990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the 2	2023 calend	dar year, or tax year beginning	07/01/2023 and endi	ng	06/30/2024	1		
В	Check if a	pplicable:	C Name of organization WISCONS	SIN WETLANDS ASSOCIATION INC		DE	mployer id	lentification	number
	Address c	hange	Doing business as				39-	-1852601	
П	Name cha	nge	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	e E Te	elephone n	umber	
$\overline{\Box}$	Initial retur	m	214 North Hamilton Street Su	ite 201			608	-250-9971	
$\overline{\Box}$		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code					
$\overline{\Box}$	Amended		Madison, WI 53703	<i>3</i> ,		G G	iross receip	ots\$	771,730
$\overline{\Box}$	Application		F Name and address of principal offi	cer: TRACY HAMES	H(a)	Is this a group re	turn for subord	dinates? Y	es V No
			214 N HAMILTON ST, STE 201		1	Are all subord		_	es No
$\overline{}$	Tax-exem	pt status:	✓ 501(c)(3) 501(c) (lo," attach a lis			
		<u> </u>	consinwetlands.org	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Group exemp			
_	-	_	Corporation Trust Associate	tion Other L Year of	, ,		State of lega		WI
_	art I	Summa		2 1 5 6 6 7		1707			
			-	ion or most significant activities: De	dicated to n	rotection r	estoration	n and enic	nyment
ø	l .			hrough science-based programs, edu			cstoration	i, and crije	yment
Activities & Governance	-	or wetland.	s and associated ecosystems t	illough science-based programs, edd	Cation, and	auvocacy.			
Ĕ	2 (hock this	box if the organization di	scontinued its operations or dispos	ed of more	than 25%	of ite not	accate	
ŏ	l .		_	rning body (Part VI, line 1a)		1	3	assets.	7
2				rs of the governing body (Part VI, line			4		
Se Se							5		7
Ě				n calendar year 2023 (Part V, line 2a)		<u> </u>			10
Ċţ	l .		•	necessary)			6		66
٩				Part VIII, column (C), line 12		<u> </u>	7a		0
	b N	vet unrelat	ed business taxable income	from Form 990-T, Part I, line 11 .			7b	O	0
		`antributio	and grants (Dort VIII line)	16)	P	Prior Year	74	Current Ye	
ne				1h)		889,0			682,653
Revenue			ervice revenue (Part VIII, line			68,8			79,484
Be.), lines 3, 4, and 7d)			271		8,809
	l .			es 5, 6d, 8c, 9c, 10c, and 11e)		15,0			784
	+			nust equal Part VIII, column (A), line 1		973,2			771,730
				X, column (A), lines 1–3)			0		0
				(, column (A), line 4)			0		0
es	l .			penefits (Part IX, column (A), lines 5–1		668,0			669,822
Expenses	l .			olumn (A), line 11e)			0		0
ă	l .		aising expenses (Part IX, colu		17				
ш		-	enses (Part IX, column (A), line			291,2	208		276,260
				equal Part IX, column (A), line 25)		959,2	236		946,082
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12		14,0			-174,352
Net Assets or Fund Balances					Beginnin	g of Current Y	'ear	End of Ye	ar
set	20 7		s (Part X, line 16)			953,3	300	1	,233,678
A A	21 7		ties (Part X, line 26)			237,4	197		226,573
			or fund balances. Subtract li	ne 21 from line 20		715,8	303	1	,007,105
Pa	art II	Signatu	re Block						
				return, including accompanying schedules and officer) is based on all information of which pr			t of my kno	owledge and	belief, it is
Sig	gn	Signature	of officer			Date			
He	-	Tracy Ha	mes, Executive Director						
	-		int name and title						
_			preparer's name	Preparer's signature	Date	Cha	eck if	PTIN	
Pa		1					employed		
	eparer		ne .	<u> </u>		Firm's EIN			
Us	e Only	Firm's add				Phone no.			
<u> </u>	v the IRS			shown above? See instructions		i none no.		□ Voc	

Part		ment of Program Service Accomplishments k if Schedule O contains a response or note to any line in this Part III	\square
1		cribe the organization's mission:	
	•	Wetlands Association is dedicated to the protection, restoration, and enjoyment of wetlands and associate	d ecosystems
		ience-based programs, education, and advocacy.	
2		anization undertake any significant program services during the year which were not listed on the	_
	•	_	☑ Yes 🔽 No
•		escribe these new services on Schedule O.	
3		ganization cease conducting, or make significant changes in how it conducts, any program	
			☑ Yes 🔽 No
		escribe these changes on Schedule O.	
4		ne organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	
		penses, and revenue, if any, for each program service reported.	lions to others,
	ino total oxpe	poness, and revenue, it any, for each program convict reported.	
4a	(Code:) (Expenses \$ 307,825 including grants of \$ 7,015) (Revenue \$	146,629)
···	`	utreach and Education: in 2023-24, WWA developed and presented education and outreach programs to div	'
		of laypersons and experts and advanced the use of wetland science on matters related to wetland conserva	
		nclude a bi-weekly webinar called the Wetland Coffee Break featuring short wetland-related presentations;	
		and presentations; advising landowners about wetland preservation, restoration, and management; distribu	
		Healthy Wetlands (to help landowners care for their wetlands), and "Way Will Open" (a book of poetry, inclu	
		etry, by a WWA member), and an annual wetlands science conference. More than 400 people attended and	
		d in WWA's 2024 Wetland Science Conference in Green Bay, Wisconsin.	
4b	(Code:) (Expenses \$ 230,227 including grants of \$ 99,405) (Revenue \$	99,405)
	Public Policy	cy Advocacy: In 2023-24, WWA's policy program work emphasized building the policy and program suppor	ts needed to
	increase the u	e use of wetland restoration to solve problems. Highlights included advocating for enactment of a bill to es	stablish a
		grant program to help flood prone communities identify and implement opportunities to restore wetlands	
		to increase resilience (2023 WI Act 265, enacted in April 2024), and helping the Wisconsin Department of N	
		draft a new general permit for hydrologic restoration projects. Our Executive Director continued to serve a	
		rnor's Wetland Study Council. This council, representing private, agricultural, conservation, and other dive	rse interests
	discusses and	and develops recommendations on statewide wetland issues.	
4c	(Code:) (Expenses \$ 153,418 including grants of \$ 152,857) (Revenue \$	152,857)
.0	`	d Projects: In 2023-24 WWA continued work with the Village of Plover, local growers, and others in the Little	
		shed to restore river flows and conserve groundwater. WWA also worked to expand our efforts to help Lak	
		nunities identify and prioritize areas where restoring wetlands and floodplains could help reduce downstre	
		abilities. Those efforts included working with partners in Wisconsin, Michigan, and Minnesota to scope a pi	
		unding proposal for a NOAA Climate Resilience Regional Challenge grant. The award was approved, but wo	
		iscal year. It is part of a longer-term effort to develop and promote methods to help Wisconsin's flood-prom	
		es assess and address areas where degraded wetland and floodplain condition contribute to road and culv	
	during runoff		
4d	Other program	ram services (Describe on Schedule O.) See Schedule O, Statement 1	
	(Expenses \$		
4e	<u> </u>	am service expenses 761,148	

Part I	V	Checklist of Required Schedules													
	la +b	o organia	rotion	doooriba	al in	acation	501/a\/2	۱ ۵۲	4047(a)(1)	(other	than	_	privoto	found	otion)

			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		_
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 Rev. Proc. 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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<i>'</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		·
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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	,	
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 f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	✓	V
l2a	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		~
4a	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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		\(\tau \)
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? <i>If "Yes," complete Schedule G, Part II</i>	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		
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V

Part I	V 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		٧
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		٧
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	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		٧
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29	~	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
D	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	-
Part				
		•	Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
J	reportable gaming (gambling) with backup withholding rules for reportable payments to verdors and	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		~
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5 C		
ou	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 gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).	UD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
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 sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	14a		•/
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		/
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Tracy Hames, (608)250-9971

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Tracy Hames	40.00									
Executive Director	0.00	~						69,750	0	4,185
Susan Schumacher	0.50									
Board Member	0.00	~						0	0	0
Nicole Staskowski	0.50									
Board Member	0.00	~						0	0	0
Gretchen Pfeiffer	0.50	_								
Secretary	0.00			~				0	0	0
Alison Pena	0.50									
Chair	0.00			~				0	0	0
Jim Ruwaldt	0.50	_								
Vice chair	0.00			~				0	0	0
R Tod Highsmith	0.50									
Treasurer	0.00			~				0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					(C)					
	(A)	(B)				ition			(D)	(E)	(F)
	Name and title	Average	,				e than		Reportable	Reportable	Estimated amount
	Name and title	hours					is both or/trus		compensation	compensation	of other
		per week		_	_	_		<u> </u>	from the	from related	compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/		
		hours for related	/idu	₫	ĕ	em	loye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	tor all t	ona		<u>B</u>	# C		1000 1420)	1000 1420)	Totalca organizations
		below	rust	 		/ee	npe				
		dotted line)	ee	ste			nsa				
				Φ			ted				
		 									
			-								
			-								
		ļ									
		 									
		+	-								
			-								
		<u> </u>									
1b	Subtotal								69,750	0	4,185
С	Total from continuation sheets to Part		n A								
d	Total (and lines the sud to)								69,750	0	4,185
2	Total number of individuals (including		limite	ed 1	to t	thos	se lis	ted			-,
_	reportable compensation from the organi								•	3001100	\$100,000 01
									0		Yes No
•	Did the examination list any former	officer dire	- ot o r	+	.oto	۰ ۱			lavos or bighas		
3	Did the organization list any former of							пр	loyee, or nignes	si compensated	
_	employee on line 1a? If "Yes," complete							•			3 1
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150,	,000)'?	t "Ye	s,"	complete Sched	dule J for such	7
	individual			•	٠	•		•			4
5	Did any person listed on line 1a receive of									tion or individua	l
	for services rendered to the organization	? If "Yes," o	compl	lete	Sch	hedi	ule J t	for s	such person .		5 🗸
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest comp	ensat	ed	inde	epe	ndent	CC	ontractors that r	eceived more	than \$100,000 of
	compensation from the organization. Rep										
	(A)								(D)		(C)
	(A) Name and business add	Iress							(B) Description of serv	/ices	(C) Compensation
Name											I
None								-			
								-			
								_			
								_			
2	Total number of independent contractor						ted to	o th	ose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	nizat	ion			0		

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś Ś	1a	Federated campaign	ns .		1a	8,067				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
Gr.	С	Fundraising events			1c	0				
ts,	d	Related organization			1d	0				
ia i	<u>۔</u>	Government grants			1e	154,877				
i,	f	All other contribution				134,077				
ion	-	and similar amounts no			1f	E10 700				
t el	a	Noncash contribution				519,709				
	9	lines 1a–1f			1g	¢ 25.020				
an c	h						(02 (52			
0 "	h	Total. Add lines 1a-	-11 .		•		682,653			
ø	0-					Business Code	75.004	75.004		
<u> </u>	2a	Science Conference				541900	75,291	75,291	0	0
gram Ser Revenue	b	Occasional Merchan	iise S	ales		541900	3,006	3,006	0	0
n S	C	Member Events				541000	1,187	1,187	0	0
Fa Se	d									
Program Service Revenue	e									
₫	f	All other program se					0	0	0	0
	<u>g</u>	Total. Add lines 2a- Investment income	-2T .				79,484			
	3	other similar amoun	•	•					_	
			-				8,809	0	0	8,809
	4	Income from investr	nent o	or tax-exem	ipt bc	ona proceeas	0	0	0	0
	5	Royalties				1	0	0	0	0
	_		_	(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	T [*]						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
Şe		Gain or (loss)	7c		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep								
		1c). See Part IV, line			8a	0				
	b	Less: direct expens			8b	0				
	С	Net income or (loss)			g eve	ents	0		0	0
	9a	Gross income f								
		activities. See Part I	•		9a					
		Less: direct expens			9b					
		Net income or (loss)			tivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ices		10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of in	vento	ory				
SI						Business Code				
eo e	11a	Reimbursements				900099	784	784	0	0
scellaneo Revenue	b									
e se	С									
Miscellaneous Revenue	d	All other revenue					0	0	0	0
2	е	Total. Add lines 11a					784			
	12	Total revenue. See	instr	uctions			771,730	80,268	0	8,809

Part IX Statement of Functional Expenses

Section 50°	1(c)(3)	and 50 and	1(c)(4)	organ	izations	must complete	all colu	mns. A	II othei	r org	anizat	ions mus	st comp	lete col	lumn (A).	
		1 '(0															

	Check if Schedule O contains a response or note to any line in this Part IX											
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	_ (D)							
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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									
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	75,525	58,471	7,749	9,305							
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,323	30,471	0	7,505							
7	Other salaries and wages	508,441	443,053	31,375	34,013							
8	Pension plan accruals and contributions (include	300,441	440,000	31,373	34,013							
	section 401(k) and 403(b) employer contributions)	31,875	25,644	2,867	3,364							
9	Other employee benefits	7,418	5,968	667	783							
10	Payroll taxes	46,563	37,461	4,188	4,914							
11	Fees for services (nonemployees):	40,303	37,401	4,100	4,914							
	Management	0	0		0							
a	Legal	0	0	0	0							
b	Accounting	26,915	0									
۲ C	Lobbying	7,895	7,895	26,915	0							
d e	Professional fundraising services. See Part IV, line 17	0	1,095	U								
f	Investment management fees	0	0	0	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	U	U	<u> </u>							
9	(A), amount, list line 11g expenses on Schedule O.)	17.//5	12 220	4 205	1.050							
10	Advertising and promotion	17,665	12,220	4,395	1,050							
12 13	Office expenses	4,125	4,125	0	0							
14	Information technology	55,949	34,304	698	20,947							
15	· · · · · · · · · · · · · · · · · · ·	20,862	2,751	217	17,894							
	Royalties	0	0	0	0							
16	Occupancy	38,868	33,213	2,642	3,013							
17 18	Travel	17,172	16,825	0	347							
10	for any federal, state, or local public officials	_										
40	•	0	0	0	0							
19	Conferences, conventions, and meetings .	48,608	48,604	2	2							
20	Interest	0	0	0	0							
21	Payments to affiliates	1,845	645	0	1,200							
22	Depreciation, depletion, and amortization .	5,258	4,492	363	403							
23	Insurance	7,033	6,003	486	544							
24	Other expenses. Itemize expenses not covered											
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column											
	(A), amount, list line 24e expenses on Schedule O.)											
_		4 = 4 -	4.04	04.1	202							
a	Governmental fees, member event expenses, conti		1,015	214	282							
b	Communication	8,670	7,443	606	621							
C	Service fees	12,962	10,228	1,640	1,094							
d	Staff Development	922	788	63	71							
e	All other expenses	0	0	0	0							
25	Total functional expenses. Add lines 1 through 24e	946,082	761,148	85,087	99,847							
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)											
					Form 990 (2023)							

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			465,976	1	304,517
	2	Savings and temporary cash investments			142,808	2	104,399
	3	Pledges and grants receivable, net		[36,005	3	513,000
	4	Accounts receivable, net		[79,092	4	89,569
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substances, controlled entity or family member of any of thes	antial	contributor, or 35%		5	
	6	Loans and other receivables from other disqual	•		0	3	0
		under section 4958(f)(1)), and persons described		`	0	6	0
ts	7	Notes and loans receivable, net		[0	7	0
Assets	8	Inventories for sale or use		[0	8	0
Ä	9	Prepaid expenses and deferred charges		[8,819	9	11,448
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	41,697			
	b	Less: accumulated depreciation	10b	15,750	17,780	10c	25,947
	11	· · · · · · · · · · · · · · · · · · ·				11	
	12	Investments—other securities. See Part IV, line 1		-		12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			202,820		184,798
	16	Total assets. Add lines 1 through 15 (must equa			953,300		1,233,678
	17	Accounts payable and accrued expenses			23,532		29,757
	18	Grants payable			0	18	0
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities		-	0		0
	21	Escrow or custodial account liability. Complete F			0	21	0
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst- controlled entity or family member of any of thes	antial	contributor, or 35%			
iak	00	, , ,	•	_	0		0
_	23	Secured mortgages and notes payable to unrela			0		0
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab 17–2	les to related third 4). Complete Part X	0	24	0
		of Schedule D		L	213,965		196,816
	26	Total liabilities. Add lines 17 through 25			237,497	26	226,573
nces		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck he	re 🗸			
ala	27	Net assets without donor restrictions			489,803	27	315,451
J B	28				226,000	28	691,654
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	58, ch	eck here			
ĵ Or	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec	Juipme	ent fund		30	
4ss	31	Retained earnings, endowment, accumulated inc	,			31	
et /	32	Total net assets or fund balances			715,803	32	1,007,105
ž	33	Total liabilities and net assets/fund balances .			953,300	33	1,233,678

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					V
1	Total revenue (must equal Part VIII, column (A), line 12)	1			771	1,730
2	Total expenses (must equal Part IX, column (A), line 25)	2			946	6,082
3	Revenue less expenses. Subtract line 2 from line 1	3			-174	4,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			715	5,803
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			465	5,654
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			1,007	7,105
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
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," e	منمامنہ				
	Schedule O.	кріаін	OII			
•						
2a	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 continuously the continuously of the co			2a	'	
	reviewed on a separate basis, consolidated basis, or both.	прпес	or			
	•					
L	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2b	_	
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	tod o		2D		
	separate basis, consolidated basis, or both.	ieu o	'' a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	t of			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account			2c	/	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo		_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		
						(0000)

Form **990** (2023)

SCHEDULE A (Form 990)

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. OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

		N WETLANDS ASSOCIATION I					39-18		
Pai		Reason for Public Cha	<u> </u>					ons.	
The o	•	zation is not a private founda		,	•	•	,		
1		church, convention of churc					0(b)(1)(A)(i).		
2	= ··· ·· · · · · · · · · · · · · · · ·								
3									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7									
8	□ A €	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	or un	n agricultural research organi university or a non-land-gra iiversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)								
11	☐ An	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).		
12	on	organization organized and se or more publicly supported se box on lines 12a through 12	d organizations d	escribed in section 50	0 9(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3) . Check	
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
С		Type III functionally integ its supported organization(ally integrated with,	
d		Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	• • • • • • • • • • • • • • • • • • • •	
е		Check this box if the organ functionally integrated, or						e II, Type III	
f		er the number of supported o							
g	Prov	ride the following information	about the supp	orted organization(s).					
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Schedule A (Form 990) 2023 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 829,388 889,070 743,698 760,964 682,654 3,905,774 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 **Total.** Add lines 1 through 3 3,905,774 4 829,388 743,698 760,964 889.070 682,654 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 3,905,774 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 760,964 829,388 743,698 889,070 682,654 3,905,774 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 299 204 195 271 8,809 9,778 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 2,849 784 3,633 **Total support.** Add lines 7 through 10 11 3,919,185 Gross receipts from related activities, etc. (see instructions) 12 79,484 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 99.66 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,			,	,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	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	Total. Add lines 1 through 5						
7a	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 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	 s first_second	third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch						%
Secti	on D. Computation of Investment In	come Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2023 (line 10c, colun	nn (f), divided b	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box	and stop here .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this l	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orgar	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.			
С	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.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion 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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 - Reimbursed program expenses \$784.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** WISCONSIN WETLANDS ASSOCIATION INC 39-1852601 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Schedule C (Form 990) 2023 Page 2

Scn	edule C (Form 990) 2023					Page ∠
Pa	rt II-A Complete if the organizatio section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
Α	Check ☐ if the filing organization belongs	to an affiliated o	group (and list in P	art IV each affiliate	ed group member's	s name, address,
	EIN, expenses, and share of exc	ess lobbying ex	penditures).			
В	Check if the filing organization checked	box A and "lim	ited control" provi	sions apply.		
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" m		-		organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinion	(grassroots lobbyi	ng)	0	
	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	g)	7,895	
	c Total lobbying expenditures (add lines 1	7,895				
	d Other exempt purpose expenditures .		0			
	e Total exempt purpose expenditures (add		7,895			
	f Lobbying nontaxable amount. Enter	table in both				
	columns.		1,579			
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	not over \$500,000,	20% of the an	nount on line 1e.			
	over \$500,000 but not over \$1,000,000,	\$100,000 plus	15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus	10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	over \$17,000,000,	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	5% of line 1f)			395	
	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-			0	
	i Subtract line 1f from line 1c. If zero or le	ess, enter -0-			6,316	
	j If there is an amount other than zero reporting section 4911 tax for this year?					Yes V No
	4-Ye	ear Averaging I	Period Under Sec	tion 501(h)		
	(Some organizations that made a se See the		ection do not have ructions for lines		of the five colum	ns below.
	Lobbyinç	g Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total						
2a	Lobbying nontaxable amount	142,709	142,716	168,885	1,579	455,889						
b	Lobbying ceiling amount (150% of line 2a, column (e))					683,834						
С	Total lobbying expenditures	21,754	21,035	15,055	7,895	65,739						
d	Grassroots nontaxable amount	35,677	35,679	42,221	395	113,972						
е	Grassroots ceiling amount (150% of line 2d, column (e))					170,958						
f	Grassroots lobbying expenditures	0	0	0	0	0						

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	No	Α	mount	t
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	_	-			
Part	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."		, line			
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				
a	Current year	•	2a			
b	Carryover from last year	•	2b			
С	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	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 expenditures next year?	•	4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
2 (see	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name 0	i tile organization			Employer identification number
WISC	ONSIN WETLANDS ASSOCIATION INC			39-1852601
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other	r Similar Fund	s or Accounts
	Complete if the organization answered "			
		(a) Donor advise		(b) Funds and other accounts
1	Total number at end of year	(4) 2 3 1 3 1 3 1 3 1		(2) 2
	-			
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 a			
	funds are the organization's property, subject to the	organization's exclus	ive legal control?	$egin{array}{cccccccccccccccccccccccccccccccccccc$
6	Did the organization inform all grantees, donors, ar	nd donor advisors in w	riting that grant	funds can be used
	only for charitable purposes and not for the benefit	t of the donor or dono	or advisor, or for	any other purpose
	conferring impermissible private benefit?			· · · · · ·
Par	Conservation Easements			
гаі		Vaa" an Farma 000 F) and 1\/ 1\max 7	
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o	•		
	☐ Preservation of land for public use (for example, recreation)	ation or education)	Preservation of	a historically important land area
	☐ Protection of natural habitat		Preservation of	a certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	d a qualified conserva	tion contribution	in the form of a conservation
	easement on the last day of the tax year.	•		Held at the End of the Tax Year
_	Total number of conservation easements			
a				
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified hi			
d	Number of conservation easements included on line		-	not
	on a historic structure listed in the National Register			· 2d
3	Number of conservation easements modified, trans	ferred, released, extin	guished, or term	inated by the organization during the
	tax year			
4	Number of states where property subject to conserv	vation easement is loca	ated	
5	Does the organization have a written policy regard			ection, handling of
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, inspec	ting handling of violatio	ne and enforcing	conservation easements during the year
U	otan and volunteer hours devoted to monitoring, inspec	ting, nanding of violatio	ris, and emoroning	conservation easements during the year
7	Amount of expanses incurred in manitoring inspection	a bandling of violations	and anfaraing a	anagretian agamenta during the year
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations	s, and emorcing c	onservation easements during the year
_				1. 470(1)(4)(D)(1)
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			· · · · · · L Yes L No
9	In Part XIII, describe how the organization reports co			
	sheet, and include, if applicable, the text of the footi	_	n's financial stat	ements that describes the
	organization's accounting for conservation easemer	nts.		
Part	III Organizations Maintaining Collections	of Art. Historical T	reasures, or C	Other Similar Assets
	Complete if the organization answered "	-	•	
1a	If the organization elected, as permitted under FAS			statement and halance sheet works
ıa	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote to			
	-			
b	If the organization elected, as permitted under FAS	•		
	art, historical treasures, or other similar assets held		ducation, or rese	earch in furtherance of public service,
	provide the following amounts relating to these item			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art,	historical treasures of	r other similar a	assets for financial gain, provide the
_	following amounts required to be reported under FA			addete for infancial gain, provide the
		-		*
а	Revenue included on Form 990, Part VIII, line 1 .			\$
b	Assets included in Form 990, Part X			\$

، باہ م ماہ	le D (Form 990) 2023								_	
Pari		Callactions of	Art Llia	torical T	-	O+b	ar Cimilar Asa	ete (ee		Page 2
3	Organizations Maintaining Using the organization's acquisition, a									
	collection items (check all that apply).									
а	☐ Public exhibition		d	Loan	or exchange	progra	m			
b	☐ Scholarly research		е	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organizat	ion's collections	and expla	ain how t	hey further th	ne orga	nization's exem	pt purpo	se in	Part
_	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather							□ Ye	. F	No
Part			•							
	Complete if the organization		s" on For	m 990, F	Part IV, line 9	9, or re	eported an amo	ount on	Forr	n
10	990, Part X, line 21. Is the organization an agent, trustee,	austadian ar at	har intarn	andian, f	ar contributio	no or	ather coasts not			
ıa	included on Form 990, Part X?									l Na
b	If "Yes," explain the arrangement in Pa							∐ Ye	s _	No
D	ii res, explain the arrangement in Fa	art Aili arid comp	iete trie ic	mowing to	able.		Δπ	nount		
С	Beginning balance					1c	All	iourit		
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amour						L account liability?	□ Ve	e [No
	If "Yes," explain the arrangement in Pa						•		• <u> </u>]
Par		art Am. Oncor no	10 11 1110 0	хріанаціо	irrias been pi	Ovided	in ar Am .	<u> </u>		
	Complete if the organization	answered "Yes	s" on For	m 990. F	Part IV. line	10.				
		(a) Current year		or year	(c) Two years I		d) Three years back	(e) Four	years I	back
1a	Beginning of year balance	,,	1 '		, , ,		, ,	,,	,	
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	he current year e	nd balanc	e (line 1g	, column (a))	held as	S:	!		
а	Board designated or quasi-endowmer	nt	%	, ,						
b	Permanent endowment	%	-							
С	Term endowment %	· ·								
	The percentages on lines 2a, 2b, and	2c should equal	100%.							
3a	Are there endowment funds not in the	possession of t	he organi	zation tha	at are held ar	nd adm	inistered for the			
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
	()							3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	ganizations liste	d as requi	red on So	chedule R? .			3b		
4	Describe in Part XIII the intended uses		ion's endo	owment for	unds.					
Part	, , ,			_			_	_	_	_
	Complete if the organization									
	Description of property	(a) Cost or o			or other basis ther)		ccumulated reciation	(d) Book	value)
		(iiivesti		,0	· .	uep	TOOIGHO!!			
1a	Land	•	0		0		_			0
b	Buildings	•	0		0		0			0
C	Leasehold improvements	•	0		10,388		778			9,610
a	Fauipment	1	0	İ	31 309		14 972		7.6	6 337

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

0

e Other

0

0

Part VII	Investments – Other Securities		Fage C						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial	derivatives								
(2) Closely h	eld equity interests								
(3) Other									
(4)									
(G) (H)									
	mn (b) must equal Form 990, Part X, line 12, col. (B))	-							
Part VIII	Investments – Program Related								
T all VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See I	Form 990 Part X line 13						
	(a) Description of investment	(b) Book value	(c) Method of valuation:						
	(a) Description of investment	(b) Book value	Cost or end-of-year market value						
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal Form 990, Part X, line 13, col. (B))								
Part IX	Other Assets	N / P 44 J . O J	5 000 D. IV I' 45						
	Complete if the organization answered "Yes" on Form 990, Part	iv, line 11a. See i							
(4) Dialet - 6	(a) Description		(b) Book value						
	Use Asset Occupancy Lease 7 yr		176,210						
(3)	Use Asset Office Copier 5 yr		8,588						
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, col. (B))		184,798						
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part	IV line 11e or 11f	See Form 990 Part X						
	line 25.	,							
1.	(a) Description of liability		(b) Book value						
(1) Federal in	come taxes		0						
(2) Lease L	iability Current - Office Rental		28,395						
	iability Current - Copy machine		1,883						
(4) Lease L	ability long term - Office space		159,893						
(5) Lease L	ability Long term - Copy machine		6,645						
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal Form 990, Part X, line 25, col. (B))		196,816						
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organs is liability for uncertain tax positions under FASB ASC 740. Check here if the tex								

Schedule D (Form 990) 2023 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 771,730 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments 0 Donated services and use of facilities 0 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 771,730 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 771,730 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 946.082 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 0 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d . . 2e 3 3 Subtract line 2e from line 1 946,082 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** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 946,082 **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 provide any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

WISCONSIN WETLANDS ASSOCIATION INC

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

39-1852601

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art			, ,				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	~	1	25,029	ENAV/			
10	Securities—Closely held stock.		I	25,029	FIVIV			
11	Securities—Partnership, LLC,							
• •	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
13	contribution—Historic							
	structures							
14	Qualified conservation							
17	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							
23 24	Archeological artifacts							
2 4 25								
26	Other (
20 27	Other (
28	Other ()							
29	Number of Forms 8283 received	by the or	nanization during the tax v	lear for contributions for				
20	which the organization completed	,	, ,	•	29	0		
	p.o.o.gaao.	0200	,, , , , , , , , , , , , , , , , , , , ,	.90	29		⁄es	No
30a	During the year, did the organizat	ion roccive	by contribution any propo	orty reported in Bart I lines	1 through		103	140
Sua	28, that it must hold for at least 3							
	used for exempt purposes for the					30a		~
h			ing ponodi			Jua		
b 31	If "Yes," describe the arrangemen Does the organization have a		stance policy that require	es the review of any no	netandard			
J1		giii accep				31		~
32a	Does the organization hire or use			s to solicit process or se		31		
JŁa		•	-			32a		~
h	If "Yes," describe in Part II.					o∠d		
33	If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which column (a) i	s checked			
55	describe in Part II.	arrount in	oolaliii (o) loi a type oi pio	porty for willoff column (a) i	o onconeu,			

Schedule M (Form 990) 2023 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether 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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

WISCONSIN WETLANDS ASSOCIATION INC 39-1852601 Form 990, Part VI, Section A, Line 6 - From 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 - 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 - Form 990, Part VI, Section B, Line 11b - The organization's 990 is reviewed and approved by the executive director and an independent external accountant. It is made available to each board member for review prior to filing. Form 990, Part VI, Section B, Line 12c - Form 990, Part VI, Section B, Line 12c - The executive director collects and reviews conflict of interest statements completed annually by each 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 conflict. Form 990, Part VI, Section B, Line 15 - Form 990 Part VI, Section B, Line 15 - The board of directors authorizes the compensation of the Executive Director, based partly on information from informally surveying compensation paid by comparable organizations, and governmental salaried positions. Form 990, Part VI, Section C, Line 19 - Form 990, Part VI, Section C, Line 19 - Available at https://www.wisconsinwetlands.org/ Form 990, Part XI, Line 9 - Increase (Decrease) in net assets with donor restrictions: Helen Gurkow Bequest promise to give \$513,000. Brico foundation 2024 contribution \$50,000. Released from restrictions - 2023 Brico Foundation (\$30,000) and Water Solutions Fund (\$67,346). Total = \$465,654

Cat. No. 51056K

Schedule O, Statement 1

WISCONSIN WETLANDS ASSOCIATION INC

Form: Form 990 (2023)

EIN: 39-1852601 Part III, Line 4d

Page: **2**

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Program Development: In 2023-24 WWA continued working with the Wisconsin Department of Agriculture, Trade and Consumer Protection on efforts to build capacity to restore wetlands and floodplains in agricultural landscapes. The work included development of a core curriculum and preliminary planning for a series of trainings to be delivered in 2025.	69,678	0	0
Total:		69,678	0	0