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# Form **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

2009

Open to Public

illeillai K				,		•	Inspection
			ar, or tax year beginning 01-01-2009  C Name of organization	9 and ending 12-31-200	9	D Employer ider	ntification number
_	ck if ap ess cha	oplicable Please use IRS	The Natural Resources Foundation of Wisconsin Inc			39-1572034	
_		label or	Doing Business As			E Telephone nu	
_	e chan	type. See				(608) 264-6	267
Initia —	al retur	n Specific Instruc-	Number and street (or P O box if mail PO Box 2317	is not delivered to street addre	ess) Room/suite	<b>G</b> Gross receipts \$	
Tem	nınated	tions.	FO BOX 2317				
- Ame	nded r	eturn	City or town, state or country, and ZIP	+ 4	•		
Appl	ıcatıon	pending	Madison, WI 537012317				
		F Na	me and address of principal officer		H(a) Is th	I Is a group return	for
			es Luthin		affilia		⊤Yes <b>√</b> No
			x 2317 on, WI 537012317		W/b) A1	I -661:-k !ld-	ed?
			,		1	l affiliates include	sur j tes j No (see instructions)
Tax	-exem	pt status 🔽 501(	c) (3) <b>4</b> (insert no)	<b>□</b> 527		ip exemption nur	
We	bsit e	: www wiscons	ervation org		1		
					<u> </u>		
			ation Trust Association Other -		<b>L</b> Year of fo	rmation 1987 M	State of legal domicile W
Par		Summary					
		•	he organization's mission or most si create opportunities for people who	-	lands. waters.	and wildlife to de	epen their
			d appreciation for these natural res				
ankellidilice		conservation end	owments				
<b>!</b>							
Į							
}	2	Check this box 🕨	if the organization discontinued i	ts operations or disposed	l of more than	25% of its net a	ssets
	3	Number of voting	members of the governing body (Pa	rt VI, line 1a)		3	2
2			ndent voting members of the govern				2
<b>.</b>		•	mployees (Part V, line 2a)		,		1
[ ]			olunteers (estimate if necessary)				9
•			ated business revenue from Part VI		_		
		Net unrelated bus	7b				
				r Year	Current Year		
	8	Contributions ar	nd grants (Part VIII, line 1h)			1,202,537	1,293,497
9	9		revenue (Part VIII, line 2g)		106,190	123,259	
Revenue	10	-	me (Part VIII, column (A), lines 3,			68,825 71	
2	11		Part VIII, column (A ), lines 5, 6d, 8			-60,618	
	12	-	add lines 8 through 11 (must equal		ie –	00,020	304
			<u> </u>			1,316,934	1,488,952
	13	Grants and simil	ar amounts paid (Part IX, column (A	A), lines 1-3)		533,102	590,623
	14	Benefits paid to	or for members (Part IX, column (A	), line 4 )			0
ام	15		ompensation, employee benefits (P	art IX, column (A), lines	5 –	357,437	207.820
∯		10)				,	397,820
Expenses	16a		draising fees (Part IX, column (A), l			1,746	С
ਠੋਂ	Ь		penses (Part IX, column (D), line 25) ▶ <u>126</u>				
	17	•	(Part IX, column (A), lines 11a-11			98,181	201,083
	18	·	Add lines 13-17 (must equal Part			990,466	1,189,526
	19	Revenue less ex	penses Subtract line 18 from line :	12		326,468	299,426
5 ğ						g of Current 'ear	End of Year
1 m	20	Total accete (Po	ırt X, lıne 16)			5,068,423	6,022,679
(B)	20 21		(Part X, line 26)			3,371,387	3,703,610
⊅器!	22		nd balances Subtract line 21 from			1,697,036	2,319,069
Pari		Signature B				1,097,030	2,319,009
- 1:11L	- 7 °		enury, I declare that I have examined this	return including accompanying	schedules and o	tatements, and to th	ne hest of my knowledge
			correct, and complete Declaration of prepare				
		<del>-                                   </del>			I		
ign Iere		*****  Signature of office	ror		2010- Date	09-01	
.e. e					Date		
		Charles Luthin Ex Type or print nar					
		Type of princilal	ne and the	<u>                                     </u>		T_	
		Preparer's Bruce	Mayer CPA CFP	I I	Check if self-	Preparer's identify (see instructions)	
aid		Signature P Brace	,	I I	empolyed 🕨 🦵		
repa		Firm's name (or you	rs Wegner LLP			EIN Þ	
lse O	nly	if self-employed), address, and ZIP + 4	2110 Luann Ln				
			Madison, WI 537133098			Phone no 🕨 (60	08) 274-4020
		E discuss this rati	·	/ccc instructions)		1	Z vos E No

Form **990** (2009)

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Our mission is to create opportunities for people who care about Wisconsin's lands, waters, and wildlife to deepen their understanding and appreciation for these natural resources, to support state and local conservation programs, and to establish conservation endowments

2	Did the organization un the prior Form 990 or 9		nt program services durii	ng the year which w		Yes ✓ No
	If "Yes," describe these	e new services on Sch	edule O			
3	Did the organization ce services?		ake sıgnıfıcant changes ı • • • • • • •	n how it conducts,		Yes ▽ No
	If "Yes," describe these	changes on Schedul	e O			
4	Section 501(c)(3) and	501(c)(4) organizatio	for each of the organizat ns and section 4947(a) d revenue, if any, for eac	(1) trusts are requi	red to report the amou	
4a	(Code	) (Expenses \$	379,953 including gra	ants of \$	310,900 ) (Revenue \$	)
		rograms include protection				the Wisconsin Department of nooping cranes, and migratory
4b	(Code	) (Expenses \$	333,805 including gra	ants of \$	211,903 ) (Revenue \$	72,718 )
			nent of some of Wisconsin's me Wisconservation Corps, The			
4c	(Code	) (Expenses \$	178,498 including gra	ants of \$	54,765 ) (Revenue \$	24,222 )
	The Natural Resources Fou and financial support of ed		ication program includes a sta tner organizations	tewide field trip prograr	n (over 100 outdoor exper	ences for citizens each year)
	Other program service	es (Describe in Schei	dule O) <b>See also Addit io</b>	onal Data for Descri	ption	
	(Expenses \$	•	ding grants of \$	13,055 ) (R	•	26,319)
4e	Total program service	expenses <b>&gt;</b> \$	914,164			

Dart TV	Chack	list of	Deguired	Schedule
	CHECK	IISL UI	Keuuneu	<b>Screaule:</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	d Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Νο
Ь	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9		8		N o
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter	•		
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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 )			
	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			

114 King St Fl 3

(608) 264-6267

Madison, WI 537033314

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent 1b 20	]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		N o
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 1	venue oddery		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		100	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	V -	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ₩WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request  Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Winnie Bade	ie orga	inizatior	n <b>►</b>
	Willing Daug			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	compensation compensation	<b>(F)</b> Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		5,365
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services	=	( <b>C</b> Compe	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm <b>99</b> 0	<b>0</b> (2009)

Form 990 (2009) Page <b>9</b>								
Part V	<u> </u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ts s	1a	Federated camp	paigns 1a					
통호	ь	Membership du	es <b>1b</b>	58,725				
કે. a∰	c	Fundraising eve	ents 1c					
<u>≅,≂</u>	d	Related organiz	ations 1d					
έŒ	e	Government grants						
ıtío  er ş	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	1,067,038				
<sup></sup>	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$	s 1a-1f	<b>*</b>	1,293,497			
<u>Q @</u>	<u>"</u>	Total. Add filles	, Id-II					
ппе	2a	Program service fe	es	Business Code 900,099	99,037	99,037		
e. Se	ь	Field trips		561,520	24,222	24,222		
ě. E	c				,	,		
Š	d							
∛ ⊊	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Š	g	Total. Add lines	s 2a – 2f		123,259			
	3		ome (including dividen	-	,			
		and other simila	aramounts)	▶	38,725			38,725
	4		tment of tax-exempt bond					
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
	d	or (loss)	me or (loss)	<b></b>				
	<u> </u>	ivet rentar meor	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	2,333,002	(11)				
		assets other than inventory						
	ь	Less cost or	2,299,835					
		other basis and sales expenses						
	c d	Gain or (loss)	33,167 s)		33,167			33,167
	8a	Gross income fi			,			
Other Revenue		events (not incl	luding s reported on line 1c)					
μ Œ		- ,	a					
ţ.	ь		penses <b>b</b>					
0	C		loss) from fundraising	events 🟲				
	9a	See Part IV , lin	а					
	b c		penses <b>b</b> loss) from gaming activ	vitios 🕨				
		Gross sales of returns and allo	inventory, less	vicies				
	b c		a oods sold b loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a	Miscellaneous	revenue	900,099	304			304
	ь							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d		304			
	12	Total revenue.	See Instructions	▶	1,488,952	123,259	0	72,196

# Part IX Statement of Functional Expenses

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).  Do not include assumuts reported on lines 6b,  70, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21  2 Grants and other assistance to individuals in the U.S See Part IV, line 21  3 Grants and other assistance to governments, organizations and other assistance to governments, organizations, and individuals outside the U.S See Part IV, line 21. See Part IV, line 22. See Part I	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.										
Total respectors   Total respe		(P) (C) (D)									
in the U.S. See Part I.V., line 21  2 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part I.V., lines 15 and 1.6  2 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees.  6 Compensation of current officers, directors, trustees, and key employees.  6 Compensation not included above, to disqualified persons (as defined under section 4958(f(13)) and persons (as defined under section 4958(f(13)) and persons (as defined under section 4958(f(13)) and persons described in section 4958(f(13)) and persons (as defined under section 4958(f(13)) an				Program service	Management and	Fundraising expenses					
U. S. See Part IV, line 2 2  3	1		590,623	590,623							
Benefits paid to or for members	2										
Compensation of current officers, directors, trustees, and key employees	3	organizations, and individuals outside the U.S. See									
Key employees   63,473   17,555   39,999	4	Benefits paid to or for members									
(as defined under section 4958(r)(3)(B)	5		63,473	17,555	39,999	5,919					
## Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . 13,740 6,972 3,635    ## Other employee benefits . 22,962 11,652 6,074    ## Payroll taxes . 26,963 13,682 7,133    ## Pees for services (non-employees)	6	(as defined under section 4958(f)(1)) and persons									
40.3(b) employer contributions)   13,740   6,972   3,635     5   Other employee benefits   22,962   11,652   6,074     10   Payroll taxes   26,963   13,662   7,133     11   Fees for services (non-employees)	7	Other salaries and wages	270,682	152,012	48,395	70,275					
10   Payroll taxes   26,963   13,682   7,133     11   Fees for services (non-employees)	8	· · · · · · · · · · · · · · · · · · ·	13,740	6,972	3,635	3,133					
### Amangement	9	Other employee benefits	22,962	11,652	6,074	5,236					
Management	10	Payroll taxes	26,963	13,682	7,133	6,148					
b Legal	11	Fees for services (non-employees)									
c Accounting         10,565         10,565           d Lobbying             e Professional fundraising See Part IV, Inne 17             f Investment management fees             g Other              12 Advertising and promotion               13 Office expenses	а	Management									
Lobbying	ь	Legal	630		630						
Professional fundraising   See Part IV, line 17 .	c	Accounting	10,565		10,565						
Trick   Section   Content   Conten	d	Lobbying									
Material State	e	Professional fundraising See Part IV, line 17									
12       Advertising and promotion       1,151       556       306         13       Office expenses       48,501       22,951       8,496         14       Information technology       48,501       22,951       8,496         15       Royalties       53,507       27,973       14,258         16       Occupancy       53,507       27,973       14,258         17       Travel       30,699       22,638       3,256         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       5       5         20       Conferences, conventions, and meetings       5       5       9       2,638       3,256         21       Payments to affiliates       5       5       907       498         23       Insurance       2,906       1,404       772         24       Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)       5       2,238       1,082       594         b       6       5       6       5       7       7       7         4       6       6       7       7       7       7       7       7	f	Investment management fees									
13       Office expenses	g	Other	49,010	44,157	4,165	688					
14         Information technology	12	Advertising and promotion	1,151	556	306	289					
15   Royalties	13	Office expenses	48,501	22,951	8,496	17,054					
16       Occupancy       53,507       27,973       14,258         17       Travel       30,699       22,638       3,256         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       \$\text{\$\text{\$call public officials}\$ \tag{\$\text{\$\text{\$call public officials}\$ \tag{\$\text{\$\text{\$\text{\$call public officials}\$ \tag{\$\text{\$\text{\$\text{\$\text{\$call public officials}\$ \$\text{\$\t	14	Information technology									
Travel	15	Royalties									
Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	53,507	27,973	14,258	11,276					
state, or local public officials	17	Travel	30,699	22,638	3,256	4,805					
20 Interest	18										
Payments to affiliates	19	Conferences, conventions, and meetings									
Depreciation, depletion, and amortization	20	Interest									
Insurance	21	Payments to affiliates									
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  Miscellaneous expenses  2,238  1,082  594  c  d  All other expenses	22	Depreciation, depletion, and amortization	1,876	907	498	471					
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a Miscellaneous expenses  2,238 1,082 594  b  c d e All other expenses	23	Insurance	2,906	1,404	772	730					
a Miscellaneous expenses       2,238       1,082       594         b	24	grouped together and labeled miscellaneous may not exceed 5% of									
c	а		2,238	1,082	594	562					
d e All other expenses	b					_					
e All other expenses	c										
f All other expenses	d										
	e										
25 Total functional expenses Add lines 1 through 24f	f	All other expenses									
23 rotar runctional expenses. And times I timough 241 [ 1,189,526 [ 914,164 [ 148,7/6 [	25	Total functional expenses. Add lines 1 through 24f	1,189,526	914,164	148,776	126,586					
26 Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26	Joint costs. Check here ► □ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				,					

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		18,811	1	9,724
	2	Savings and temporary cash investments	ı	67,433	2	117,044
	3	Pledges and grants receivable, net		231,028	3	329,977
	4	Accounts receivable, net		60,383	4	39,530
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of				
		Schedule L		5		
Assets	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4958(f)(1)) and	d		
		Schedule L		6		
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,258	9	15,610
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	5,6	563		
	ь	Less accumulated depreciation	<b>10b</b> 3,6	3,496	10c	2,045
	11	Investments—publicly traded securities		4,680,014	11	5,508,749
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,068,423	16	6,022,679
	17	Accounts payable and accrued expenses .		30,134	17	29,600
	18	Grants payable		88,406	18	101,416
	19	Deferred revenue		4,725	19	1,723
	20	Tax-exempt bond liabilities			20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule I		3,075,005	21	3,570,871
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D		173,117	25	
	26	Total liabilities. Add lines 17 through 25		3,371,387	26	3,703,610
ب		Organizations that follow SFAS 117, check here ▶ 🔽 and complete	te lines 27			
Fund Balance		through 29, and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets		-97,255	27	169,299
8	28	Temporarily restricted net assets	818,927	28	685,989	
2	29	Permanently restricted net assets		975,364	29	1,463,781
æ		Organizations that do not follow SFAS 117, check here ► and	complet e			
ŏ		lines 30 through 34.			20	
St.	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other fund	S	4 007 000	32	0.010.000
Net	33	Total net assets or fund balances		1,697,036		2,319,069
	34	Total liabilities and net assets/fund balances		5,068,423	34	6,022,679

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

## OMB No 1545-0047

OMB No 1545-004

2009

2009

Inspection

## SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

The Natural Resources Foundation of

Internal Revenue Service

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

WISCOI	13111 1110								39-157203	4		
Pa	rt I	Reas	on for Pul	blic Charity Stat	<b>us</b> (All orga	anızatıons	must compl	lete this pai	rt.) See inst	tructions		
The	rganı	zation is	not a private	e foundation because	eitis (Forlii	nes 1 throug	h 11, check	only one box	)			
1	Γ	A churc	h, conventio	on of churches, or as	sociation of	churches <b>se</b>	ction 170(b)	(1)(A)(i).				
2	$\sqcap$	A scho	ol described	ın <b>section 170(b)(1</b> )	( <b>A)(ii).</b> (Att	ach Schedul	e E )					
3	$\sqcap$	A hospi	tal or a coop	perative hospital ser	vice organiza	atıon describ	ed in <b>section</b>	170(b)(1)(A	A)(iii).			
4	Γ			organization operate ty, and state	ed in conjunc	tion with a h	ospital desci	ribed in <b>secti</b>	on 170(b)(1)	( <b>A)(iii).</b> Ent	er the	
5	Γ	An orga	ınızatıon ope	erated for the benefit	of a college	or university	owned or op	erated by a g	jovernmental	unıt describ	 ed ın	
	_	section	170(b)(1)(A	<b>A)(iv).</b> (Complete Pa	rt II )							
6	<u> </u>	A feder	al, state, or	local government or	governmenta	al unit descri	bed in <b>sectio</b>	n 170(b)(1)(	(A)(v).			
7		describ	ed in	t normally receives a  A)(vi) (Complete Pa		part of its s	upport from a	ı government	al unit or fror	m the genera	l public	Ξ
8	<u>~</u>	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	(Com	olete Part II	)				
9	$\sqcap$	A n orga	nization tha	t normally receives	(1) more tha	n 331/3% of	fits support f	rom contribu	tions, membe	ership fees, a	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	6 of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	<b>9(a)(2).</b> (Co	mplete Part 1	III )			
10	$\sqcap$	A n orga	nization org	anized and operated	exclusively	to test for pu	ublic safety S	see <b>section 5</b> 0	09(a)(4).			
11 e	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d Type III - F					Section 509 Type II re disqualifie	( <b>a)(3).</b> [I - Otled pers	. Check her ons				
f		If the o check t	his box	received a written de 006, has the organiz						I supporting	organız	zation,
g			g persons?	ooo, nas the organiz	ation accept	ied dily gilt c	, contributio	ii ii oiii diiy oi	the			
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organizat	ion?			11g(i)		
		(ii) a fa	(ii) a family member of a person described in (i) above?							11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) ab	ove?			11g(iii		
h		Provide	the followin	g information about t	the supported	d organizatio	n(s)				•	
(i) Name of supported organizatio		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizat col (i) org	e ıon ın anızed	A a +	
				instructions))	Yes	No	Yes	No	Yes	No	1	
				<u>"</u>								
Tota												

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you	ou checked the	box on line 5,	, or 8 or Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning	(5) 2005	(h) 2006	(5) 3007	(4) 2002	/-> ^	000	(6) T -1-1
	ın)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	689,13	886,837	1,431,979	865,299	1	1,293,497	5,166,749
,	grants ") Tax revenues levied for the							
2	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities		24,892	33,942	52,300		32,639	143,773
	furnished by a governmental unit to the organization without charge	'	24,032	33,742	32,300		32,033	143,773
4	<b>Total.</b> Add lines 1 through 3	689,13	7 911,729	1,465,921	917,599	1	,326,136	5,310,522
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							1,741,453
	supported organization) included on line 1 that exceeds 2% of the							1,741,433
	amount shown on line 11, column							
	(f)							
6	<b>Public Support.</b> Subtract line 5 from line 4	ו						3,569,069
S	ection B. Total Support				<u> </u>			
	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 20	109	<b>(f)</b> Total
	beginning in)							
7	A mounts from line 4	689,137	53,218	1,465,921	917,599	1	,326,136	5,310,522
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	40,686	53,218	106,454	68,824		38,725	307,907
	and income from similar sources							
9	Net income from unrelated business activities, whether or							
	not the business is regularly carried on							
10	Other income (Explain in Part							
	IV ) Do not include gain or loss	1,465	22,442	9,201	692		304	34,104
	from the sale of capital assets							
11	Total support (Add lines 7 through 10)							5,652,533
12	Gross receipts from related activiti	ies, etc (See ins	tructions )			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3	3) organız	ation,
	ection C. Computation of Pul	blic Gunnart I	Dorsontoso					
14	Public Support Percentage for 200			11 column (f))		14		63 140 %
15	Public Support Percentage for 2008	8 Schedule A, Pa	art II, line 14			15		76 680 %
16a	<b>33 1/3% support test—2009.</b> If the	organization did	not check the box	c on line 13, and l	ine 14 is 33 1/3%	ormore	, check t	his box
	and stop here. The organization qua							<b>▶</b>  ▼
b	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization	•			a, and line 15 is .	33 1/3%	or more,	check this
17a	10%-facts-and-circumstances test				ie 13, 16a, or 16t	b and line	14	-1
	ıs 10% or more, and ıf the organiza	-						
	in Part IV how the organization med	ets the "facts and	d cırcumstances"	test The organiza	ation qualifies as	a publicl	y support	· —
L	organization		ianization did not	shack a hay an li-	o 13 165 166 -	or 170	nd line	<b>►</b>
D	10%-facts-and-circumstances test 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
	supported organization							<b>►</b> □
18	<b>Private Foundation</b> If the organizations	ion did not check	k a box on line 13,	16a, 16b, 17a oi	r 17b, check this	box and	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation	
Schedule A, Part II, Line 10, Explanation of Other Income Miscellaneous reve	nue

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493245000070

OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Inspection

	ne of the organization Natural Resources Foundation of		Employer identification number
	onsin Inc		39-1572034
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	9	
2	Aggregate contributions to (during year)	32,014	
3	Aggregate grants from (during year)	3,188	
4	Aggregate value at end of year	250,774	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		·
Dar	tII Conservation Easements. Complete	if the organization answered "Vec" to	<u> </u>
	•		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat		historically importantly land area
	Protection of natural habitat	<u> </u>	ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ified conservation contribution in the form	of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	<del> -</del>	2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or terminated	d by the organization during
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	— ling of violations, and ☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sect	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial	·
Par	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	116, not to report in its revenue statement for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

Assets included in Form 990, Part X

сL	<b>411</b> Organizations Maintaining Co	ollections of Art	<u>, Hist</u>	oric	al Tre	asur	es, or C	<u> the</u>	<u>r Similar</u>	· Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	follo	owing th	at are	a sıgnıfıc	ant u	se of its co	llection		
а	Public exhibition		d	Γ	Loan or	excha	inge prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and explai	ın how	they	further	the org	ganızatıoı	ı's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								ıılar	Γ,	í es	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar											
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary f	orco	ntrıbutı	ons or	other ass	sets r	not	Γ,	es (	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	followir	ng ta	ble		г					
_							}			A mou	nt	
с	Beginning balance						}	1c				
d	Additions during the year						}	1d				
e	Distributions during the year						}	1e				
f	Ending balance						L	<b>1</b> f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?							<b>₽</b> 1	es (	∏ No
	If "Yes," explain the arrangement in Part XI\											
'a	rt V Endowment Funds. Complete										F V	Dl
	Beginning of year balance	(a)Current Year 1,133,328	(D)	Prior Y	rear .565,904	(c) IWC	Years Bac	K (a)	Three Years	васк (е)	Four Ye	ears Back
a b	Contributions	144,274			189,659							
c	Investment earnings or losses	374,068			561,049					-		
d	Grants or scholarships	13,056			45,188							
e	Other expenditures for facilities	,			,			+				
_	and programs											
f	Administrative expenses	13,042			15,998							
g	End of year balance	1,625,572		1,	133,328							
	Provide the estimated percentage of the year	r end balance held a	S									
а	Board designated or quasi-endowment 🕨	7 000 % %										
ь	Permanent endowment F 93 000 % %	1										
c	Term endowment ► %											
а	Are there endowment funds not in the posse	ssion of the organiza	ation th	nat a	re held a	and adı	mınıstere	d for	the			
	organization by								ĺ	2-73	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		No No
ь	(ii) related organizations							• .		3b		
	Describe in Part XIV the intended uses of th					•		•	• • •			
aī	t VI Investments—Land, Buildings					0. Par	t X. line	10.				
	Description of investment	, , ,		(a	) Cost or sis (invest	other	(b)Cost or basis (ot	other	(c) Accum		( <b>d)</b> Bo	ook value
.a	Land											
ь	Buildings											
c	Leasehold improvements											
d	Equipment							5,663		3,618		2,045
e	Other											

2,045

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

otal revenue (Form 990, Part VIII, column (A), line 12)			1	1,488,952
otal expenses (Form 990, Part IX, column (A), line 25)			2	1,189,526
ccess or (deficit) for the year Subtract line 2 from line 1			3	299,426
et unrealized gains (losses) on investments			4	322,607
onated services and use of facilities			5	
vestment expenses			6	
·			7	
			8	
· ·			9	322,607
	nd 9		10	622,033
		ts With Revenue r	er R	<u> </u>
otal revenue, gains, and other support per audited financial statements			1	1,844,198
mounts included on line 1 but not on Form 990, Part VIII, line 12				
let unrealized gains on investments	2a	322,607		
onated services and use of facilities	2b	32,639		
ecoveries of prior year grants	2c			
Other (Describe in Part XIV)	2d			
dd lines <b>2a</b> through <b>2d</b>			2e	355,246
ubtract line <b>2e</b> from line <b>1</b>			3	1,488,952
mounts included on Form 990, Part VIII, line 12, but not on line 1				
nvestment expenses not included on Form 990, Part VIII, line 7b .	4a			
ther (Describe in Part XIV)	4b			
dd lines <b>4a</b> and <b>4b</b>			4c	0
			5	1,488,952
<u> </u>	teme	nts With Expenses	per	
			1	1,222,165
	2a	32,639		
	2b	,	1	
ther losses	2c		1	
ther (Describe in Part XIV)	2d		1	
dd lines <b>2a</b> through <b>2d</b>			2e	32,639
ubtract line <b>2e</b> from line <b>1</b>			3	1,189,526
mounts included on Form 990, Part IX, line 25, but not on line 1:				
nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
ther (Describe in Part XIV)	4b			
dd lines <b>4a</b> and <b>4b</b>			4c	0
otal expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, li	ne 18 )	<u></u>	5	1,189,526
	the concept of promotes and use of facilities  the tunrealized gains (losses) on investments  the concept of the year Subtract line 2 from line 1  the tunrealized gains (losses) on investments  the concept of the year services and use of facilities  vestment expenses  for period adjustments  the (Describe in Part XIV)  that adjustments (net) Add lines 4 - 8  the coss or (deficit) for the year per financial statements. Combine lines 3 are  the concept of the year per financial statements. Combine lines 3 are  the concept of the year per financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12  et unrealized gains on investments	ther (Describe in Part XIV)  dd lines 2a through 2d  ubtract line 2 efrom line 1  nounted services and use of facilities  vestment expenses  ior period adjustments  ther (Describe in Part XIV)  tal adjustments (net) Add lines 4 - 8  cess or (deficit) for the year per financial statements Combine lines 3 and 9  I Reconciliation of Revenue per Audited Financial Statemen  total revenue, gains, and other support per audited financial statements  mounts included on line 1 but not on Form 990, Part VIII, line 12  et unrealized gains on investments	the turnealized gains (losses) on investments on the services and use of facilities vestment expenses in a control of the services and use of facilities vestment expenses in Part XIV)  tal adjustments (net) Add lines 4 - 8 in the control of the services of the services of the control of the services of th	Second   Comment   Comme

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part IV, Line 2b		The Natural Resources Foundation serves as the fiscal agent for several escrow accounts. These accounts are generally established as a result of legal settlements where the funds may only be used for certain environmental projects. The Natural Resources Foundation does not have control over the use of these funds and only makes disbursements from these funds as directed.
Part V, Line 4	Description of Intended Use of Endowment Funds	The Natural Resources Foundation created the Wisconsin Conservation Endowment that serves as a community foundation for conservation to provide individual donors and non-profit organizations opportunities to build a permanent and sustainable source of private funding to support all aspects of natural resources conservation in Wisconsin The Natural Resources Foundation manages the assets of almost forty individual endowment funds that support species protection, education, habitat management, and other conservation organizations

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

DLN: 93493245000070

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
The Natural Resources Foundation of
Wisconsin Inc

Employer identification number

39-1572034

	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?				
Par	t II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	to			
	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Us	ie .			
	Part IV and Schedule I-1 (Form 990) if additional space is needed		▶ [	_	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Bird Conservancy PO Box 249 The Plains, VA 201980249	521501259	501(c)(3)	10,000				OSA Peninsula land acquisition
Clemson University114 Long Hall Box 340315 Clemson, SC 296340315	576000254	501(c)(3)	5,700				Black fly research
Wisconsin Department of Natural ResourcesPO Box 7921 Madison, WI 537077921	386000134	Government entity	412,658			1	Conservation programs
Friends of Cedarburg Bog 3095 Blue Goose Rd Saukville, WI 530801515	203622223	501(c)(3)	8,500				Invasive species management
Friends of Osa1822 R St NW Fl 4 Washington, DC 200091604	810621147	501(c)(3)	34,000				Migratory bird habitat protection
International Crane FoundationE11376 Shady Lane Rd Baraboo, WI 539139445	391187711	501(c)(3)	25,000				Study foraging habits of nesting whooping cranes
Ozaukee Washington Land TrustPO Box 917 West Bend, WI 530950917	391741288	501(c)(3)	6,219			1	Invasive species control
Trees for TomorrowPO Box 609 Eagle River, WI 545210609	390732118	501(c)(3)	10,000				Invasive species early detection education
US Fish and Wildlife Service W7996 20th St W Necedah, WI 546467531	392498324	Government entity	19,300				Intern program for whooping cranes
Wisconsin Outdoors Alliance Foundation5308 Valley Ridge Plz Middleton, WI 535622053	030545102	501(c)(3)	10,000			1	2009 Wisconsin outdoor expo
University of Wisconsin- Superior801 28th Ave E Superior, WI 548803974	396006492	501(c)(3)	10,000				Wetlands vegetation survey

Enter total number of section 501(c)(3) and government organizations .

11

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 All grants are accompanied by a formal gift agreement that is signed by The Natural Resources Foundation's executive director and by an authroized individual from the recipient organization. The gift agreement includes reporting procedures, a reporting form, and a due date for the report. The Natural Resources Foundation's grants manager tracks the receipt of these reports.

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DLN: 93493245000070

Employer identification number

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**NonCash Contributions** 

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

The N	e of the organization latural Resources Foundation of	Employer identification number						
	nsın İnc				39-1572034			
Pa	Types of Property		<b>I</b>		1			
		(a) Check If applicable	(b) Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	3	21,201	Market quotations			
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	O ffice							
25	Other ► ( <u>supplies</u> )	X	1	14,391	Cost or selling price	•		
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
	,		, ,	•			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	: 1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangeme			· ·				
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?				non-cash			
						32a		Νο
	If "Yes," describe in Part II				V In In I			
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	i) is checked,			

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
Method for Determining Number of	Part I, Column (b)	The Natural Resources Foundation is reporting the number
Contributors		contributions is column (b)

Schedule M (Form 990) 2009

# SCHEDULE O

(Form 990)

Wisconsin Inc

Department of the Treasury
Internal Revenue Service

Form 990, Part

VI, Section C,

line 19

Name of the organization
The Natural Resources Foundation of

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public
Inspection
Employer identification number

39-1572034

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The prepared Form 990 is distributed to the members of the board to give an opportunity for review before the return is filed with the IRS
Form 990, Part VI, Section B, line 12c		Each new director and employee signs a statement acknow ledging that they have received a copy of the conflict of interest policy. Each year at the January meeting the chairman reminds all directors of the importance of the conflict of interest policy and requires each director, as well as employees, to sign a statement acknow ledging that they have reviewed the policy and disclosed any interests that could give rise to conflicts. The signed statements are reviewed at the management level. If any conflicts are identified, the person with a conflict is prohibited from participating in the governing body's decision on the matter.
Form 990, Part VI, Section B, Iine 15a		On an annual basis the chairman and one or more members of the executive committee undertake a formal evaluation of the executive director and seek information on compensation for comparable positions. The executive director is generally compensated at 80-110% of the median rate for comparable positions in similarly sized nonprofit organizations in the area. The executive committee recommends compensation changes for the executive director for approval to the full governing body at the October meeting for the following year. This

process was last undertaken in 2009

its accomplishments of the previous year. Audited financial statements, the conflict of interest policy, and

governing documents are not made readily available to the public but are provided upon request

The Natural Resources Foundation publishes an annual report that summarizes unaudited financial results and

#### **Additional Data**

Software ID: Software Version:

EIN: 39-1572034

Name: The Natural Resources Foundation of

Wisconsin Inc

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 21,908 including grants of \$ 13,055 ) (Revenue \$ 26,319 )

The Natural Resources Foundation created the Wisconsin Conservation Endowment that serves as a community foundation for conservation to provide individual donors and non-profit organizations opportunities to build a permanent and sustainable source of private funding to support all aspects of natural resources conservation in Wisconsin. The Natural Resources Foundation manages the assets of almost forty individual endowment funds that support species protection, education, habitat management, and other conservation organizations. In addition, The Natural Resources Foundation manages the funds of four escrow accounts under third-party custodial agreements for the purpose of natural area conservation.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees	s, and Independ	dent (	Contr	act	ors			, · · · · · · · · · · · · · · · · · · ·		
<b>(A)</b> Name and Title	(B) A verage hours	Average Positi hours th						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee		employee       Key employee	Highest compensated	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Bruce Braun Chair	5 00	X		Х				0	0	0
William Lunney Vice-Chair	3 00	Х		x				0	0	0
Kristine Krause Secretary	3 00	X		Х				0	0	0
Richard Lorang Treasurer	4 00	Х		X				0	0	0
Robert Banks Director	2 00	X						0	0	0
Bherbert Behnke Dırector	2 00	Х						0	0	0
Lında Bochert Dırector	2 00	X						0	0	0
Daniel Flaherty Director	2 00	X						0	0	0
Rita Hayen Director	2 00	X						0	0	0
James Hubing Director	2 00	Х						0	0	0
Holly Kuusinen Director	2 00	X						0	0	0
David Ladd Director	2 00	Х						0	0	0
Diane Humphrey Lueck Director	2 00	X						0	0	0
Peg Mallery Dırector	2 00	Х						0	0	0
James Matras Dırector	2 00	X						0	0	0
George Meyer Dırector	2 00	Х						0	0	0
Thomas Olson Director	2 00	X						0	0	0
Ronald Semmann Director	2 00	Х						0	0	0
Albert Toma Director	2 00	Х						0	0	0
Gerald Whitburn Director	2 00	X						0	0	0
Charlie Luthen Executive Director	40 00			Х				58,108	0	5,365