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

OMB No 1545-0047

Internal Revenue Service

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

Open to Public Inspection

ΑI	For the 2	006 calendar year, or tax year beginning	and en	ding				
В	Check of applicable	Please C Name of organization			D Employer identification number			
	Addres change	label or print or WISCONSIN WETLANDS ASSO	CIATION, INC.		39-185	2601		
	Name change	type Number and street (or P.O. box if mail is not deliven type)	ered to street address)	Room/suite	E Telephone num			
	Initial return	Specific 222 SOUTH HAMILTON STRE	ET #1	<u>L</u>	608-25			
	Final return	tostruc- tions. City or town, state or country, and ZIP + 4			F Accounting method	Cash X Accrual		
	Amend	MADISON, WI 53703			Other (specify)			
L	Applica pendin	 Section 501(c)(3) organizations and 4947(a)(1) none must attach a completed Schedule A (Form 990 or 99) 	exempt charitable trusts	H and I are not app				
			ru LLJ.	H(a) Is this a group r				
		▶WWW.WISCWETLANDS.ORG	7,0,7, 14)	H(b) If "Yes," enter no	1			
		tion type (check only one) ► X 501(c) (3) ◀ (insert no)	4947(a)(1) or 527	H(c) Are all affiliates (If "No," attach a	included? N/ . list.)	A LYes LNo		
		re if the organization is not a 509(a)(3) supporting organization		H(d) Is this a separat	e return filed by an	Or-		
		are normally not more than \$25,000. A return is not required, but	it if the organization		red by a group ruli			
	CHOOSES	to file a return, be sure to file a complete return.		I Group Exemption		N/A		
	Cz000	winter Add lines Ch. Oh. Oh. and 10h to line 10 h.	256 002		if the organization 90, 990-EZ, or 990	is not required to attach		
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► Revenue, Expenses, and Changes in Net A	256,882. Assets or Fund Bala		JU, 330-LZ, UI 390	11 <i>j</i> .		
LITE	1	Contributions, gifts, grants, and similar amounts received:	TOUCKS OF I WITH DATA					
	1	Contributions, girts, grants, and similar amounts received: Contributions to donor advised funds	1a		\$\partial \text{\text{\$\partial \text{\$\partial \text{\$\			
	a	Direct public support (not included on line 1a)	1a 1b	181,0	23			
) b	Indirect public support (not included on line 1a)	10		75.			
	G	Government contributions (grants) (not included on line 1a)	1d	35,6				
	e	1,5	920 noncash \$	33,0) 1e	223,920.		
	2	Program service revenue including government fees and conti			, 2	26,429.		
	3	Membership dues and assessments	40.0 (1101111 art 411, 11110 00)		' 3			
	4	Interest on savings and temporary cash investments			4	3,669.		
	5	Dividends and interest from securities		•	5	370031		
	6 a	Gross rents	6a		3574	······································		
	b	Less: rental expenses	6b		A. Th			
	C	Net rental income or (loss). Subtract line 6b from line 6a	. [6c			
	7	Other investment income (describe		•) 7			
	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other	, <u>, , , , , , , , , , , , , , , , , , </u>			
<u>ښ</u>		than inventory	8a		17.			
	Ь	Less: cost or other basis and sales expenses	8b					
<u>م</u> ـ	C	Gain or (loss) (attach schedule) 1000	8c		- No.			
	d	Gain or (loss) (attach schedule) Net gain or (loss), Combine inte 8c, columns (A) and (B)	•		8d			
`	9	Special events and activities (attach schedule), if any amount	s from gaming, check here 🕽	- 🗀				
π.	a	Gross revenue (not region o \$ AUG 3 @ 2007 O of contribution	ons reported on line 1b) 9a		*-			
2	b	Less: direct expenses other than fundraising expenses	96					
Z	C	Net income or (loss) from special events. Subtract line 9b from	n line 9a		_9c			
SCANNE	10 a	Gross sales of inventory, less returns and allowances	10a					
Ď	b	Less: cost of goods sold	10b					
	C	Gross profit or (loss) from sales of inventory (attach schedule	. Subtract line 10b from line	10a	. 10c			
	11	Other revenue (from Part VII, line 103)			11	2,864.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and	11	<u> </u>	12	<u>256,882.</u>		
Ñ	13	Program services (from line 44, column (B))			13	239,244.		
Expenses	14	Management and general (from line 44, column (C))			14	23,301.		
ξbe	15	Fundraising (from line 44, column (D))		•	15	26,797.		
ũ	16	Payments to affiliates (attach schedule)			16	200 240		
	17	Total expenses. Add lines 16 and 44, column (A)			17	289,342.		
ý,	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-32,460.		
Net ssets	19	Net assets or fund balances at beginning of year (from line 73,		-	19	230,012.		
As	1 -	Other changes in net assets or fund balances (attach explanate	•		20	107 552		
6230	21	Net assets or fund balances at end of year. Combine lines 18,		C15 - A	21	197,552.		
6230 01-1	8-07	LHA For Privacy Act and Paperwork Reduction Act Notice,	see the separate instruction	s. al7-16	(_	Form 990 (2006)		

] }	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
\top				
	į			** **
. 1				
] 22a			्रद्ध कर रहिने प्रकृष्टि	
(e)				
] 22b				
			THE RESIDENCE OF THE PROPERTY OF THE PARTY O	· 为我们的
23			The real particular land, a second and a sec	
1			A COLOR STANDARD STAN	
24			* * * * * * * * * * * * * * * * * * *	起答为图象 。 7
1 1				
25a	58,490.	48,000.	5,075.	5,415
		_		1
25b	0.	0.	0.	0
d				
25c				
	122 (11	100 000	11 506	12,277
26	132,611.	100,020.	11,500.	14,411
2/		 		<u> </u>
	- 		· · · · · ·	
	-			
	9,249.	6,622.	505.	2,122
34	2,424.	2,157.	42.	225
35	7,501.	5,557.	353.	1,591
36	10,502.	8,588.	935.	979
37				
38				
39			50.	
	22,169.	22,143.		26
			202	
	393.		393.	
	15 000	12 720	2 240	211
	9,704.	7,354.	910.	1,440
'				
	289 342	239 244	23 301.	26,797
		<i></i>	20,001	
		orted in (R) Program serv	ces? ▶ [Yes X No
\$ \$		•		N/A
	22a 22a 22b 23 24 25a 25b 26 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 20 20 20 20 20 20 20	22a 22b 23 24 25a 58,490 25b 0 25c 26 132,611 27 28 29 30 31 32 33 9,249 34 2,424 35 7,501 36 10,502 37 38 13,838 39 5,172 40 22,169 41 42 393 17,289 43a 43b 17,289 43c 43c 43d 43e 43d 43e 43d 43e 43d 43e 43f 43g 17,289 9,704 18 19 19 19 19 19 19 19 19 19	22a 22b 23 24 25a 58,490. 48,000. 25b 0. 0. 25c 26 132,611. 108,828. 27 28 29 30 31 32 33 9,249. 6,622. 34 2,424. 2,157. 35 7,501. 5,557. 36 10,502. 8,588. 37 38 13,838. 11,200. 39 5,172. 5,066. 40 22,169. 22,143. 41 42 393. 44 289,342. 239,244. 9,704. 7,354. 436 436 437 438 438 437 439 44 289,342. 239,244. 9,704. 7,354.	

Form **990** (2006)

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? ► SEE STATEMENT 2	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a WETLAND ADVOCACY - UPHOLDING STRONG WETLAND REGULATIONS AND WORKING TO REMOVE TAX BARRIERS TO PRIVATE WETLAND CONSERVATION, MONITORS PERMITTING OF WETLAND FILLS AND ADVISES DOZENS OF COMMUNITIES ON HOW TO INFLUENCE DEVELOPMENT PROJECTS TO AVOID AND MINIMIZE WETLAND IMPACTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ b WETLAND OUTREACH - COLLABORATES WITH MORE THAN THIRTY PARTNER ORGANIZATIONS TO PRESENT WETLAND PROGRAMS THAT REACH A DIVERSITY OF AUDIENCES THROUGHOUT WISCONSIN, FROM FIELD TRIPS FOR FAMILIES TO TECHNICAL PROGRAMS FOR WETLAND EXPERTS.	211,341.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ c	27,903.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ • 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)	239,244.

Form 990 (2006)

222,374. Form **990** (2006)

197,552.

91,552.

106,000.

86,399

143,613

230,012

<u>247,</u>715

67

68

69

70

71

72

73

74

or Fund Balances

Net Assets

67

68

69

70

71

72

73

Unrestricted

Temporarily restricted

Permanently restricted

complete lines 70 through 74.

67 through 69 and lines 73 and 74.

Organizations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund

(Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.

Forr	n 990 (2006) WISCONSIN WETLANDS AS	SOCIATION, I	<u>NC</u>	•	<u> 39-1</u>	L8526	<u>01 F</u>	Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Fina	ncial Statements V	Vith	Revenue pe	er Re	turn (Se	e the	
	instructions.)							
а	Total revenue, gains, and other support per audited financial stateme	nts			L	a	267,2	207.
ь	Amounts included on line a but not on Part I, line 12:							
1	Net unrealized gains on investments		b1					
2	Donated services and use of facilities			10,3	25.			
3	Recoveries of prior year grants		Ь3					
-	Other (specify):		b4					
•	Add lines b1 through b4					ь	10,3	325.
c	Subtract line b from line a					c	256,8	
d	Amounts included on Part I, line 12, but not on line a:				" · · ·	1		
٠,			41		ľ			
2	Investment expenses not included on Part I, line 6b Other (specify):		42		$\neg \neg$.		
2	Add lines d1 and d2					a l		0.
					· · F		256,8	
Pa	Total revenue (Part I, line 12). Add lines c and d	ncial Statements	Wit	h Expenses	per R	Return	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
a	Total expenses and losses per audited financial statements						299,6	567.
a b	Amounts included on line a but not on Part I, line 17:				}	-		 •
٧.	Donated services and use of facilities		h1	10,3	25.	``.		
1	Prior year adjustments reported on Part Line 20		h2	10,5	~~~	,]		
	Prior year adjustments reported on Part I, line 20		h2			-]		
3	Losses reported on Part I, line 20		b4			<u>.</u>		
4				<u> </u>	\dashv	b	10,3	325
	Add lines b1 through b4				•		289,	3/2
C	Subtract line b from line a				·		405,	744.
ď	Amounts included on Part I, line 17, but not on line a:		ا مد ا	ĺ		1		
1			d1		-	-5		
2	Other (specify)					_		0.
	Add lines d1 and d2					d e	289,	
	- · · · · · · · · · · · · · · · · · · ·							
	Total expenses (Part I, line 17). Add lines c and d	v Employees (List e	ach	person who was				
	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List e	ach	person who was				
	or key employee at any time during the year even if they we	re not compensated.) (S (B) Title and average hour	ach ee t	person who was he instructions) C) Compensation	an off	ficer, direc	tor, trust	ee,
	art V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List e re not compensated.) (S	ach ee t	person who was he instructions)	(D)Con	ficer, direc	(E) Ex	pense
	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter	(D)Con	tributions to yee benefit & deferred	(E) Ex	pense
	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter	(D)Con	tributions to yee benefit & deferred	(E) Ex	pense
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter	(D)Con employ plans compen	tributions to yee benefit & deferred	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated.) (S (B) Title and average hour per week devoted to	ach ee t	person who was he instructions) C) Compensation If not paid, enter -0)	(D)Con employ plans compen	tributions to yee benefit & deferred sation plans	(E) Ex account other allo	pense nt and owances

	990 (20			SOCIATION, IN		39-1852	<u> 501</u>		age 6
		Current Officers, Directors,						Yes	No
75 a		e total number of officers, directors, a	-	_	siness at board ▶	15			
b	listed in Part II-A	officers, directors, trustees, or key en Schedule A, Part I, or highest compe or II-B, related to each other through viduals and explains the relationship(s	nsated professional and family or business relat	d other independent contr	actors listed in Sch	nedule A,	75b	ŕ	_x_
C	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."								X
		attach a statement that includes the		n the instructions.		ŀ	-	ر.	~ ~~
,		e organization have a written conflict or Former Officers, Directors,	of interest policy?	Employees That D	Coming Com		75d	<u> </u>	<u>X</u>
Ra	rt V-B	Benefits (If any former officer, dire							ina
		the year, list that person below and							
		(A) Name and address	NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		o (1	E) Exper	nse and
							1		
							4_		
							+		
							1		
					ļ		l		
							T		
							1		
							1_		
							1		
			-				+-		
							-		
Pai	rt VI (Other Information (See the instru	uctions)					Yes	No
76		organization make a change in its acti		nducting activities? If "Ye	s." attach a detaile	d			
				J			76		X
77		ny changes made in the organizing or					77	х	
		attach a conformed copy of the char	= -	,					
78 a	Did the	organization have unrelated business	gross income of \$1,000	= =			78a		X
_ b	•	has it filed a tax return on Form 990-					78b	\vdash	<u>v</u>
79		ere a liquidation, dissolution, termination				1	79	\vdash	<u>X</u>
80 a		ganization related (other than by asso				on	00-		X
L		rship, governing bodies, trustees, office		exempt or nonexempt orga	anization?		80a	\vdash	
b	n tes,	enter the name of the organization	TA\ W	and check whether it is	exempt or	nonexempt			
81 a	Enter di	rect or indirect political expenditures	(See line 81 instruction	-	exempt 01	0.			
		organization file Form 1120-POL for t	•		<u> </u>		81b		Х
	210 010	Organization mor offir fizer of the	,					990	2006)

Fo	m	990 (2006) WISCONSIN WETLANDS ASSOCIATION, INC. 39-1852	601	P	age 7		
P	aı	t VI Other Information (continued)		Yes	No		
82	a	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?	82a	Х	1		
	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 10,325.					
83	a	Did the organization comply with the public inspection requirements for returns and exemption applications?					
		Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b				
84		Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х		
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not						
	tax deductible? N/A						
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a				
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b				
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	Tribit.		,		
		waiver for proxy tax owed for the pnor year.					
	C	Dues, assessments, and similar amounts from members 85c N/A	3	`.	·		
	d	Section 162(e) lobbying and political expenditures			'		
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			- '		
	f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		M			
	g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u> </u>		
	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?	85h		<u> </u>		
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			l		
		line 12 86a N/A	. 11.7		'		
	b	Gross receipts, included on line 12, for public use of club facilities	1		:		
87		501(c)(12) organizations. Enter: a Gross income from members or shareholders					
	b	Gross income from other sources. (Do not net amounts due or paid to other sources		5 3	:		
		against amounts due or received from them.) 87b N/A	7 . Uni		ľ		
88	a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		(t., '			
		or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3?	17.2				
		If "Yes," complete Part IX	88a		X		
	D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	006		₩.		
	_	section 512(b)(13)? If "Yes," complete Part XI	88b	. * * *	X.		
89	a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4915 ► 0 •	3. T.		-		
	.	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 • 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ilianitis o	22, V28 TA			
	U	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	\$-0.3 		,		
		If #Von # attach a statement containing such transportion	89b		X		
	c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	030	-1 <u>i</u> -	7		
	•	sections 4912, 4955, and 4958		£.":	١.		
	đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization		100	. ′		
	- e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		x_		
1	í	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X		
	a	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	,.				
	-	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	L :	X		
90	a	List the states with which a copy of this return is filed ►WI					
	b	Number of employees employed in the pay period that includes March 12, 2006			5		
91		The books are in care of ► THE ORGANIZATION Telephone no. ► 608-25	0-9	971			
		Located at ▶ 222 SOUTH HAMILTON STREET #1, MADISON, WI ZIP+4 ▶ 5		3			
1	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No		
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X		
		If "Yes," enter the name of the foreign country ▶ N/A			1		
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1		
		and Financial Accounts.	<u> </u>		Щ.		
			Form	990	(2006)		

Form 990 (2006) WISCON Part VI Other Information (cont	ISIN WETLA inued)	NDS AS	SOCIATIO	N, INC	39-	1852601 Page 8 Yes No
c At any time during the calendar year,	did the organization	n maintain a	n office outside	of the Unite	ed States?	91c X
If "Yes," enter the name of the foreign	•					<u> </u>
92 Section 4947(a)(1) nonexempt charital			of Form 1041-	Check here		
and enter the amount of tax-exempt in	nterest received or	accrued du	nng the tax year	<u> </u>	92	N/A
Part VII Analysis of Income-Pr						
Note: Enter gross amounts unless otherwis	· ···		iness income		by section 512, 513, or 514	(E)
indicated.	(A Busi		(B)	(C) Exctu-	(D)	Related or exempt
93 Program service revenue:	CO		Amount	sion	Amount	function income
a WORKSHOP/SCIENCE FO	RUM					26,429.
b						
c						
d			 			
			 	 		
f Medicare/Medicaid payments				 		
g Fees and contracts from government a				++-		
94 Membership dues and assessments				+		
				14	3,669.	
	***			+ + ++	3,003.	
96 Dividends and interest from securities		£ , }c		+ + ;		ું કેલ્પું કેલ આ આ આ આ આ આ આ આ આ આ આ આ આ આ આ આ આ આ આ
97 Net rental income or (loss) from real es		<u></u>		' '' -		7
a debt-financed property						
b not debt-financed property				1		
98 Net rental income or (loss) from person		<u> </u>		1		
99 Other investment income						
100 Gain or (loss) from sales of assets	İ					
other than inventory		<u>.</u>		44		
101 Net income or (loss) from special event						
102 Gross profit or (loss) from sales of inver	ntory					
103 Other revenue:						
a MISCELLANEOUS INCOM	<u> </u>			01	2,864.	
b						
c			. <u>-</u>			
đ						
e						
104 Subtotal (add columns (B), (D), and (E))	🖫 💥 🗓 🥸		0	• F	6,533.	26,429.
105 Total (add line 104, columns (B), (D), ar	nd (E))				> .	32,962.
Note: Line 105 plus line 1e, Part I, should eq	ual the amount on	line 12, Par	t I.			
Part VIII Relationship of Activity	es to the Acco	mplishm	ent of Exem	pt Purpo	Ses (See the instruction	ons.)
Line No. Explain how each activity for which i	ncome is reported in	column (E) o	f Part VII contribute	ed important	ly to the accomplishment of	of the organization's
exempt purposes (other than by pro	viding funds for such	purposes).				-
93A FEES FOR SERVICES	EARNED T	HROUGH	PROMOTI	NG ANI	EDUCATING	THE PUBLIC IN
REGARDS TO WISCON	SIN WETLA	ND CON	SERVATIO	N.		
	-					
Part IX Information Regarding	Taxable Subs	idiaries a	nd Disregar	ded Entit	ties (See the instruction	ns.)
(A)	(B)		(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity own	Percentage of nership interest	Natu	re of activities		Total income	End-of-year assets
	%	 -				
N/A	%		" 			
	%					<u> </u>
	%					
Part X Information Regarding		ociated v	with Persona	l Benefit	t Contracts (See the	instructions.)
(a) Did the organization, during the year, received						Yes X No
					Ochem Commacti	Yes X No
(b) Did the organization, during the year, pay p Note: If "Yes" to (b), file Form 8870 and Form		_	a heroniai nelletit (John act f		ובא באו אס
Mote. II Tes to (u), me roilli 0070 and re	4 1 20 (SEE HISTR	icaciis).				Form 990 (2006)

623163

	m 990 (2006) WISCONSIN WETLANDS ASSO	ontrolled Entiti	NC. 39-185260 es. Complete only if the organization		age 9
106	Controlling organization as defined in section 512(b)(13). Did the reporting organization make any transfers to a controlled entity a complete the schedule below for each controlled entity.	N/A as defined in section	512(b)(13) of the Code? If "Yes,"	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	-
а					
b					
С					
	Totals		大学 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
107	Did the reporting organization receive any transfers from a controlled er 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 transfer	
а					
ь					
С			-		
	Totals				
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?	17, 2006, covering t	ne interest, rents, royalties, and	Yes	No
Plea Sign Here	Signature of outges	ing schedules and stateme ch preparer has any knowle	ints, and to the best of my knowledge and belief, adge # 10/07 Date	t is true, cor	rrect,
Paid Prep Use (Preparer's signature arer's Furm's name (or yours if	Date 7/30/07	Check If Self- employed EIN Preparer's SSN or PT	IN (See Gen	i Inst X)
	self-employed), address, and ZIP+4 2110 LUANN LANE MADISON, WI 53713		Phone no. ► (608)	274-4 orm 990	

c SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

Internal Revenue S	iervice	► MUST be c	ompleted by the	apove organi:	rations and attached t	to their Form 990 or 9			
Name of the org	janization						Employer ide	ntification number	
_	WIS	CONSIN WE	TLANDS _	ASSOCI.	ATION, INC	•	39 1852601		
Part I						han Officers, D	Directors, and	Trustees	
	(See page 2 of	the instructions. List	each one. If there	e are none, en		,			
		ess of each employe than \$50,000	ee paid		(b) Title and average per week devoted position	to (c) Compens	(d) Contribution employee ben plans & defen compensation	efit account and other allowances	
NONE									
									
						17-02- 5 5			
over \$50,000	f other employees			. ▶	0	推荐统统。 2011年1		· ,	
Part II-A					pendent Contra or firms). If there are r	actors for Profenone, enter "None.")	essional Serv	ices 	
	(a) Name and add	dress of each indepe	ndent contractor	paid more tha	n \$50,000	(b) Typ	oe of service	(c) Compensation	
NONE									
						-			
						· -			
						-			
						· -			
	f others receiving of fessional services			,▶.	0	A CONTROL OF THE CONT			
Part II-B	(List each contr		d services other t	han professio	nal services, whether i	actors for Othe	er Services		
	(a) Name and add	dress of each indepe	ndent contractor	paid more tha	in \$50,000	(b) Typ	oe of service	(c) Compensation	
NONE			. – – – – –						
						. –			
						-			
Total number of \$50,000 for oth	f other contractors	receiving over			0				
φυσ,σοσ τοι στι	CI OCI VICCO								

Sc	thedule A (Form 990 or 990-EZ) 2006 WISCONSIN WETLANDS ASSOCIATION, INC. 39-185	260	1 F	age 2
F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	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 \(\) \(\			
	line i of Part VI-B.) VI-B, LINE I	1	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.	İ		
2	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.)			-
	a Sale, exchange, or leasing of property?	2a	<u> </u>	X
1	b Lending of money or other extension of credit?	2b		X
(c Furnishing of goods, services, or facilities? SEE STATEMENT 5	2c	Х	
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	<u> </u>
	e Transfer of any part of its income or assets?	_2e	L	X
3 :	a 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.)	3a	<u> </u>	X
1	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			ľ
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 :	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
1	b Did the organization make any taxable distributions under section 4966?	4b		X
(Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
1	F Enter the total number of separate funds or accounts owned at the end of the 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			0.
	n. Enter the angregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Schedu	ule A (F	orm 990 or 990-EZ) 2006 WISCONSIN WET	LANDS ASSOC	CIATION, INC		39-18	52601	Page 3		
Parl	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 7 of the instructio	ns.)					
5 6 7 8 9	that the	he organization is not a private foundation because it is: (If A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental in A medical research organization operated in conjunction and state An organization operated for the benefit of a college or	urches. Section 170(b)(V.) N. Section 170(b)(1)(A)(Init. Section 170(b)(1)(A)(Init. Section 170(b)(1)(A)(Init. Section 170(b)(1)(A)(Init. Section 170(b)(1)(A)	1)(A)(i).).)(v). 170(b)(1)(A)(). Enter (.,	<u></u>).			
11a 11b 12	(Also complete the Support Schedule in Part IV-A.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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	509(a)(3). Check the box that describes the type of supporting organization: Type II Type III-Functionally Integrated Type III-Other									
		Provide the following information at (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) (e)					
					Yes	No				
<u>Total</u>		·				>				
14		An organization organized and operated to test for pub	lic safety. Section 509(a)(4). (See page 7 of the in		hedule A (Forn		-EZ) 2006		

01-18-07

	edule A' (Form 990 or 990-EZ) 2006 W Irt IV-A Support Schedule (Co Note: You may use the		cked a box on line 10.	11 or 12.) Use cash	method of accour	9-1852601 Page 4 nting. ccounting.
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual					024 254
	grants. See line 28.)	339,578.	138,312.	98,290.	248,174	824,354.
<u>16</u> 17	Membership fees received Gross receipts from admissions,					
17	merchandise sold or services					
	performed, or furnishing of					
	facilities in any activity that is related to the organization's					
	charitable, etc., purpose	31,820.	50,068.	67,973.	52,264	202,125.
18	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	2,163.	1,285.	3,452.	1,103	8,003.
19	Net income from unrelated business					
	activities not included in line 18 Tax revenues levied for the					
20	organization's benefit and either paid to it or expended on its behalf	_				
21	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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	373,561.	189,665.	169,715.	301,541	
24	Line 23 minus line 17	341,741.	139,597.	101,742.	249,277	
25	Enter 1% of line 23	3,736.	1,897.	1,697.	3,015	
26	Organizations described on lines 10 Prepare a list for your records to sho		• •		D 26	41 41 42 44
D	unit or publicly supported organization		•	•	1 5-**	
	Do not file this list with your return.	•	-	sea the amount shown in	▶ 26	• _
c	Total support for section 509(a)(1) to			• •	▶ 26	
	Add: Amounts from column (e) for li		19			
		22	26b		> 26	
е	Public support (line 26c minus line 2	6d total)			▶ 26	
f	Public support percentage (line 26e				▶ 26	
27	Organizations described on line 12: records to show the name of, and to such amounts for each year:					
	-	• (2004)	0. (2)	003)	0 . (2002)	0.
b						* *
_	and amount received for each year, t					
	described in lines 5 through 11b, as	well as ındivıduals.) Do no	ot file this list with your r	eturn. After computing the	he difference between	the amount received and
	the larger amount described in (1) or	(2), enter the sum of the	·			_
	• • • •	• (2004)	0. (20		0 • (2002)	0.
C	* * *					. 1 006 470
			d line 07h total	21		
d	Add: Line 27a total Public support (line 27c total minus		d line 27b total .		<u>0.</u> ► 27 ► 27	1 2 2 2 1 2 2
e f	Total support for section 509(a)(2) to	="	23. column (e)	► 27f 1,	034,482.	
					▶ 27	99.2264%
•	Investment income percentage		-			
28	Unusual Grants: For an organization show, for each year, the name of the co	described in line 10, 11, ontributor, the date and ar	or 12 that received any u	nusual grants during 200	02 through 2005, prep	pare a list for your records to not file this list with your
	return. Do not include these grants in I	ine 15.	ONE			hedule A (Form 990 or 990-EZ) 2006

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

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

N/A

Pes No possible 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? 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? 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 server? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 22 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records todicumenting 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? 32e		(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
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? 30 11 Has the organization publicated its reacibly mondiscriminatory 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? 31 If Yes, *please describe; if *No,* please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 Admissions policies? 53 Employment of faculty or administrative staff? 33 Separate statement of seculty or administrative staff? 33 Separate statement of seculty or administrative staff? 34 Does the organization receive any financial and or assistance from a governmental agency? 34 Does the organization receive any financial and or assistance from a governmental agency? 34 Does the organization receive any financial and or assistance from a governmental agency? 34 Does the organization receive any financial and or assistance from a governmental agency? 34 Does the organization's right to such aid e	29		20	Yes	No
and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its recally 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.) 32 Does the organization maintain the following: a Records indicating the reacal composition of the student body, faculty, and administrative staff? 32 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 Admissions policies? 336 Employment of faculty or administrative staff? 35 Comployment of faculty or administrative staff? 36 Scholarships or other financial assistance? 37 Employment of faculty or administrative staff? 38 Comployment of faculty or administrative staff? 39 Comployment of faculty or administrative staff? 39 Comployment of faculty or administrative staff? 30 Comployment of faculty or administrative staff? 31 Comployment of faculty or administrative staff? 39 Comployment of faculty or administrative staff? 39 Comployment of faculty or administrative staff? 39 Comployment of faculty or administrative staff? 39 Comployment of faculties? 39 Comployment of faculties? 39 Comployment of faculties? 40 Comployment of facu	30		29		
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 servers? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 22 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 catalogies, bronchives, 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 23 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33b c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33d J Use of facilities? 33d Althelic programs? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34b Has the organization receive any financial aid or assistance from a governmental agency? 14b unswered "Yes" to either 34a or b, please explain using an attached statement.	30		30		
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.) 22 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? 22 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 Copies of all material used by the organization or on its behalf to solicit contributions? 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? 34 Admissions policies? b Admissions policies? 15 Use of faculty or administrative staff? 36 Scholarships or other financial assistance? 37 Employment of faculty or administrative staff? 38 E deducational policies? 39 E ducational policies? 19 Use of faculties? 19 Other extracurricular activities? 19 Other extracurricular activities? 19 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	31				
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.) 22 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? 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? 34 b Admissions policies? c Employment of faculty or administrative staff? 35 c Employment of faculty or administrative staff? 36 d Scholarships or other financial assistance? Educational policies? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 37 38 40 Does the organization receive any financial aid or assistance from a governmental agency? 41 42 43 Does the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34 or b, please explain using an attached statement.	•		- 1		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 22 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholariships 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 scholariships? d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 Coholarships or other financial assistance? e Educational policies? 1 Use of faculties? g Althletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34 or b, please explain using an attached statement.			31	<u> </u>	
Does the organization maintain the following: a Records indicating the radial 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? 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? 33 Admissions policies? c Employment of faculty or administrative staff? 33 Scholarships or other financial assistance? a Educational policies? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34 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.				;	
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? 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? d Scholarships or other financial assistance? d Educational policies? f Use of facilities? d Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
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? 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? d Scholarships or other financial assistance? d Educational policies? f Use of facilities? d Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.			_ `	,	
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? 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? d Scholarships or other financial assistance? d Educational policies? f Use of facilities? d Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.			_ :	30	;
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? 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? d Scholarships or other financial assistance? d Educational policies? f Use of facilities? d Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.				٠, ا	
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? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 32 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 faculties? g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.	32	Does the organization maintain the following:	_ [; .		
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? 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? 5 Admissions policies? 6 Employment of faculty or administrative staff? 6 Scholarships or other financial assistance? 7 Educational policies? 8 Jash 9 Athletic programs? 10 Other extracurricular activities? 11 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 14 Has the organization receive any financial aid or assistance from a governmental agency? 15 Has the organization receive any financial aid or assistance from a governmental agency? 16 Has the organization receive any financial aid or assistance from a governmental agency? 17 Has the organization receive any financial aid or assistance from a governmental agency? 18 Has the organization receive any financial aid or assistance from a governmental agency? 19 Has the organization receive any financial aid or assistance from a governmental agency? 19 Has the organization receive any financial aid or assistance from a governmental agency? 19 Has the organization receive any financial aid or assistance from a governmental agency? 19 Has the organization receive any financial aid or assistance from a governmental agency? 19 Has the organization receive any financial aid or assistance from a governmental agency?	а	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 Admissions policies? 5 Employment of faculty or administrative staff? 4 Scholarships or other financial assistance? 5 Educational policies? 6 Educational policies? 7 Use of facilities? 8 Athletic programs? 8 Athletic programs? 9 Other extracurricular activities? 1 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 4 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	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 Admissions policies? 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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 44 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.	C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
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? 33a Admissions policies? 5 Employment of faculity or administrative staff? 4 Scholarships or other financial assistance? 5 Educational policies? 6 Educational policies? 7 Use of facilities? 8 Athletic programs? 9 Athletic programs? 10 Other extracurricular activities? 11 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 Does the organization receive any financial aid or assistance from a governmental agency? 44 But the organization receive any financial aid or assistance from a governmental agency? 45 Has the organization's right to such aid ever been revoked or suspended? 15 If you answered "Yes" to either 34a or b, please explain using an attached statement.		admissions, programs, and scholarships?	32c		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 434 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.	d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.		If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		177	
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.			: '\$#	٠.;	32
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.			_ [5]	1	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.	33		₽. #		_
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.	a	·			
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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				
e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 44 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.	C	·			
f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 43 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.	d	· · · · · · · · · · · · · · · · · · ·	· -		
d Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 43 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.	e	·			
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 434 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.	f	•			
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 434 b Has the organization's right to such aid ever been revoked or suspended? 15 you answered "Yes" to either 34a or b, please explain using an attached statement.	g				
34 a Does the organization receive any financial aid or assistance from a governmental agency? 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.	n	•	33h	- 15	
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.		if you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			ĺ
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.			- [:	0	i. 4).
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.			- -	1	a
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.	24 -	Does the organization receive any financial aid or assistance from a novernmental agency?			
If you answered "Yes" to either 34a or b, please explain using an attached statement.				\vdash	
	U			· .	
35 Does the organization certify that it has combiled with the applicable requirements of sections 4.03 throlling 4.05 of Rev. Proc. 75-50.	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,	1, , , ,	-	

Schedule A (Form 990 or 990-EZ) 2006

			Lobbying L	xpenditules builing 4-real A	relaying I criou	N/A
	endar year (or al year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount					0.
46	Lobbying ceiling amount (150% of line 45(e))					0.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount					0.
49	Grassroots ceiling amount (150% of line 48(e))		,			0.
50	Grassroots lobbying expenditures					0.

| Part VI-B | Lobbying Activity by Nonelecting Public Charities

(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	e national, state or local	legislation, including any	attempt to
influence public	oninion on a legislative matter or referei	ndum, through the use o	nf	

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
X		; <u>[</u> ,, ; †]
X		
	X	
X		2,279
	X_	
	X	
	X	
	X	
		2,279

SEE STATEMENT 6 Schedule A (Form 990 or 990-EZ) 2006

623151 01-18-07

	t VII Information Re	6 WISCONSIN WETLA garding Transfers To and zations (See page 13 of the instr	d Transactions and		39-18 h Noncharita	
51		lirectly or indirectly engage in any of		organization described in se	ection	
J.		section 501(c)(3) organizations) or ir		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	* *	ganization to a noncharitable exempt		intodi oi gamzationoi		Yes No
а		gamzation to a nonchantable exempt	organization of.			51a(i) X
	(i) Cash	••			•	
	(ii) Other assets		•		•	a(ii) X
b	Other transactions:					
	(i) Sales or exchanges of asse	ets with a noncharitable exempt orgai	nization , , .	•		b(i) X
	(ii) Purchases of assets from a	noncharitable exempt organization				b(ii) X
	(iii) Rental of facilities, equipme	ent, or other assets				b(iii) X
	(iv) Reimbursement arrangeme	ents			<u>.</u>	b(iv) X
	(v) Loans or loan guarantees					b(v) X
	(vi) Performance of services or	membership or fundraising solicitati	ions .			b(vi) X
C	Sharing of facilities, equipment,	, mailing lists, other assets, or paid er	mployees			c X
d	If the answer to any of the above goods, other assets, or services	e is "Yes," complete the following sch s given by the reporting organization.	nedule. Column (b) should a If the organization received	l less than fair market value i		
	transaction or sharing arrangem	nent, show in column (d) the value of	f the goods, other assets, or	r services received:		N/A
(a)	(b)	(c)			(d)	
Line n	o. Amount involved	Name of noncharitable exe	empt organization	Description of transfers, tr	ansactions, and sl	naring arrangements
					·	
			· · · · · · · · · · · · · · · · · · ·			
		<u> </u>				
•			· - · · · · · · · · · · · · · · · · · ·	f ,		
						
	Is the organization directly or in Code (other than section 501(c) If "Yes," complete the following s		one or more tax-exempt org	anizations described in section .	on 501(c) of the	Yes X No
	(a) Name of org) ganization	(b) Type of organization	Descrip	(c) otion of relationshi	р
						·
						
					<u></u>	· —
				<u> </u>		
					····	
					· · · · · · · · · · · · · · · · · · ·	
						
						
					·- ··· · · · · · · · · · · · · · · · ·	
623152	•				Schedule A (Form	990 or 990-F7) 2006

2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

J	,
	z

Asset	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	1EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIESSI	SL	000	16	2,360.		*0	2,360.	• 0	•0	393.
					33.75.		ing ing			,	***	
				4 - 442 - 1 4 - 48 4 - 1	The second							
	· ·	 	.*		erite distrib	500	Rights Rights Row W			-:		
					> 4K	,			7-			
				} ²			* **	,				
							47 qş	,				
								.; ·				
			-	,	-	-	,	` .	,			
628102 07-28-06		-		Q.	Asset	(D) - Asset disposed	-	C, Section 17:	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	, Commercial Revi	italization De	duction, GO Zon

20

FORM 990 OFFICE	R COMPENSATIC PART II, LIN			STATEMENT	1 —
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
REBECCA ABEL	55,370.	3,120.		58,49	0.
A. PROGRAM SERVICES	45,440.	2,560.		48,00	0.
B. MANAGEMENT AND GENERAL	4,804.	271.		5,07	5.
C. FUNDRAISING	5,126.	289.		5,41	.5.
TOTAL PROGRAM SERVICES		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		48,00	0.
TOTAL MANAGEMENT AND GENERAL				5,07	5.
TOTAL FUNDRAISING				5,41	5
				•	
	ATION INCLUDE	ED ON PART II	, LINE 25A	58,49	
TOTAL OFFICER, ETC., COMPENS FORM 990 STATEMENT OF ORG		PRIMARY EXEMP		·	
TOTAL OFFICER, ETC., COMPENS	ANIZATION'S P	PRIMARY EXEMP		58,49	0.
TOTAL OFFICER, ETC., COMPENS FORM 990 STATEMENT OF ORG EXPLANATION TO PROTECT, RESTORE, AND ENJ	ANIZATION'S P PART III OY WETLANDS A	PRIMARY EXEMP	T PURPOSE	58,49	0.
TOTAL OFFICER, ETC., COMPENS FORM 990 STATEMENT OF ORG EXPLANATION TO PROTECT, RESTORE, AND ENJ SCIENCE-BASED EDUCATION, ADV	ANIZATION'S P PART III OY WETLANDS A OCACY AND ACT	PRIMARY EXEMP	T PURPOSE D ECOSYSTEM	58,49	2
TOTAL OFFICER, ETC., COMPENS FORM 990 STATEMENT OF ORG EXPLANATION TO PROTECT, RESTORE, AND ENJ SCIENCE-BASED EDUCATION, ADV	ANIZATION'S P PART III OY WETLANDS A OCACY AND ACT	PRIMARY EXEMP	T PURPOSE D ECOSYSTEM	58,49 STATEMENT	2
TOTAL OFFICER, ETC., COMPENS FORM 990 STATEMENT OF ORG EXPLANATION TO PROTECT, RESTORE, AND ENJ SCIENCE-BASED EDUCATION, ADV FORM 990 DEPRECIATION O	ANIZATION'S P PART III OY WETLANDS A OCACY AND ACT F ASSETS NOT COST	PRIMARY EXEMP	T PURPOSE D ECOSYSTEM ESTMENT UMULATED	58,49 STATEMENT IS THROUGH STATEMENT	2

FORM 990 PART V		CURRENT OFFICERS, S AND KEY EMPLOYEE		STAT	EMENT 4
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
REBECCA ABEL 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	EXECUTIVE DIRE		3,120.	0.
ALICE THOMPSON 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	CHAIR 5.00	0.	0.	0.
KIM GENICH 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	SECRETARY 2.00	0.	0.	0.
JOHN EBSEN 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	TREASURER 2.00	0.	0.	. 0.
GALEN SMITH 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	DIRECTOR 2.00	0.	0.	0.
GAIL EPPING OVERHOL 222 S HAMILTON STRE MADISON, WI 53703	T ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.
SCOTT FROEHLKE 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.
TODD HIGHSMITH 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.
GEORGE MEYER 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.
DON GALLO 222 S HAMILTON STRE MADISON, WI 53703	ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.
JOHNATHAN REED 222 S HAMILTON STRE	ET, SUITE 1	DIRECTOR 1.00	0.	0.	0.

MADISON, WI 53703

WISCONSIN WETLANDS ASSOCIATION, INC.		39-1	852601
EUGENE ROARK 222 S HAMILTON STREET, SUITE 1 MADISON, WI 53703 DIRECTOR 1.00	0.	0.	0.
MARY LINTON DIRECTOR 222 S HAMILTON STREET, SUITE 1 1.00 MADISON, WI 53703	0.	0.	0.
PAUL ZEDLER 222 S HAMILTON STREET, SUITE 1 MADISON, WI 53703 DIRECTOR 1.00	0.	0.	0.
LIBBY ZIMMERMAN 222 S HAMILTON STREET, SUITE 1 MADISON, WI 53703 DIRECTOR 1.00	0.	0.	0.
BRUCE MOORE DIRECTOR 222 S HAMILTON STREET, SUITE 1 1.00 MADISON, WI 53703	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A	55,370.	3,120.	0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

5

WISCONSIN WETLANDS ASSOCIATION, INC. PAID \$3,935 TO THE CHAIR OF THE BOARD FOR TEACHING WORKSHOPS.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B 6 STATEMENT

MAILINGS TO LEGISLATORS

Wisconsin Wetlands Association By-Laws

amended November 29, 2006

Article I. Name and Offices

- A) Name: The name of the corporation shall be the Wisconsin Wetlands Association.
- B) Location: The principal office of the Wisconsin Wetlands Association shall be located in Madison, Wisconsin.

Article II. Statement of Purpose

The Wisconsin Wetlands Association is dedicated to the protection, restoration and enjoyment of wetlands and associated ecosystems through science-based programs, education and advocacy. WWA is a private, nonprofit 501(c)(3) organization.

Wisconsin Wetlands Association's vision is to conserve Wisconsin's wetland ecosystems and maintain their natural ecological functions. To achieve our vision, we will strive to engage a wide range of individuals and groups to protect our state's wetlands and to foster the appreciation and study of these important natural areas. We believe that we have an obligation to future generations to bequeath to them a healthy and biologically diverse environment.

Legislative activities will be accomplished consistent with state and federal law.

Article III. Membership

Membership is open to anyone who agrees with the general purposes of the Association as stated in Article II and who pays the annual membership fee as designated by the Board of Directors.

Members are entitled to receive the Association newsletter and official notices. All duespaying members are eligible to vote in the annual election of the Board of Directors.

Any member of the organization may have his or her membership revoked by a majority vote of the board. Such an action shall be proposed only on the basis of substantial evidence that the member is acting in a manner harmful to the mission of the organization or its effective operation.

Article IV. Board of Directors

A) General Powers. The control and management of the corporation shall be vested in the Board of Directors.

Board members may serve three consecutive two year terms or no more than seven consecutive years on the board. Board members may be re-elected or re-appointed but only after a break in service of one or more years.

- E) Dismissal. The Board of Directors may remove a Board member who has missed three consecutive meetings of the Board in one calendar year.
- F) Vacancies. The Board of Directors may appoint, at its own discretion, members to fill vacant positions on the Board.
- G) Meetings. The Board of Directors shall meet at least four times per year. Special meetings of the Board may be called by the Chair or any two members of the Board. Meetings may include teleconference or video conference. At least two meetings a year the majority of the directors shall meet in person. Board meetings are open to all members of the Association.

Decisions of the board are made by majority vote of a quorum of the board unless otherwise indicated in the bylaws. The quorum of the board is a majority of the current members of the board of directors. Board members able to follow the proceedings by phone or video may be counted as present.

B) Selection of Officers. The Board of Directors shall select its own officers at the first regular meeting following the annual election. A vacancy in any office, due to dismissal, resignation or other cause, may be filled by the Board of Directors for the un-expired portion of the term.

Article VI. Committees

Committees may be composed of board members and other members of the Association and invited guests. The Board shall designate a chair for each committee and encourage every chairperson to attend meetings of the Board of Directors.

The designation of any such committees shall not serve to relieve the Board of Directors, or any individual Directors of any responsibility imposed upon him/her by law.

Article VII. Indemnification of Directors, Officers, Staff and Volunteers

The corporation shall indemnify each person formerly, now or hereafter elected or appointed a Director, Officer, Employee or Agent of the corporation against all expense reasonably incurred or paid by him or her in connection with the defense or disposition of any actual or threatened claim, action, suit or proceeding (civil, criminal, or other, including appeals) in which he or she may be involved as a party or otherwise by reason of having served in any such capacity, or by reason of any action or omission or alleged action or omission (including those antedating the adoption of this article) by him or her while serving in any such capacity; except for expense incurred or paid by him or her (1) with respect to any matter as to which he or she shall have been adjudicated in any proceeding not to have acted in the reasonable belief that his or her action was in the

Article X. Books and Records

The Association shall keep complete and correct books and records of account and shall also maintain minutes of the proceedings of all Board and committee meetings. All books and records of the Association may be inspected by any member or donor at any reasonable time except that the listing of other donors shall be disclosed only upon such terms and conditions as determined by the Board of Directors.

Article XI. Amendments to By-Laws

These by-laws may be altered, amended or repealed and new by-laws adopted by a two-thirds majority vote in a duly convened meeting of the Association's Board of Directors. Proposed changes must be circulated to all Board members at least 14 days in advance of such a meeting. (Adopted at a general membership meeting on 1/26/05, Green Bay.)

Article XII. Dissolution

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization(s) under Section 501(c) (3) of -the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization(s) as said court shall determine, which are organized and operated exclusively for such purposes.

Article XIII. Operational Limitations

Notwithstanding any other provisions of these articles, the Association shall not carry on any other activities not permitted to be carried on: a) by an association exempt from Federal income tax under Section 501 (c) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future Internal Revenue Code) or b) by a corporation, contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future Internal Revenue Code).

No part of the net earnings of the Association shall inure to the benefit of, or be distributed to, its members, trustees, officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered.

Form **8868**

(Rev. December 2006)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal ne	Value Salvice						
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		 m 8868	► X			
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
	501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check t	his bo	x	. —			
and cor	nplete Part I only						
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	extens	sion of time				
noted b the add 990-T. I	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio elow (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file For fitional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a constead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on tw.irs.gov/efile and click on e-file for Chanties & Nonprofits.	m 8868 mposit	8 electronically if te or consolidate	(1) you want d Form			
Type or	Name of Exempt Organization	Empl	oyer identificati	ion number			
print							
•	WISCONSIN WETLANDS ASSOCIATION, INC. 39-1852601						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your	222 SOUTH HAMILTON STREET #1						
return Sec instruction							
Cneck	type of return to be filed (file a separate application for each return):						
X F	orm 990 Form 990-T (corporation) Form 47	20					
F	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27					
F	orm 990-EZ Form 990-T (trust other than above) Form 60	69					
F	orm 990-PF	70					
• The	pooks are in the care of ▶ THE ORGANIZATION						
Tele	phone No. ► 608-250-9971 FAX No ►						
• If the	organization does not have an office or place of business in the United States, check this box						
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi			o, check this			
box 🕨	. If it is for part of the group, check this box and attach a list with the names and EINs of all						
			- · · · · · · · · · · · · · · · · · · ·				
_	equest an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extermine ${\color{red} {\bf AUGUST~15.,~2007}}$, to file the exempt organization return for the organization named a						
_	for the organization's return for:						
	calendar year 2006 or						
>	tax year beginning, and ending		_·				
2 If	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	inting period			
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	porefundable credits. See instructions.	3a	s				
_	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated						
	x payments made. Include any prior year overpayment allowed as a credit.	3b	\$				
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		_				
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
	ee instructions.	3c	\$	N/A			
	ริช และเนตเอเอ.	_ .	Ψ	_41/42			
Cautior	i. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-6	EO for payment i	nstructions.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)