Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made publication

Open to Public

Inte	rnal Reveni	ue Service	► Go to www.irs.	gov/Form990 for in	structions and th	e latest info	rmation.	<u>, W/</u>	Inspec	tion	l
Ā	For the	2018 cale	ndar year, or tax year beginnin	g 07/01	, 2018, a	nd ending	06/3	_	, 20 19		
В	Check if	applicable	C Name of organization WISCONS	SIN WETLANDS AS	SOCIATION INC			Employe	er identification n	umber	
	Address	change	Doing business as						39-1852601		
	Name ch	ange	Number and street (or P O box if n	mail is not delivered to	street address)	Room/suite	E	Telephon	e number		
	Initial retu	urn	214 North Hamilton Street Sui	te 201					608-250-9971		
	Final return	n/terminated	City or town, state or province, cou	untry, and ZIP or foreig	n postal code						
	Amended	d return	Madison, WI, 53703				G	Gross re	ceipts \$	665,935	
	Application	on pending	F Name and address of principal office	cer Wisconsın W	etlands Associat	ion Ipe	H(a) Is this a grou	p return for s	ubordinates? 🔲 Yes	✓ No	
			214 N Hamilton Street, Suite 20	01, Madison, WI 53	703				included? 🗌 Yes	□ No	
	Tax-exen	npt status	✓ 501(c)(3)	() ◀ (insert_no) 🔲 4947(a)(1) or	527	If "No," attacl	h a list (se	e instructions)		
J	Website:		w.wisconsinwetlands.org			1	H(c) Group e	xemption i	number ►		
		organization	Corporation Trust Associ	iation ☐ Other ►	L Yea	r of formation	1969	M State	of legal domicile	WI	
Р	art I	Summ			·	_		_			
	1	Briefly de	scribe the organization's mis	sion or most signi	ficant activities:	Dedicated	to protect	ion, rest	oration, and		
ce		enjoymer	nt of wetlands and associated e	cosystems throug	h science-based	programs, e	ducation, a	nd advo	сасу		
nar			·								
ver	1		is box ▶□ if the organization		•	sposed of n	nore than 2	1 . 1	ts net assets.		
ၓ	1		of voting members of the gove	• • •	-			3		8	
Š			of independent voting membe	-		-		4		8	
ite.			nber of individuals employed	-	018 (Part V, line	2a)	1.0.	5		9	
Activities & Governance	1		nber of volunteers (estimate if	• •		+ ! () ·	W	6		63	
⋖	I		elated business revenue from		(C), line 12	1 2	₹*/ · ·	7a		0	
	b	Net unrel	ated business taxable income	e trom Form 890-	- NED	- `	Prior Year	7b	Current Ye	0	
an		Cambrilla	ione and suggest (Dark VIII line		5 2019				- Current re		
			ions and grants (Part VIII, line service revenue (Part VIII, line	···	34,376		612,903				
Revenue			nt income (Part VIII, column (A	1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		·		47,860 153		52,799	
æ	I .		enue (Part VIII, column (A), lin			–		4,329	<u> </u>	233	
	12	Total reve	enue – add lines 8 through 11 (osp, od og DE	Oc. and Te)	e 12)		86,718	_	665,935	
	13	Grants an	nd similar amounts paid (Part	IX column (A) line		-		0		000,900	
	1		paid to or for members (Part I			0	0				
w	1		other compensation, employee	• •	•	5-10)	4	22,549		432,473	
Expenses	1		nal fundraising fees (Part IX, o			, , ,	'	0		0	
per	ſ		draising expenses (Part IX, co			1.042					
ŭ	l .		penses (Part IX, column (A), Iir					54,232	·—_	209,445	
	l .		enses. Add lines 13-17 (must					76,781		641,918	
	I .	-	less expenses Subtract line			—		9,937		24,017	
es es		<u>.</u>				Begi	nning of Curre		End of Ye		
ilanc Ilanc	20	Total asse	ets (Part X, line 16)				2	45,084		276,234	S
Net Assets or Fund Balances	21	Total liabi	lities (Part X, line 26)					16,430		23,563	Ő
		Net asset	s or fund balances. Subtract	line 21 from line 2	0 <u>.</u> .		2	28,654		252,671	R
Pa	art II	Signat	ure Block								ź
			y, I declare that I have examined this etc. Declaration of preparer (other than						y knowledge and	belief, it is	ED
		1 2	myff			_	7	1/12	/2019		٦:
Sig	ın	Signa	ture of officer				Date	/	/		03
Нe	re	Trac	y Hames, Executive Director				***				0
		Туре	or print name and title) 4
o _a		Print/Typ	e preparer's name	Preparer's signature		Date		Check] if PTIN		
	iu eparer	. L		<u> </u>				self-empl			202
	e Only		ame ►				Firm's	EIN ►			
		Firm's ac					Phone	no			
Иa	y the IRS	S discuss	this return with the preparer	shown above? (se	ee instructions)				☐ Yes		
or	Paperwe	ork Reduc	tion Act Notice, see the separa	ate instructions.		Cat No 1	1282Y	71 -	ファ Form 9	90 (2018)	

Part	Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u> </u>
•		
	Wisconsin Wetlands Association is dedicated to the protection, restoration, and enjoyment of wetlands	and associated ecosystems
	through science-based programs, education, and advocacy.	
2	Did the organization undertake any significant program services during the year which were not list	
	prior Form 990 or 990-EZ?	· · 🗌 Yes 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, an	y program
	services?	· · · 🗌 Yes 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	ım services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	its and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 266,904 including grants of \$) (Revenue	\$ 52,509)
	Wetland Outreach and Education in 2018-19 WWA Developed and presented education and outreach pr	
	audiences of laypersons and experts, and advance the use of wetland science on matters related to wet	
	Programs include advising landowners about wetland preservation, restoration, and management, an a	
	conference, workshops, field trips, and presentations; and distribution of a book, "My Healthy Wetlands	
		, to help landowners care
	for their wetlands. Nearly 400 people attended and participated in WWA's 2019 wetland conference.	
		•••••
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	<u> </u>	·····
	ii ('/)	
4b	(Code: 125,890 including grants of \$ 1 0) (Revenue	
	Public Policy Advocacy: In 2018-2019, WWA worked collaboratively to help local and statewide decision	
	importance of wetlands as solutions to the water quality and quantity issues that our communities are f	acing. We helped improve
	outcomes for wetlands by working with legislators to establish a state Wetland Study Council that will s	erve to bring conservation
	and regulated interests together to help improve state wetland policy. Our work includes hosting field vi	isits for state legislators to
	demonstrate how wetland protection and restoration can provide ecological and societal benefits. We have	ave developed formal
	partnerships with several sportsmen's organizations (Sportsmen For Wetlands) to advance wetland edu	cation for local and
	statewide decision makers.	
4c	(Code) (Expenses \$ 108,479 including grants of \$ 0) (Revenue	\$ 0)
	Place-based Projects: Our place-based work in several areas across Wisconsin helps local governments	
	solutions to protect infrastructure such as roads, culverts, dwellings, etc from floods. In 2018-19 WWA v	
	Meguon to identify opportunities for wetland protection and restoration; worked with the Village of Plove	
	others in the Little Plover River watershed to restore river flows and conserve groundwater, and particip	
	effort to study watersheds in northern Wisconsin to show the contribution of wetlands to flood mitigation	
	The state of the s	
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		•••••
4 -1	Other and the second of the se	
4d	Other program services (Describe in Schedule O) See Schedule O, Statement 1	
	(Expenses \$ 26,255 including grants of \$ 0) (Revenue \$ 290)	
40	Total program service expenses > 527.520	

Part	IV Chacklist of Required Schedules	- /		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	<	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	v	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	,	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		,

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		~
31	conservation contributions? If "Yes," complete Schedule M	30		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>	_	_
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	٧	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	لــــا

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			3
			Yes	No
. 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		A	To the
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	3 30	30.00	100 p. 15
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	WY.	1	7) 7% AP
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		V_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	'4a		~
b	If "Yes," enter the name of the foreign country: ▶		A SAME	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	LANG	224	\$ #.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
7	gifts were not tax deductible?	6b	*FET	CARSON
-7	Organizations that may receive deductible contributions under section 170(c).			197
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
h	and services provided to the payor?	7a 7b	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		7
d	If "Yes," indicate the number of Forms 8282 filed during the year		Cont. 145	100
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>هـَــته</u> ۱	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u>.</u>	7. F. A
•	sponsoring organization have excess business holdings at any time during the year?	8		Inchange
9	Sponsoring organizations maintaining donor advised funds.	[2]k	1.3	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	**	1	Ne.s
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	X - 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			3.3.4
11	Section 501(c)(12) organizations. Enter:	校武	J. F.	3.5
а	Gross income from members or shareholders	الرّ في إ		· 100
b	Gross income from other sources (Do not net amounts due or paid to other sources	10	3	
	against amounts due or received from them)	1.4	, Tag	12.2
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]		學制	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		各的	2.4.4
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	7"% S'%	राक्ष्णा
	Note. See the instructions for additional information the organization must report on Schedule O	1	10 mg	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1	8.4
	<u>-</u> . I	3,000		
с 14а	Enter the amount of reserves on hand	14a	∌स्त्र' र	V 3-1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		
15	Is the organization subject to the section 4960 tax on payments; if No, provide an explanation in scriedule 0	ודי		
	excess parachute payment(s) during the year?	15	l	/
	If "Yes," see instructions and file Form 4720, Schedule N		55.43	250
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	النشانية ال
	If "Yes," complete Form 4720, Schedule O.	3 - 2 · 2	,Acr	F &C 2
	<u></u>	JIL 1440		(2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management	<u></u> -	•	. <u>v</u>		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3 [-:			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar],	,			
	committee, explain in Schedule O.	4	٠.	1.		
b	<u> </u>	3 ,	•	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1		
6	Did the organization have members or stockholders?	6	~	<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	~			
b	Each committee with authority to act on behalf of the governing body?	8b	~			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		<u>, </u>		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	าue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		~		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	L		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	⊢—		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		ļ		
13	Did the organization have a written whistleblower policy?	13	~	├		
14	Did the organization have a written document retention and destruction policy?	14	~	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	·	· 			
a	The organization's CEO, Executive Director, or top management official	15a	~	⊢—		
b	Other officers or key employees of the organization	15b	~	-		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ľ.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u></u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► WI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	T (Sec	tion (501(c)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	/, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and record tracy Hames, (608)250-9971	cords:	>			

Page	- 4

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Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees	, Highest Compens	sated Employees	, and
	Independent Contractors					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization no	r any relate	<u>a org</u>	anız			ompe	risa	ted any currer	it officer, directo	r, or trustee
					C)					
(A)	(B)	/40 5			ition	e than d		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	office				or/trus	tee)	compensation	compensation from	amount of
	week (list any hours for	익	ins	오	⊼e	en F	Former	from the	related organizations	other compensation
	related	Individual trustee or director	₹	Officer	Key employee	ples	me	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	ğ	, `	l pc	Pe co		(W-2/1099-MISC)		organization and related
	line)	, tr	a d		yee	ğ		l		organizations
		ee	Institutional trustee		"	Highest compensated employee	1	1		-
			ď			ated				
Alison Pena	1.00							_		_
Chair	0.00	~	 	~	_		ļ .	0	0	
Jim Ruwaldt	0.50			١.						
Vice chair	0.00	~	<u> </u>	~		<u> </u>	ļ	0	0	0
Tod Highsmith	0 50			١.						
Treasurer	0 00	~	<u> </u>	~	_		<u> </u>	0	0	0
Tim Jacobson	0.50	ļ	Ι,				ļ	1	,	
Secretary	0.00	~		~			<u>L</u>	0	0	0
Linn Duesterbeck	0.50				ĺ		ĺ			
Board Member	0 00	~					_	0	0	0
Ken Potter	0.50									
Board Member	0.00	~					<u>_</u>	0	0	0
Nicole Staskowski	0.50									
Board Member	0.00	~						0	0	0
John Wetzel	0.50									
Board Member	0.00	~						0	0	0
Tracy Hames	40 00									
Executive Director	0 00			~				62,496	0	3,750
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Total (add lines 1b and 1c). Description of services Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Ompensation	c			n A					•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None	_				•	•	•	•		62 406		\neg		2 750
Teportable compensation from the organization ► 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation None						1 4	· ·		<u> </u>		the second			3,75
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None	2			to th	ose	IIST	ed a	above	e) W		ore than \$100	1,000	of	
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None													Y	res No
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation None														V
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual													10 10 10	- 10
Individual	4													1.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			greater tha	an \$1	50,0	UUU	? 11	"Ye	s, ″	complete Sch	edule J for	sucn	1 1	-
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual	•											
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None	5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	ion	fror	n any	un	related organiz	ation or indiv	idual		<u> </u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None		for services rendered to the organization'	? If "Yes," c	ompl	ete :	Sch	edu	ile J f	or s	uch person			5	1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None	Section	n B. Independent Contractors	-											
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None (B) Description of services Compensation				ad una	1000						d mare than	\$100		
year. (A) Name and business address None (B) Description of services Compensation	•													
(A) Name and business address None (B) Description of services Compensation			ort compe	nsauc	on ic	or tr	ie c	aiena	ar y	ear ending wit	n or within th	e org	anization	s tax
Name and business address Description of services Compensation		<u>year</u>								,				
None											1			
		Name and business add	ress							Description of s	ervices	(Compensati	on
	None		_	•										
2 Total number of independent contractors (including but not limited to those listed above) who		-							\vdash					
2 Total number of independent contractors (including but not limited to those listed above) who										 				
2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who			· · · · · · · · · · · · · · · · · · ·						<u> </u>					
2 Total number of independent contractors (including but not limited to those listed above) who														
	2	Total number of independent contractor	rs (includir	ig bu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who	~ .		, i *

_	990 (201				<u></u> .			Page !
Par	t VIII	Statement of Revenue				*		,
		Check if Schedule O conf	ains a res	ponse or note t	O any line in thi (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants	1a b	Federated campaigns Membership dues Fundraising events	1a . 1b	9,829		Tevenue		312-314
ns, Gıfts, Similar Ar	d e	Related organizations Government grants (contribution	. 1d	0 . 0 160,065				
Contributions, Gift and Other Similar	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f \$		443,009 163,375				
	2a	Total. Add lines 1a–1f Science Conference Fees		Business Code 541900	612,903	51 221		
Program Service Revenue	b	Occasional Merchandise Sa	les	541900	1,148	51,231 1,148	0	
gram Se	d e f	All other program service re	 evenue .		420	420	0	
-P	g	Total. Add lines 2a-2f .		· . •	52,799	FERFERIN	WAS TO THE THE PARTY OF	
•	3 4 5	Investment income (included and other similar amounts) Income from investment of tax Royalties		ond proceeds	233 0	0 0	0 0	0
	6ਂਬ, b	Gross rental expenses	(i) Real	(ii) Personal				
,	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	0 	(ii) Other				
,	b	Less cost or other basis and sales expenses	•					
	d d	Gain or (loss) Net gain or (loss)		•				
Other Revenue	8a ⁻	events (not including \$- of contributions reported on I	Ô	'				
Other F	b b	See Part IV, line 18	b	•				
`.	с, 9а	Net income or (loss) from fu Gross income from gaming See Part IV, line 19		events >				
	С	Less: direct expenses Net income or (loss) from ga Gross sales of inventor		vities ▶				
,e	b	returns and allowances , Less: cost of goods sold .	. а . b					
,	C	Net income or (loss), from sa Miscellaneous Revenue	ales of Inve	Business Codo			的人在心下错误。 在《外记》的话题的话,我们不是是	
	11a b		· · · · · · · · · · · · · · · · · · ·					,

665,935

All other revenue . . .

Total. Add lines 11a-11d . . . **Total revenue**. See instructions

d

0 0 0 0

52,799

Part IX Statement of Functional Expenses

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

Do no	t include amounts reported on lines 6b, 7b,	(A)	(15)	10)	
	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		を
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.	0	. 0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	67,621	51,392	6,762	9,467
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	320,098	269,614	29,330	21,154
0	section 401(k) and 403(b) employer contributions)	14,188	11,950	1,300	938
9	Other employee benefits	1,355	1,141	124	90
10	Payroll taxes	29,211	24,604	2,677	1,930
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	5,800	0	5,800	0
d	Lobbying	10,000	10,000	0	0
e	Professional fundraising services See Part IV, line 17	0	THE PERSON	CALL STATES	0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column		_		
4.0	(A) amount, list line 11g expenses on Schedule O)	50,715	42,169	7,546	1,000
12	Advertising and promotion	15,250	15,250	0	0
13	Office expenses	17,295	5,889	789	10,617
14	Information technology	5,990	1,938	238	3,814
15 16	Royalties	0	0	0	0
17	Occupancy	21,834	18,155 13,926	1,980 227	1,699
18	Payments of travel or entertainment expenses	14,153	13,926		
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	41,091	41,086	0	5
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	1,788	0	1,788	0
23	Insurance	5,367	4,381	492	494
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	MENT CHARMON	THE PROPERTY OF THE	三年に 原語を (一次)	李海河"河南西北湖
a	Dues and Fees	12,525	10,177	948	1,400
b	Other	7,637	5,856	347	1,434
C					
đ	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	6/1.019	527 529	60.248	E4 040
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	641,918	527,528	60,348	54,042

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		. 🗆
		,	· (A)		(B)
	٠.	<u> </u>	Beginning of year		End of year
:	1	Cash—non-interest-bearing	87,919	1	112,526
	2	Savings and temporary cash investments	90,721	2	113,954
	, з	Pledges and grants receivable, net	* 57,282	3	32,467
	4	Accounts receivable, net	0	4	0
•	. 5	. Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			And the Language State of Land of Particles and
•	}	Complete Part II of Schedule L	O	5	O
	6	Loans and other receivables from other disqualified persons (as defined under section			
•		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section, 501(c)(9) voluntary employees' beneficiary			
Assets	_	organizations (see instructions) Complete Part II of Schedule L	0	6	0
\ss	7	Notes and loans receivable, net	0	7.	0
•	8	Inventories for sale or use	0	8	0
	9 10a	Prepaid expenses and deferred charges	4,572	9 **********	7,835
	IUa	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 16 132			
	h	1211	4.500	10c	0.452
	b 11	Less: accumulated depreciation [10b] 6,680 Investments—publicly traded securities	4,590	11	9,452
*	12	Investments—publicly traded securities See Part IV, line 11 '	, o	12	
		Investments—program-related. See Part IV, line 11	, 0	13	<u> </u>
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	, 0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	245,084	16	276,234
	17	Accounts payable and accrued expenses	16,430	17	23,053
•	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	510
	20	Tax-exempt bond liabilities	0	20	0
	2i	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to current and former officers, directors,		越藍	建筑区外建筑
∄		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	-22	0
-	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
- 1	24 .	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			• .
	•	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	_
٠	26	Total liabilities. Add lines 17 through 25	40.400	25 26	0 00 500
\dashv	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	16,430	20	23,563
es		complete lines 27 through 29, and lines 33 and 34.		緩緩	
<u>ا</u> ۾	27	Unrestricted net assets	193,654	27	252,671
39	28	Temporarily restricted net assets	35,000	28	0
힏	29	Permanently restricted net assets	. 0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		3 12	
ò	•	complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	•
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ϋ́	33	Total net assets or fund balances	228,654	33	. 252,671
	34	Total liabilities and net assets/fund balances	245,084	34	276,234
		, •			Form 990 (2018)

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Page	- 1	_

6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ☑ ✓ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	Par	XI Reconciliation of Net Assets	•				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 228,654 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 252,671 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI					
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis, or both. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis	1		1			66	5,935
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Accounting meth	2	Total expenses (must equal Part IX, column (A), line 25)	2			64	1,918
Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 252,671 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	3	Revenue less expenses Subtract line 2 from line 1	3			2	4,017
6 Donated services and use of facilities 6 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			22	8,654
7 Investment expenses 7 0 0 8 Prior period adjustments 8 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	Net unrealized gains (losses) on investments	5				0
Prior period adjustments	6	Donated services and use of facilities	6				0
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	7	Investment expenses	7				0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8_				0
33, column (B))	9	Other changes in net assets or fund balances (explain in Schedule O)	9_	_			0
Check if Schedule O contains a response or note to any line in this Part XII	10						
Check If Schedule O contains a response or note to any line in this Part XII		33, column (B))	10			25	<u> 2,671</u>
Accounting method used to prepare the Form 990:	Part	·					
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	•		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					_	Yes	No_
Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_ }	- {		. }
Were the organization's financial statements compiled or reviewed by an independent accountant?			plaın	ın	ŀ		. [
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	_			_	-		لبا
reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	2a			·	a		-
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		·	oiled	or	Ì		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					- 1		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		_ , _ ,			-	<u> </u>	
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	D	- · · · · · · · · · · · · · · · · · · ·	• •	· -	b	-	 -
✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ed on	a	- {		<u> </u>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							l
		·			[-		
	С				_	,	
					C	-	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			piain	'n <u>.</u>			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	За	· · · · · · · · · · · · · · · · · · ·	forth				_
the Single Audit Act and OMB Circular A-133?		G .		<u> </u>	а		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b						
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.			000	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

WIS	CONSIN WETLANDS ASSOCIATION	INC				39-18	52601
Pa	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ons.
The ·	organization is not a private found	ation because it	is (For lines 1 through	12, che	ck only o	ne box)	
1	A church, convention of church	ches, or associate	ion of churches descr	ibed in se	ection 17	'0(b)(1)(A)(i).	$\langle \langle \rangle \rangle$
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z))	
3	A hospital or a cooperative ho		-				
4	A medical research organizati	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6 7	 A federal, state, or local gover ✓ An organization that normally described in section 170(b)(1 	receives a subs	stantial part of its sup				n the general public
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	I to its exempt fu it income and un	inctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	d operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	_						
	of one or more publicly supp						
	Check the box in lines 12a thro	•	•••		•	· ·	
а		n(s) the power to	regularly appoint or e	lect a ma	yority of t		
b	☐ Type II. A supporting orga control or management of organization(s) You must	the supporting of	organization vested in	the same			
С	Type III functionally integ	rated. A suppor	ting organization opei	rated in c			ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported						
g	Provide the following information	n about the supp	orted organization(s)			·	· · · · · · · · · · · · · · · · · · ·
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
4)							
3) 							
C)							
)							
Ξ)							
		,		ī	•		

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			<u>-</u>			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					_	
	membership fees received (Do not						
	include any "unusual grants.")	430,751	445,907	516,527	534,376	612,617	2,540,178
2	Tax revenues levied for the		_				
	organization's benefit and either paid						
	to or expended on its behalf .	0	О	0	0	0	0
3	The value of services or facilities			_			····
	furnished by a governmental unit to the						_
	organization without charge	0	0	0	. 0	0	0
4	Total. Add lines 1 through 3	430,751	445,907	516,527	534,376	612,617	2,540,178
5	The portion of total contributions by		The state of the s	第47. 深篇	1. 1		
	each person (other than a			6	Second of the		
	governmental unit or publicly	A STATE OF		以			
	supported organization) included on	海湿素			1		
	line 1 that exceeds 2% of the amount	1	the state of	The way	"说话"。		
_	shown on line 11, column (f)	BALLERY EAST TO THE STATE OF TH	A CONTRACTOR SALES	To the state of the	A Plan Land	Can a thing of	326,215
6	Public support. Subtract line 5 from line 4	in entirellimited	ALC: NO.	The state of the s	AR TY MENT	MALL STEELS	2,213,963
	on B. Total Support	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(e) 2018	(6) Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014		(c) 2016	(d) 2017		(f) Total
	•	430,751	445,907	516,527	534,376	612,617	2,540,178
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	78	80	· 161	153	233	705
9	Net income from unrelated business					255	703
•	activities, whether or not the business	i		į			
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets				,		
	(Explain in Part VI)	0	0	2,218	4,329	706	7,253
11	Total support. Add lines 7 through 10	1.00	The Care	LYSTAUM	ATTERNATION	は発展を記さる	2,548,136
12	Gross receipts from related activities, etc	. (see instruction	ons) .			12	228,986
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>		· · · · ·	▶ □
	on C. Computation of Public Support						
14	Public support percentage for 2018 (line	* *	•			14	86.89 %
15	Public support percentage from 2017 Scl					15	88.72 %
16a	331/3% support test—2018. If the organ						
L	box and stop here. The organization qua			-			▶
b	33 ¹ / ₃ % support test—2017. If the organithis box and stop here. The organization				•		·
		-		_			_
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization	racis-and-cife		s. me organi	zanon quannes	s as a publicly	
L		047 (6.45					. • .
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						•
	supported organization						► □
18	Private foundation. If the organization di				u or 17b chec	k this box and	
	instructions						

Schedu	JIE A (Form 990 or 990-EZ) 2018						Page, 3
Part							
	(Complete only if you checked t						der Part II.
Soot	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	/
	ion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2014	(b) 2015	(6) 2016	(a) 2017	(e) 2018/	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					•	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	,					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	on B. Total Support		4 > 0045	() 0040	(1) 0047	(10010	
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 201/4	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.					,	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).			9			
13	Total support. (Add lines 9, 10c, 11, and 12.)		_				
14	First five years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2018 (line 8	***		1		15	<u>%</u>
<u>16</u> Secti	Public support percentage from 2017 Schon D. Computation of Investment Inc			· · ·	· _ ·	10 .	70
17	Investment income percentage for 2018 (v line 13 colu	mn (fl)	17	%
. 18	Investment income percentage from 2017			,, iii o 10, 00lu		18	
19a	33½% support tests—2018. If the organ			on line 14, ai	nd line 15 is m		
	17/s not more than 331/3%, check this box	and stop here .	The organization	on qualifies as	a publicly suppo	orted organizatio	n . 🕨 🗀
b	331/3% support tests—2017. If the organiz	ation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 33	31/3%, and

/line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕒 🔲 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	Supporting Organizations (continued)			1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	le de	2 2 Tank	海河
а	1	E.L.	المنظمة ا	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	£3° #	3	use year
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	虚	1.03	WY
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	李徽	124	- 1
	controlled the organization's activities. If the organization had more than one supported organization,		1 2 2	15
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		300	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	5 12 ·	2.25	
0	Did the agree of a great first be broad of	201.5 355	2000	.vi. 300°2 vizal
2	Did the organization operate for the benefit of any supported organization other than the supported		4.0	100
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		3.3	2,674
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		TO SERVICE SERVICE	1
		2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Part .		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	SAV		1
	or management of the supporting organization was vested in the same persons that controlled or managed	2.0	10.00	1782
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(MU)	. T. A.	1 7 3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	2.3	100	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	P	17.0	12.00
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1/2-107	اللغسد	1.71.14
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	(\$10 h)	182 20	12:24
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	E 4	12.5	
	the organization maintained a close and continuous working relationship with the supported organization(s)	I A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New York
2		2	SUPPLE	±" ₽25\$
3	By reason of the relationship described in (2), did the organization's supported organizations have a		Calc	
	significant voice in the organization's investment policies and in directing the use of the organization's	17.7		1.24
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	12.5		57-57
		3		L
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstrue	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
, b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	74	PENN!	· R: 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	7		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	11.2	1	
	how the organization was responsive to those supported organizations, and how the organization determined	4		
	that these activities constituted substantially all of its activities.	2a	Z	_ <u>#164 +8</u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		11.55	1万党第
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			4
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	A		147
_		2b	Canada	والد معد عا
3	Parent of Supported Organizations Answer (a) and (b) below.	を対		多名
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	200	直型	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	234	M	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		_

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(=)
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		经验证证据	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		***************************************
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ESCHELL THE PARTY DEC	
2 Enter 85% of line 1.	2	SECTION THEOLOGY	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)		NAME OF THE PARTY	
4 Enter greater of line 2 or line 3.		ALTERNATION OF THE REAL PROPERTY.	
5 Income tax imposed in prior year		MINER CITY	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		はは代ける。	
emergency temporary reduction (see instructions)		Miles and the Control of	<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	g organization (see

Pari	Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued)	,
Sect	tion D—Distributions		-	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2.,	. Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	1	•	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	他對於其實際的	東京教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018	CHANGE AND MEDICAL CONTROL OF THE		THE MAN TOWN THE WASHINGTON TO THE TANK THE PARTY OF THE
 a	From 2013	The state of the s	ARTHUR TO THE RESERVE TO THE PROPERTY OF THE P	The state of the s
<u>a</u> b	From 2014			· · · · · · · · · · · · · · · · · · ·
c	From 2015	THE STREET STREET STREET STREET STREET	THE STATE OF THE S	THE RESERVE THE PROPERTY OF THE PERSON OF TH
d	From 2016	A STATE OF THE STA		
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大		THE SERVICE OF THE SE
h	Applied to 2018 distributable amount	RESTREAMENT OF THE PROPERTY OF	TO THE SECOND PROPERTY.	
i	Carryover from 2013 not applied (see instructions)			经过滤器或量
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		建た温を見る。	
4	Distributions for 2018 from Section D, line 7. \$			
а	Applied to underdistributions of prior years	企业的工程的工程的工程		是後期的學術
b	Applied to 2018 distributable amount		等是那些一种的一种,	
С	Remainder. Subtract lines 4a and 4b from 4		が記ればいる。	是是是是是是
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		,	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7:	相對語彙學是理論	製造を記する。	
а	Excess from 2014	医		
b	Excess from 2015			ACCORDING TO THE PROPERTY OF T
c	Excess from 2016	語習經濟學學院看到		是是是
d	Excess from 2017	阿爾河北海南部市	是是是一个	
е	_Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Ine 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - Other income received in connection with the pursuit of the organization's exempt purpose.
	······································
•••••	
	<u></u>
	······································
	······································
••	······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	see separate instructions), t	hen			
• S	ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer ide	ntification number
WISC	ONSIN WETLANDS ASSOC	IATION INC			39-1852601
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1		f the organization's direct and in	direct political ca	impaign activities in Par	t IV (see instructions for
_	definition of "political car	, •		_ (•
2		ty expenditures (see instructions)			\$
3		cal campaign activities (see instruc		-1/01	
	<u>_</u>	e organization is exempt und			<u> </u>
1	-	excise tax incurred by the organiza			p È
2 3	•	excise tax incurred by organization ed a section 4955 tax, did it file Fo	=		. Yes No
ა 4a	Was a correction made?		1111 47 20 101 tills y	earr	Yes No
4a b	If "Yes," describe in Part				<u> res 140</u>
Part	<u> </u>	e organization is exempt und	er section 5016	c) except section 501	(c)(3)
1		ly expended by the filing organiz			. (-)(-)-
•	activities	ly expended by the filing organiz	ation for section	> \$	3
2		filing organization's funds contrib	uted to other ord		
2	527 exempt function act				;
3	Total exempt function of	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b	•		▶ \$	3
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nai space is needed, provi	ide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					Thore, enter 0
(1)					
			<u> </u>		
(2)		}			
(3)					
(4)					
(5)		<u> </u>			
(6)			-		
(U)					1

Scr	ieau	ile C (Form	1 990 or 990-EZ) 2018	i .		Page ∠
Pá	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (el	ction under
$\overline{\mathbf{A}}$	Cł	neck ►	If the filing organization belong	s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,
			- -	hare of excess lobbying expenditures).		
В	Cr	neck ►	If the filing organization checke	ed box A and "limited control" provisions apply		
_	_			ying Expenditures	(a) Filing	(b) Affiliated
				ans amounts paid or incurred.)	organization's totals	group totals
_	1a	Total lo	obbying expenditures to influence	oublic opinion (grass roots lobbying)	0	
	b			a legislative body (direct lobbying)	17,427	
	С	Total lo	obbying expenditures (add lines 1a	and 1b)	17,427	
	d		• • • •	· · · · · · · · · · · · · · · · · · ·	624,491	
	е		exempt purpose expenditures (add		641,918	
	f			he amount from the following table in both		
		columr	าร.	· ·	121,288	
	Γ	If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	THE PARTY	SHE VIEW SHE
	. [r \$500,000	20% of the amount on line 1e		
	Ì		00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Ī	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	ı	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
		Over \$1	7,000,000	\$1,000,000	SECRETARY OF THE PARTY OF THE P	
_	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	30,322	
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0	
	i	Subtra	ct line 1f from line 1c If zero or les	s, enter -0	0	
	j	If there	e is an amount other than zero	on either line 1h or line 1i, did the organization	file Form 4720	
	-		ng section 4911 tax for this year?			Yes 🔲 No
			4-Yea	ar Averaging Period Under Section 501(h)		
		(Som	e organizations that made a sec	tion 501(h) election do not have to complete all	of the five colum	ns below.

See the separate instructions for lines 2a through 2f.)

	Lobb	ying Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	91,473	101,197	111,517	121,288	. 425,475
b	Lobbying ceiling amount (150% of line 2a, column (e))			京都公司		638,213
c	Total lobbying expenditures	8,514	2,838	7,441	. 17,427	36,220
d	Grassroots nontaxable amount	22,868	25,299	27,879	30,322	106,368
е	Grassroots ceiling amount (150% of line 2d, column (e))		Salar Salar			159,552
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Forn	า 5768
	(election under section 501(h)).	1	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		200 A	
a b c d e f g	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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?			
h i j 2a	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		1.12	
b c d	If "Yes," enter the amount of any tax incurred under section 4912)(5), (or se	ction
	501(c)(6).			Yes No
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), c	or se	1 2 3 ction
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	1 3 4	
a b c	Current year	•	2a 2b 2c	
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the	σ <u>755</u> 4	
5	Taxable amount of lobbying and political expenditures (see instructions)	٠.	5	
rovic	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.			
	•		- -	
			-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

WISC	ONSIN WETLANDS ASSOCIATION INC		39-1852601
Par			
	Complete if the organization answered	<u>"Yes" on Form 990, Part IV, line 6.</u>	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ie organization's exclusive legal contr	ol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	<u>. </u>	· · · · · · <u>·</u> Yes 🔲 No
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreating	tion or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a) .	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		spection, handling of
	violations, and enforcement of the conservation ea		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year
)		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	\$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of	-	nancial statements that describes the
	organization's accounting for conservation easeme		
Par			
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relati	-	
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
_			***************************************
2	If the organization received or held works of art,		
	following amounts required to be reported under S	· · · · · ·	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		• •

Par	Organizations Maintaining (Collections of	Art, His	torical	Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and o	ther reco	rds, ched	ck any of th	ne follov	ving that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		e	☐ Othe	r			
C	☐ Preservation for future generations							
4	Provide a description of the organization XIII	on's collections	and expl	ain how t	hey further	the org	janization's exer	npt purpose in Part
5	During the year, did the organization s assets to be sold to raise funds rather t							
Par	IV Escrow and Custodial Arrar	ngements.						
	Complete if the organization a 990, Part X, line 21.	answered "Yes	" on For	m 990, 1	Part IV, line	e 9, or	reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X? .			-	or contribut			ot Yes No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	ollowing t	able [.]			
							A	mount
С	Beginning balance					10		
d	Additions during the year .				•	1d		
е	Distributions during the year .				•	1e		
f	3					<u>_1f</u>	\	
2a	Did the organization include an amount							'? ∐ Yes ∐ No
	If "Yes," explain the arrangement in Par Endowment Funds.	T XIII Check her	e if the e	xpianatio	n nas been	provide	ed on Part XIII	<u> </u>
Par	Endowment Funds. Complete if the organization a	answordd "Vos	" on For	m 000 I	Dart IV line	0.10		
	Complete if the organization a	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) outroit you	(2)		(0, 1110)00.	-	(4)	(6) (6) (6)
b	Contributions							-
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							-
g	End of year balance							
2	Provide the estimated percentage of the	e current year er	nd balanc	e (line 1g	, column (a)) held a	as	<u> </u>
а	Board designated or quasi-endowment	>	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	<u></u> %						
	The percentages on lines 2a, 2b, and 2d							
3a	Are there endowment funds not in the	possession of th	ne organi	zation tha	at are held	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations				• •			3a(i)
	(ii) related organizations			 				3a(ii)
	If "Yes" on line 3a(ii), are the related org Describe in Part XIII the intended uses of					•		3b
4 Part			on s ende		1105			
гаг	Complete if the organization a		" on For	m aan i	Part IV line	112	See Form 990	Part X line 10
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis ther)	(c) A	Accumulated epreciation	(d) Book value
1a	Land	- - · ·	0	 				
b	Buildings		0	<u> </u>	0		0	
C	Leasehold improvements	-	0		2,459		2,459	0
d	Equipment		0		13,673		4,221	9,452
e	Other		0		0		0	0,102
	Add lines 1a through 1e. (Column (d) mu	est equal Form 9		K column)c)		9.452

Part VII	Investments - Other Securities.	·	•	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	, , ,	ethod of valuation d-of-year market value
(1) Financial	I derivatives			
(2) Closely-I	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	•••••••••••••••••••••••••••••••••••••••			
(F)	•			
(G)			<u> </u>	
(H)			ļ	
	(b) must equal Form 990, Part X, col (B) line 12)	L		
Part VIII	Investments—Program Related.		000	D 1 1 10
	Complete if the organization answered "Yes" on Form 990, Part I			
	(a) Description of investment	(b) Book value		ethod of valuation d-of-year market value
<u></u>				
(1)			 	
(2)				
(3)				
(4)			 -	
(5)				
_(6) _(7)			 	
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	<u> </u>	<u> </u>	
-	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990,	Part X, line 15.
	(a) Description	<u> </u>		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
	mn (b) must equal Form 990, Part X, col (B) line 15.)	<u>· · · · · · · · · · · · · · · · · · · </u>		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Forn	n 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			0
(2)				
(3)				
(4)			\longrightarrow	
(5)				
(6)			\longrightarrow	
(7)				
(8)				
(9)	b) must agual Form 000. Part V and /D) Imp 05)		\longrightarrow	
	b) must equal Form 990, Part X, col. (B) line 25)	maticals for a set of se	h	0
∠. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	iization s financiai sta	ements tha	at reports the

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

Part			· · · · · · · · · · · · · · · · · · ·	Retur	'n.
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements		, line 12a.	4	665,935
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	'			
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	- 0	2	
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	0		
e	Add lines 2a through 2d			2e	n
3	Subtract line 2e from line 1			3	665,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		:	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	665,935
Part	XII Reconciliation of Expenses per Audited Financial Stater	ments \	With Expenses pe	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements			1	641,918
	Amounts included on line 1 but not on Form 990, Part IX, line 25.			·	
	Donated services and use of facilities	2a	0	<u>.</u>	
b	Prior year adjustments	2b	0	·	
C	Other losses	2c	0		
	Other (Describe in Part XIII)	2d	0		
	Add lines 2a through 2d		• • • •	2e	0
_	Subtract line 2e from line 1	i ı		3	641,918
	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0	- '	
	Other (Describe in Part XIII)	4b	0	. [
	Add lines 4a and 4b	40		4c	0
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18)		5	641,918
Part 2			,		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4, Pai	rt IV, lines 1b and 2b	, Part '	V, line 4, Part X, line
2; Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to prov	ride any additional in	format	ion
Sched	ule D, Part X, Line 2 - The Association is a nonprofit corporation exempt from	income	taxes under Section 5	501(c)(3) of the Internal
Reveni	ue Code, and Wisconsin franchise and income tax. The Association has adop	ted the	accounting guidance i	or rec	ognizing and
measu	ring uncertain tax positions. The Association follows the statutory requireme	nts for t	heir income tax accou	inting a	and generally avoids
risks a	ssociated with potentially problematic tax positions that may be challenged u	ipon exa	mination. Manageme	nt belie	eves any liability
resultir	ng from taxing authorities imposing additional income taxes from activities d	eemed to	be unrelated to the	Associ	ation's tax-exempt
status	would not have a material effect on the accompanying financial statements.				

	•••••••••••••••••••••••••••••••••••••••				
				· 	
					
•••					
	······································				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

*-*2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

WISCONSIN WETLANDS ASSOCIATION INC 39-1852601 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures . . . 2 3 Art - Fractional interests . 4 Books and publications . . . Clothing and household 5 goods Cars and other vehicles . 6 7 Boats and planes 8 Intellectual property . 9 Securities - Publicly traded . . 5 163,375 Selling price of donated secur 10 Securities-Closely held stock . 11 Securities - Partnership, LLC. or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution-Historic structures Qualified conservation contribution - Other 15 Real estate -- Residential 16 Real estate - Commercial . . 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens 24 Archeological artifacts . 25 Other ► (_____) 26 Other ► (_____) 27 Other ► (______) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 30a 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

30a	***	
31		
32a		~

contributions?

describe in Part II.

33

b If "Yes," describe in Part II.

Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule N	//, Part I, Line 9 - Wisconsin Wetlands Association is reporting on the number of contributions received in column (b).
	//, Part I, Line 32b - Wisconsin Wetlands Association uses Securities and Advisory services offered through Harbor Investments, Marketable securities when they are donated.
	······································

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

WISCONSIN WETLANDS ASSOCIATION INC 39-1852601 Form 990, Part VI, Section A, Line 6 - The Organization's bylaws define the terms of membership and allow members to elect officers and directors at the annual meeting. Form 990, Part VI, Section A, Line 7a - Members who attend the organization's annual meeting elect officers and directors for the coming year. Form 990, Part VI, Section B, Line 11b - The organization's 990 is reviewed and approved by the Executive Director and an outside accountant. It is also made available electronically to each board member for review prior to filing Form 990, Part VI, Section B, Line 12c - The Executive Director collects and reviews conflict of interest statements completed annually by cach board member, and communicates to applicable board members any potential conflicts of interest. Board members who have a conflict of interest are expected to excuse themselves from participation in deliberation and decision-making about matters involving the Form 990, Part VI, Section B, Line 15 - The Board of Directors authorizes the compensation of the Executive Director, based partly on information obtained from informally surveying compensation paid by comparable organizations, most recently 2011. Form 990, Part VI, Section C, Line 19 - Wisconsin Wetlands Association makes its governing documents, and conflict of interest policy available to members and the general public upon request. The organizations audited financial statements are available on its website, and available upon request to members or the general public.