			<u> </u>		15	98 03%
	Public support percentage from 2015 Schedu	· · · · · · · · · · · · · · · · · · ·	•		· · · /	16	97 24%
	tion D. Computation of Investmen						07 2 170
						17	0 02%
	Investment income percentage for 2016 (line		-		·		
	Investment income percentage from 2015 Sc	· · · · · ·		4		18	0 02%
туа	33 1/3% support tests—2016. If the organizations than 33 1/3% should then beyond						<u>,</u> [∵
	not more than 33 1/3%, check this box and s						▶ <u> ×</u>
	33 1/3% support tests—2015. If the organization 48 is not mark than 23 1/3%, which this						<u>, </u>
	line 18 is not more than 33 1/3%, check this						. ▶ ⊨
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19t	o, check this box a	nd see instructions		▶∟

Part IV Supporting Organizations

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

	Section	A. All	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	À person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	~ :	-	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			:
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		-	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	•	
	controlled the organization's activities. If the organization had more than one supported organization,			:
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported] ,		'
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	}		'
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part] •]		:
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		م أسد	10
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$16.7		3%
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1 %	12.
	or management of the supporting organization was vested in the same persons that controlled or managed		امًا مَامِ	
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3		٠٠٠ بر
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3.5	, ,	1 12
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	355	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	21 32 }	1,35	. 3 3 2
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		e '', • ; ~ 23	1 1 1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1,74 (7.0.2	; 1,1
	significant voice in the organization's investment policies and in directing the use of the organization's	35.		ير بخته
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		, , , , , , , , , , , , , , , , , , ,	1 69
	supported organizations played in this regard	3		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see i	inotru	ationo	.)
C	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see i	nsuud	JUUIS	<u>/</u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	112 1	4 5 4	100
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	3.0	, ,	. 3
	those supported organizations and explain how these activities directly furthered their exempt purposes,	9.	'? ,	, , , ;
	how the organization was responsive to those supported organizations, and how the organization determined	, , , , , , , , , , , , , , , , , , ,	, J.	. 12
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	(2)		317
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1.53
	reasons for the organization's position that its supported organization(s) would have engaged in these	3	., ,, , ,	ا مناه
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	· ·		3 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	(1)	ا ا	1.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ارىتى	* 11
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	7		
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		l
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	_0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1. 2		The state of the s
instructions for short tax year or assets held for part of year)	7 4.5	联。可是"其代学集"的"通知"的"	half his shall a "II
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 Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	7.20		
factors (explain in detail in Part VI)	1	The day of the property of the	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		L
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ないないとはいないはいないはん。 からし	0
2 Enter 85% of line 1	2	対抗はいたがは勝いあり、これ	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	以表示了海岸等形 。 物	0
5 Income tax imposed in prior year	5	1、1時代は1年代は1年代に1年1日	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting	organization (see
instructions)			

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	<u>. </u>		
Section	on D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6	0				
8						
	(provide details in Part VI) See instructions	<u>J</u> e <u>J</u> e	-			
9	Distributable amount for 2016 from Section C, line 6		- 	0		
10	Line 8 amount divided by Line 9 amount			0 000		
	Time of amount arranged by Eline of arrivant		(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable		
•	contribution Anocations (See manachons)	Excess Distributions	Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6	2011013817103	Water Come to the	0		
<u> </u>	Underdistributions, if any, for years prior to 2016	7. 2 3 6 3 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 min 1 min	1. Mar. 3. S. 1. 1. 8. 1. 1. Apr. 1		
2	(reasonable cause required—explain in Part VI) See					
-	instructions					
3		Francis of Services 117 mars 118	高のようないと はいいはいるできない	THE TO VERY BOOK OF THE TREE TO BE		
	Excess distributions carryover, if any, to 2016:					
a	and the second of the second o	The same of the sa	とから 歌風の歌情			
	From 2012	are the party of the same and the same and		整理公司 中国公 中国公 中国公 中国公 中国公 中国公 中国公 中国公		
<u>C</u>	From 2013	· · · · · · · · · · · · · · · · · · ·				
d_	From 2014	Branch Stranger				
<u>е</u>						
	Total of lines 3a through e			· 新新知识 · 新一年中的		
<u>g</u> _	Applied to underdistributions of prior years	·夏、中国·夏尔山、华夏江大学		ga 1 1 2 de ja 1 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
<u>h</u>	Applied to 2016 distributable amount		· 通知性 () 10 10 10 10 10 10 10 10 10 10 10 10 10	California de mario de mario de la california		
<u>i</u>	Carryover from 2011 not applied (see instructions)	2 12 1 12 - 5- 22 10 10 10 10 10 10 10 10 10 10 10 10 10	A CONTRACTOR OF THE STATE OF TH	ASTER A STATE OF THE STATE OF T		
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	The state of the s	· · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2016 from			は、質問のない。		
		新生产的每次企业的基础。				
a	Applied to underdistributions of prior years	198-2829 4 经制度管理		<u> </u>		
b	Applied to 2016 distributable amount	以於明2-211-年出了		0		
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	Washington States	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5	Remaining underdistributions for years prior to 2016, if					
	any Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI See instructions	16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	U	25 (31) 3 (334) (1 . 1 32) 4 (4 . 4		
6	Remaining underdistributions for 2016. Subtract lines 3h	[13]《《西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西				
	and 4b from line 1. For result greater than zero, explain in					
	Part VI See instructions	かく事にはいいは、作品に	2327 65 48 487	0		
7	Excess distributions carryover to 2017. Add lines 3j	_				
	and 4c	0	T. T. S. T. W. S. A. C.	第一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
8	Breakdown of line 7:		日子者 かんと 海に 変える	新行。これでは、		
			marily are as communication of	Starting to the Start of the Start of		
b		からか 八二年の時にはない		13 th to 16 th 18 th 18 th 18 th 18 th		
<u>c</u>			يعدورسره والمالية			
d			·哈克·尔里斯·尔斯·德			
e	Excess from 2016 . 0	·····································	e maj ma to large gray,	Impered to my my to the Y		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Wood Lane Industries Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a d historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X

Page	2
raye	-

Part	III Organizations Maintaining	Collections o	f Art, Hist	orical Tr	reasures, o	r Other	Similar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply)		_	7					
а	Public exhibition		d [Loan	or exchange	programs	5		•
b	Scholarly research		e	Other					
С	Preservation for future generation	ons							
4	Provide a description of the organization XIII	on's collections ar	nd explain h	ow they fo	urther the org	anızation	's exempt purpo	ose in Part	
5	During the year, did the organization seassets to be sold to raise funds rather							Yes	¬ No
Part									
	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, or	ustodian or other	ıntermediai	ry for cont	ributions or o	ther asse	ts not		
	included on Form 990, Part X?.							Yes _	No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the follo	wing table	•				
_	Decument holonos					4-	 	Amount	
c d	Beginning balance Additions during the year					. 1c	 		
e	Distributions during the year.			•		1e	 		
f	Ending balance		• •		· 	1f	 	···	0
2a	Did the organization include an amoun	t on Form 990 P	art X line 2	1 for escr	row or custod		nt liability?	Yes D	No
b	If "Yes," explain the arrangement in Pa								╡
Part		TOTAL OFFICER TICE	o ii tilo oxpi		prov			<u> </u>	
Lait	Complete if the organization	answered "Yes	s" on Form	1990. Pa	rt IV. line 10	0.			
		(a) Current year		or year	(c) Two years		d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance		0	0		0		0	0
b	Contributions								
С	Net investment earnings, gains,		}			1		1	
_	and losses	<u> </u>			 				
d	Grants or scholarships				<u> </u>			 -	
е	Other expenditures for facilities and programs					- 1			
f	Administrative expenses							 	
g	End of year balance		0	0		0		0	0
2	Provide the estimated percentage of the	e current year en	d balance (line 1g, co	olumn (a)) he	ld as.			
а	Board designated or quasi-endowmen		%						
b	Permanent endowment	<u></u> %							
C	Temporarily restricted endowment		<u>%</u>						
20	The percentages on lines 2a, 2b, and 2	•		n that are	bold and ad	minustara	d for the		
3a	Are there endowment funds not in the organization by	possession of the	organizauc	m mai are	rielu ariu au	ministere	u ioi the	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related or	ganızations listed	as required	d on Sche	dule R?	•		3b	
4	Describe in Part XIII the intended uses	of the organization	on's endowr	ment fund	s				
Part									
	Complete if the organization	answered "Yes	on Form						
	Description of property	1	other basis tment)	, , ,	st or other s (other)	, , ,	ocumulated preciation	(d) Book va	lue
1a	Land	/iiives	0	Jasi	497,487	12.5 - 7(3.7)			497,487
b	Buildings	· . · . 	<u>0</u>		285,144		0		285,144
C	Leasehold improvements		0		0		ol		0
d	Equipment		0		238,072		215,526		22,546
_е	Other		0		0		0		0
Total	Add lines 1a through 1e (Column (d) r	nust equal Form 9	990, Part X,	column (i	B), line 10c)		>	{	305 <u>,177</u>

Part VII .	Investments—Other Securit Complete if the organization a		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 d	lerivatives		0
(2) Closely-he	Id equity interests		0
(3) Other			
(A)			
(B)		<u></u>	
(C)			
<u>(F)</u>			
(G)			
(H)			0
	nust equal Form 990, Part X, col (B) line 12)		O and the first transfer of the state of the state of
Part VIII	Investments—Program Rela		. 000 Dart IV line 44e See Form 000 Dart V line 13
	Complete if the organization a	nswered "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)			
		 	
		 	
(5)			
<u>(6)</u>		 	
		 	
	nust equal Form 990, Part X, col (B) line 13)		O of livery we will refer to the livery of the livery t
Part IX	Other Assets.		O delight to the second of the
I art IX		nswered "Yes" on Form	990, Part IV, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)		(-/ <u></u>	
(2)			
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, c	ol. (B) line 15) .	
Part X	Other Liabilities.		
	Complete if the organization a line 25.	nswered "Yes" on Form	990, Part IV, line 11e or 11f. See Form 990, Part X,
1,	(a) Description of liability	(b) Book value	Me comment the mark marks a market or early
(1) Federal in			
(2)			
(3)			The state of the s
(4)			
(5)			
(6)			
(8)			
(9)			
	st equal Form 990, Part X, col (B) line 25)		0 新发生的人的人们是一个一个
2. Liability for ur	ncertain tax positions. In Part XIII, provi	de the text of the footnote to	the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1	Complete if the annual programmed IIVanii an Forms COO Dark IV line 10a		
7	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11	1 205 027
	Total revenue, gains, and other support per audited financial statements		1,295,037
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·	•
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	[유진	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	3	1,295,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	94	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,295,037
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Return	l .
1	Total expenses and losses per audited financial statements	1	999,882
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	Tr.	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	1-11	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	999,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	174	
b	Other (Describe in Part XIII)	M. T. I.	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	999,882
	t XIII Supplemental Information.		
2 Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		Part X, line
-, , a	art XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any additional line		
	art XI, lines 20 and 4b, and Fart XII, lines 20 and 4b Also complete this part to provide any additional info		
-, , ,	art XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any additional info		
	art XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any additional info		
	art XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any additional info		
	art XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any additional into		
	ant XI, lines 20 and 40, and Fait XII, lines 20 and 40 Also complete this part to provide any additional into		
	art XI, lines 20 and 45, and rait XII, lines 20 and 45 Also complete this part to provide any auditorial into		
	at XI, lines 20 and 40, and 1 at XII, lines 20 and 40 Also complete this part to provide any additional into		
	art XI, mies zu and 40, and rat XII, mies zu and 40 Aso Complete uns part to provide any additional mo		
	an XI, intes 20 and 45, and Fait XII, lines 20 and 45 Associantifications and provide any additional into		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Wood Lane Industries	34-6525333
Form 990, Part VI, Section B, Line 11b Form 990 is reviewed and approved at a Board meeting	
prior to filing.	
Form 990, Part VI, Section B, Line 12c: Monthly meetings are held to review compliance	
Form 990, Part VI, Section C, Line 19 ⁻ All documents are available for review at the main	
office upon reguest	
·	
·	