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DLN: 93493179001262

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)

OMB No 1545-0047

Interna	l Revenue	Service	► The organization may have to use a copy of th	is return to sa	atisfy sta	te reporting	j requirements	Inspection
A Fo	or the 2	2011 cal		nd ending 12-	31-2011		D Employer is	dentification number
		pplicable	C Name of organization THE NATURAL RESOURCES FOUNDATION OF				, ,	
_	ldress ch	_	WISCONSIN INC Doing Business As			_	39-15720 E Telephone	
	ame cha	_						
Ini	ıtıal retu	rn	Number and street (or P O box if mail is not delivered to	street address)	Room/suite	<del>-</del>	(608) 264 <b>G</b> Gross receipt	
Гте	rminate	d	PO BOX 2317				G Gloss receipt	.5 \$ 1,050,750
☐ An	nended	return	City or town, state or country, and ZIP + 4 MADISON, WI 537012317	•		_		
┌ Ap	plication	n pending	PIADISON, WI 337012317			_		
		Γ	<b>F</b> Name and address of principal officer			<b>H(a)</b> Is th	■ ıs a group retu	rn for
			PEG MALLERY PO BOX 2317			affilia	ates?	ΓYes <b>Γ</b> No
			MADISON, WI 537012317			H(b) Are a	II affiliates inclu	ided?
								t (see instructions)
I Ta	ax-exem	npt status	✓ 501(c)(3)	a)(1) or 52	7	H(c) Grou	up exemption n	umber ►
J W	/ebsite	e: <b>►</b> WW\	N WISCONSERVATION ORG					
<b>K</b> For	m of org	ganization	Corporation Trust Association Other			<b>L</b> Year of fo	rmation 1987	M State of legal domicile WI
Pa	irt I	Sumi	mary					
	1 1	Briefly de	scribe the organization's mission or most significa	ant activities				
			TING GENERATIONS TO THE WONDERS OF W		LANDS,	WATERS, A	ND WILDLIFE	THROUGH
ပို	2	CONSER	VATION, EDUCATION, ENGAGEMENT, AND GI	VING				
Governance	-							
á								
် ကြ	2 (	Check th	s box দ if the organization discontinued its ope	rations or dis	posed of	more than 2	25% of its net	assets
	3 1	Number o	f voting members of the governing body (Part VI,	lıne 1a) .			3	18
Activities &	4 1	Number o	f independent voting members of the governing bo	ody (Part VI, I	ıne 1b)		. 4	18
\$	5	Total nun	nber of individuals employed in calendar year 201	1 (Part V, line	2a) .		5	9
ş	6	Total nun	nber of volunteers (estimate if necessary)				6	90
•	7a -	Total unr	elated business revenue from Part VIII, column (G	C), line 12 .			7a	0
	ь	Net unrel	ated business taxable income from Form 990-T, l	ıne 34 <b></b>			7b	0
						Pric	or Year	Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)				1,822,776	887,283
ΞĒ	9	Program service revenue (Part VIII, line 2g)					75,450	50,205
Ravenue	10	Investr	ment income (Part VIII, column (A), lines 3, 4, an			426,988	105,796	
Ť	11	Otherr	evenue (Part VIII, column (A ), lines 5, 6d, 8c, 9c	e)		2,470	2,072	
	12		evenue—add lines 8 through 11 (must equal Part \				2 227 604	1.045.256
	12						2,327,684	1,045,356
	13		and similar amounts paid (Part IX, column (A), lin	·			613,256	885,146
	14		s paid to or for members (Part IX, column (A), line s, other compensation, employee benefits (Part I)					
8	15	5-10)	s, other compensation, employee benefits (Fart 17	v, column (A),	illes		343,288	389,776
Expenses	16a	Profess	ional fundraising fees (Part IX, column (A), line 1	1e)			0	0
훒	Ь	Total fun	draising expenses (Part IX, column (D), line 25) 194,554					
ш	17		expenses (Part IX, column (A), lines 11a–11d, 11	f-24e)	<del>.</del> .	214,256 18		
	18		xpenses Add lines 13–17 (must equal Part IX, co				1,170,800	1,463,028
	19	Revenu	e less expenses Subtract line 18 from line 12 .	<u> </u>	<u></u>		1,156,884	-417,672
8 % %						_	g of Current	End of Year
Net Assets or Fund Balances						<b></b>	rear	
Ass Haa	20		ssets (Part X, line 16)		•		7,176,947	7,450,727
¥ 5	21		abilities (Part X, line 26)				3,885,698	4,739,825
	22		sets or fund balances Subtract line 21 from line 2	0	• •		3,291,249	2,710,902
	rt II	_	ture Block					
			rjury, I declare that I have examined this return, inclu it is true, correct, and complete. Declaration of prep.					
	rledge.			•	•			
		T.						
۵.		*****	* ure of officer				012-06-22 ate	
Sigi		'				<i>D</i>	ate	
Her	e		ALLERY TREASURER or print name and title					
		I ype	·			eck ıf	T	
_		Preparer's BRUCE MAYER CPA CFP					Preparer's taxp (see instruction	payer identification number ns)
Paid		signature	BROOK PARTER CLA CLI		self em	ployed 🕨 🦵	P00187180	,
-	arer's		me (or yours WEGNER CPAS LLP			<u> </u>	EIN 1 20 007	1031
Use	Only	ıf self-em address,	ployed), and ZIP + 4 2110 LUANN LN				EIN ▶ 39-0974	1001
			MADISON, WI 537133074				Phone no 🕨	(608) 274-4020
May	the ID	S discuss	s this return with the preparer shown above? (see	instructions)	_	_		✓ Yes 「No
u y		_ u.J.u.j.						, , , , , , , , , , , , , , , , , , , ,

4e

Total program service expenses►\$

Par		e <b>nt of Program Ser</b> chedule O contains a re			III	
1	Briefly describe	the organization's missi	on			
		ATIONS TO THE WON EMENT, AND GIVING	DERS OF WISCO	NSIN'S LANDS, V	VATERS, AND WILDLIFE TH	ROUGH CONSERVATION,
2	Did the organizat the prior Form 99		ficant program se	ervices during the y	ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on	Schedule O			
3	services?	ion cease conducting, o		nt changes in how it	conducts, any program	┌ Yes ┌ No
4	expenses Sectio	n 501(c)(3) and 501(c)	(4) organizations	and section 4947	three largest program servio (a)(1) trusts are required to each program service reporto	report the amount of
	(Code	) (Expenses \$	588,412	ıncludıng grants of \$	536,883 ) (Revenue	\$ )
	TO PROVIDE INDIVI TO SUPPORT ALL AS THAN FIFTY INDIVII CONSERVATION OR	DUAL DONORS AND NON-PRO SPECTS OF NATURAL RESOUR DUAL ENDOWMENT FUNDS AI	DFIT ORGANIZATION: CES CONSERVATION ND SPEND-DOWN FU THE NATURAL RESO	S OPPORTUNITIES TO E I IN WISCONSIN THE N NDS THAT SUPPORT SF URCES FOUNDATION M	UILD A PERMANENT AND SUSTAINA ATURAL RESOURCES FOUNDATION	HABITAT MANAGEMENT, AND OTHER
4b	(Code	) (Expenses \$	249,469	including grants of \$	227,378 ) (Revenue	<u> </u>
	THE NATURAL RESC THE WISCONSIN DE	OURCES FOUNDATION PROVI	SOURCES MAJOR PR	OGRAMS INCLUDE PRO	N PROJECTS FOR RARE AND ENDAI TECTION OF NATIVE BATS, ORNATE OS IN THEIR WINTER HABITATS	NGERED SPECIES AS IDENTIFIED BY BOX TURTLES, WOOD TURTLES,
4-	(Code	) (Expenses \$	159,101	including grants of \$	29,235 ) (Revenue	\$ 34,003)
<b>4</b> c	THE NATURAL RESC	OURCES FOUNDATION'S CONS	SERVATION EDUCATI	ON PROGRAM INCLUDE	29,233 ) (Revenue S A STATEWIDE FIELD TRIP PROGR JCATION INITIATIVES BY PARTNER	AM (OVER 125 OUTDOOR
	(Code	) (Expenses \$	98,604	including grants of \$	91,650 ) (Revenue	' '
	THE NATURAL RESC NATURAL AREAS AN		KIS MANAGEMENT C	F SOME OF WISCONSI	N'S MOST IMPORTANT AND VULNER	ABLE LANDSCAPE GEMSSTATE
	O + h	/D	-1-1-1-0-1			
4d	(Expenses \$	ervices (Describe in S 98,604    i	chedule O ) ncluding grants o	of\$	91,650 ) (Revenue \$	16,202)

1,095,586

art IV	Checkli	st of	Required	Schedules

	Checkinst of Required Confedence		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	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		No
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? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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 2	8		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
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		Νo
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, Part I	14b		Νo
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 and IV.	15		No
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 and IV	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		No
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</i> "Yes," complete Schedule G, Part II	18		No
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		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\textcircled{\textbf{5}}$	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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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 Ma	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? <i>If</i> "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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$ .	•	.୮					
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable							
	<b>1a</b> 8							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						
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							
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the							
<b>Ju</b>	year?	За		Νo				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority							
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No				
b	,							
	If "Yes," enter the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
	See instructions for ming requirements for Form 10 1 30-22 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		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>J</b> U						
С	In the to fine 3a of 3b, and the organization the Form 6000-17	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No				
	organization solicit any contributions that were not tax deductible?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7								
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and							
u	services provided to the payor?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to							
	file Form 8282?	7c		No_				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit							
	contract?	7e		Νo				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
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	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?	8		No				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a		No				
b	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 )							
	Sources against amounts due of 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							
12	Section 501(c)(29) qualified nonprofit health insurance issuers.							
13								
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue							
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a						
-	allocated to each state	TOG						
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
С	Enter the aggregate amount of reserves on hand							
	13c	, [						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
h	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b						

**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
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent         18			
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 supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 110	-reflace codely		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
16a	16a		No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
6.	ection C. Disclosure	TOD		
<u> </u>	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)			
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

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 made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 organization WINNIE BADE
  114 KING ST FL 3

MADISON, WI 537033314 (608) 264-6267

## 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

- ◆ 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		P13C)	organizations
(1) BRUCE BRAUN CHAIR	5 00	х		Х				0	0	0
(2) DIANE HUMPHREY LUECK VICE-CHAIR	3 00	х		Х				0	0	0
(3) KRISTINE KRAUSE SECRETARY	3 00	х		Х				0	0	0
(4) PEG MALLERY TREASURER	4 00	х		Х				0	0	0
(5) ROBERT BANKS DIRECTOR	1 00	х						О	0	0
(6) LINDA BOCHERT DIRECTOR	1 00	х						0	0	0
(7) DANIEL FLAHERTY DIRECTOR	1 00	х						0	0	0
(8) REBECCA HAEFNER DIRECTOR	1 00	х						0	0	0
(9) RITA HAYEN DIRECTOR	1 00	х						0	0	0
(10) JAMES HUBING DIRECTOR	2 00	Х						0	0	0
(11) HOLLY KUUSINEN DIRECTOR	1 00	х						0	0	0
(12) DAVID LADD DIRECTOR	1 00	х						0	0	0
(13) BILL LUNNEY DIRECTOR	2 00	х						0	0	0
(14) DICK LORANG DIRECTOR	2 00	х						0	0	0
(15) JAMES MATRAS DIRECTOR	1 00	х						0	0	0
(16) THOMAS OLSON DIRECTOR	1 00	х						0	0	0
(17) RONALD SEMMANN DIRECTOR	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo is b nd a stee	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	compensa from the		ted fother ation he on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		HI3C)	C		
(18) / DIREC	ALBERT TOMA CTOR	2 00	х						0		0		0
(19) I	ERRY WHITBURN TOR	1 00	х						0		0		0
(20)	CHARLIE LUTHIN UTIVE DIRECTOR	40 00			х				68,833		0		4,184
											+		
											+		
1b	Sub-Total				<u> </u>			<u> </u>					
С	Total from continuation sheets	to Part VII, Sec	tion A					<b>•</b>					
d	Total (add lines 1b and 1c) .							<u> </u>	68,833		)		4,184
2	Total number of individuals (inclusion) \$100,000 of reportable compens					ted .	above	) who	received more tha	ın			
												Yes	No
3	Did the organization list any <b>forr</b> on line 1a? If "Yes," complete Sch					ey e •	mploy •	ee, o	or highest compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization												
				•	•			•			4		No
5	Did any person listed on line 1a services rendered to the organiz								_		5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
	Nan	(A) ne and business add	dress						Descr	(B) ription of services	(C) Compensation		
											+		
	Total number of independent cont	ractore (includir	a but n	ot lin	21 + 2 =	1 + 0 1	<b>.</b>	l.ata.	d abaya) wha wasay		+		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part \	4 0 0 1	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a					
≅≘	Ь	Membership dues 1b					
ಕ್ಟಾ	c	Fundraising events 1c					
क्रुंक्ट	_						
<u>=</u> _ਰ	d	Related organizations 1d					
ર્જું 🗏	e	Government grants (contributions) 1e	84,100				
ច្ចះ	f	All other contributions, gifts, grants, and <b>1f</b>	803,183		İ		
至名	g	similar amounts not included above  Noncash contributions included in					
<u>∓</u> °	9	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	887,283			
<u> </u>							
e E	_		Business Code				
иeи	2a	FIELD TRIPS	561520	34,003	34,003		
æ	Ь	PROGRAM SERVICE FEES	900099	16,202	16,202		
မွ	c						
<u>5</u>	d						
ΩŽ	e		+				
Program Serwce Revenue	f	All other program service revenue	+				
Ď	'	An other program service revenue					
Δ	g	Total. Add lines 2a-2f		50,205			
	3	Investment income (including dividen	ds, interest				
		and other similar amounts)	▶ [	82,300			82,300
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties	• [				
		(ı) Real	(II) Personal				
	6a	Gross rents	, ,				
	ь	Less rental					
	_	expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	•				
		(ı) Securities	(II) Other				
	7a	Gross amount 816,890 from sales of					
		assets other					
	ь	than inventory Less cost or 793,394					
		other basis and					
	c	sales expenses Gain or (loss) 23,496					
	d	Net gain or (loss)		23,496			23,496
	8a	Gross income from fundraising		,			, , , , , , , , , , , , , , , , , , ,
ψ		events (not including					
듄		\$					
Ψ >		of contributions reported on line 1c) See Part IV, line 18					
ď		a					
<u> </u>	ь	Less direct expenses b					
Other Revenue	c	Net income or (loss) from fundraising	events -				
_	9a	Gross income from gaming activities					
		See Part IV, line 19					
		a					
	ь	Less direct expenses <b>b</b>					
	c	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		а					
	Ь	Less cost of goods sold <b>b</b>	<u> </u>				
	С	Net income or (loss) from sales of inve	-				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	2,072			2,072
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			▶ [	2,072			
	12	Total revenue. See Instructions .	▶[	1,045,356	50,205	0	107,868
	1			1,0+0,000	20,203	U	1 107,000

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u>C</u>	heck if Schedule O contains a response to any question in this Part IX	<del></del>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	885,146	885,146		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,017	22,704	23,060	27,253
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	262,880	81,738	83,022	98,120
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	9,951	3,094	3,143	3,714
9	Other employee benefits	15,086	4,691	4,764	5,631
10	Payroll taxes	28,842	8,968	9,109	10,765
11	Fees for services (non-employees)				
a	Management				
ь	Legal	540		540	
С	Accounting	10,500		10,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	23,135	20,716	2,419	
	Other	19,533	10,117	8,205	1,211
g 12	Advertising and promotion		733	242	299
13		1,274		<del> </del>	
	Office expenses	51,082	21,773	7,733	21,576
14	Information technology	16,310	9,381	3,098	3,831
15	Royalties				
16	Occupancy	47,570	17,072	13,222	17,276
17	Travel	7,652	3,480	1,380	2,792
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,478	1,678	668	1,132
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,921	1,105	365	451
23	Insurance	3,882	2,641	1,241	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	1,041	441	141	459
ь					
c					
d					
e					
f	All other expenses	188	108	36	44
25	Total functional expenses. Add lines 1 through 24f	1,463,028	1,095,586	172,888	194,554
26	Joint costs. Check here ► if following	1,403,028	1,093,366	1/2,008	154,334
<b>_</b>	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	<u> </u>	-	-	Fo	rm <b>990</b> (2011)

Pa	irt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	82,215		88,785
	2	Savings and temporary cash investments		2	<u>·</u>
	3	Pledges and grants receivable, net	308,982	3	193,427
	4	Accounts receivable, net	6,767	4	7,825
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
76		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
883	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	16,607	9	17,606
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 14,74	1		
	ь	Less accumulated depreciation 10b 6,68	900	10c	8,057
	11	Investments—publicly traded securities	6,761,476	11	7,135,027
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,176,947	16	7,450,727
	17	Accounts payable and accrued expenses .	11,885	17	14,386
	18	Grants payable	68,313	18	633,210
	19	Deferred revenue	1,680	19	1,350
	20	Tax-exempt bond liabilities		20	
ıΛ	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,803,820	21	4,090,879
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,885,698	-	4,739,825
<u></u>		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27	2,222,222		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ф		through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	380,216	27	298,484
8	28	Temporarily restricted net assets	1,074,218	28	428,798
Ξ	29	Permanently restricted net assets	1,836,815	29	1,983,620
or Fund Balance		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ď	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	3,291,249	33	2,710,902
2	34	Total liabilities and net assets/fund balances	7 176 947	34	7 450 727

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	045,35
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		- 4	17,67
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,2	291,249
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	162,67
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,7	710,90
Par	The triangle of the contains a response to any question in this Part XII			୮	
		ı		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		No
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 taudit, 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		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	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?	e	За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number** 

Name of the organization THE NATURAL RESOURCES FOUNDATION OF WISCONSIN INC

39-1572034

									33 13/2			
	rt I			blic Charity Sta						nstructions	5	
he o	rganız	zation is	not a privat	te foundation becaus	eitis (Forl	ines 1 thro	ough 11, chec	k only one l	box)			
1	Γ	A churc	h, convent	on of churches, or a	ssociation of	fchurches	section 170(	b)(1)(A)(i)				
2	$\sqcap$	A school	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sche	dule E )					
3	Γ	A hospi	tal or a coo	perative hospital se	rvice organiz	zation desc	rıbed ın <b>secti</b>	on 170(b)(1	L)(A)(iii).			
4	Γ			h organization operat ity, and state	ted in conjun	ction with	a hospital des	scribed in <b>s</b> e	ection 170(b)	(1)(A)(iii).	Enter the	
5	Γ	=	•	erated for the benefi	=	e or univers	sity owned or	operated by	a governmer	ıtal unıt des	cribed in	
		sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )							
6	Γ	A feder	al, state, or	local government or	r government	tal unit des	cribed in <b>sect</b>	ion 170(b)	(1)(A)(v).			
7	Γ	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of its	s support fron	n a governm	nental unit or	from the gen	ieral public	С
8	✓			described in <b>sectior</b>		<b>A)(vi)</b> (Co	omplete Part I	Ι)				
9	<u></u>			at normally receives					ributions, mer	nbership fee	s, and gro	SS
-	•	_		ities related to its e					•	•	-	
				oss investment inco								
				ganızatıon after June						tax) II o III b	asinesses	
0	_			ganized and operated								
1	<u>'</u>			ganized and operated ganized and operated						to carry out	the nurne	coc of
. •	'	one or r the box	more public	ly supported organiz bes the type of supp <b>b</b> Type I	ations descr oorting organ	ibed in sec ization and	tion 509(a)(1	.) or sectior es 11e thro	n 509(a)(2) S ugh 11h	ee <b>section</b> !		.Check
e	Γ	other th	nan foundati 509(a)(2)	ox, I certify that the on managers and otl	her than one	or more pu	ıblıcly suppor	ted organiza	ations describ	oed in sectio	on 509(a)(	1) or
f g		check t	hıs box	received a written do 2006, has the organi						III supporti	ıng organı	zation,
_			g persons?	, 3	,	, 3			,			
		(i) a pe	rson who dı	rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	escribed in (ii)	)	Yes	No
		and (III)	below, the	governing body of th	ne the suppor	rted organi	zation?			119	g(i)	
		(ii) a fa	mily membe	er of a person descrı	bed in (i) abo	ove?				<b>11</b> g	J(ii)	<u> </u>
		(iii) a 3	5% control	led entity of a perso	n described i	ın (ı) or (ıı)	above?			11g	(iii)	<u> </u>
h		Provide	the followi	ng information about	the supporte	ed organıza	ition(s)					
S	(i) Name suppor ganiza	ted	<b>(ii)</b> 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	on in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l	ne tion in ganized	A mo	<b>/ii)</b> unt of port?
				instructions))	Yes	No	Yes	No	Yes	No		
				•								
a+ a l											1	

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 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.)

Calendar year (or fiscal year beginning in (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011		<u>ilipiete P</u>	se coi	ted below, pież	ider the tests is	ans to quanty ut	organization i	under Part III. If the Section A. Public Support	
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization without the organization without charge to the organization without the organization without charge to the organization without the organization with the organization w	<b>(f)</b> Total	2011	(e) 2	(d) 2010	(c) 2009	<b>(b)</b> 2008	(a) 2007	lendar year (or fiscal year beginning	
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization of the contributions by each person (other than a governmental unit or public support organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public Support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, and income from interest, and income from interest on the business is regularly carried on  10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets from the sale	6,638,072		(-) -					Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1
Total Add lines 1 through 3   1,465,921   1,254,837   1,326,136   1,888,945   920,794								Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2 % of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions)  First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  1 1 Jakes, 945 920,794  1,326,136 1,888,945 920,794  (d) 2010 (e) 2011  (e) 2	218,561	33,511		66,169	32,639	52,300	33,942	furnished by a governmental unit to	3
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  Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  O ther income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  Total support (Add lines 7 through 10)  Gross receipts from related activities, etc (See instructions)  It Total support (Add lines 7 through 10)  First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (ff))	6,856,633	920,794		1,888,945	1,326,136	1,254,837	1,465,921		4
6 Public Support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 A mounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions)  Section C. Computation of Public Support Percentage  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	2,585,534							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	
Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities 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 from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions )  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	4,271,099							Public Support. Subtract line 5	6
Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501 (c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))									
beginning in)  7 A mounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets  1 Total support (Add lines 7 through 10)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		<u></u>		(D.2010	(),,,,,,	(1) 2222	( ) 2007		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>(f)</b> Total							beginning in)	
dividends, payments received on securities loans, rents, royalties 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 from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organiz check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	6,856,633	920,794		1,888,945	1,326,136	1,254,837	1,465,921	<del> </del>	
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 from the sale of capital assets 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization C. Computation of Public Support Percentage 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  15 In the column of Public Support Percentage 16 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	342,725	82,300		45,804	38,725	68,825	107,071	dividends, payments received on securities loans, rents, royalties and income from similar	8
IV ) Do not include gain or loss from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organize check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))								business activities, whether or not the business is regularly	9
11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization check this box and stop here  Section C. Computation of Public Support Percentage  Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  14	14,741	2,072		2,470	304	691	9,204	IV ) Do not include gain or loss	10
First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organize check this box and stop here  Section C. Computation of Public Support Percentage  Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  14	7,214,099							Total support (Add lines 7 through 10)	11
Check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  14	400,957								12
Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	ation, ▶┌		1(c)(3	h tax year as a 5	thırd, fourth, or fift			check this box and <b>stop here</b>	
	59 200 %		14		1 column (f))				
	55 220 %	<del>                                     </del>	$\vdash$				-	· · · · · · · · · · · · · · · · · · ·	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the		L e. check ti		e 14 is 33 1/3% (	on line 13, and lin	•	•	-	
and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, of box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly support organization.	theck this	or more, o e 14 . Explain	1/3% o ind line <b>here.</b> l	and line 15 is 33 13, 16a, or 16b a this box and <b>sto</b>	ization on line 13 or 16a rganization neck a box on line inces" test, check	y supported organ not check the box blicly supported o nization did not c cts and circumsta	lifies as a publicle organization did not a qualifies as a pue -2011. If the organicon meets the "fa	and stop here. The organization qual 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meets.	b
<ul> <li>b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions.</li> </ul>	<b>▶</b> □	<b>ere.</b> a publicly	<b>stop he</b> es as a	eck this box and ganization qualif	nstances" test, ch nces" test The o	"facts and circur cts and circumsta	iization meets the tion meets the "fa	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizar supported organization Private Foundation If the organizat	

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Schedule A (Form 990 or 990-EZ) 20:	L 1
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Page **4** 

Part IV	<b>Supplemental Information.</b> 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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation
SCHEDULE A,	PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493179001262

OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	, , ,	501(c)(3)) organizations Complete Part	s I-A and C belo	w Do not co	mplete Part I-B	j		
	ection 527 organizations Complete	<u>•</u>						
		s," to Form 990, Part IV, Line 4, or			,		•	า
	` ', ' '	t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur	` ','					II A
	· / · / •	s," to Form 990, Part IV, Line 5 (Pro		. ,,			•	II-A
	ection 501(c)(4), (5), or (6) organi	•	)	i i ii 550-L2, iii	110 000 (1 10x	y i az	ν, ιποπ	
Na	me of the organization	·			Employer ide	ntıfıc	ation numbe	er
	E NATURAL RESOURCES FOUNDATION ( SCONSIN INC	DF			20 1572027	4		
ar	t I-A Complete if the or	ganization is exempt under s	section 501(	c) or is a	39-1572034 section <b>52</b>		ganizatio	n.
	<u> </u>	<del>-</del>		-			<u> </u>	
L	in opposition to candidates for	ganızatıon's dırect and ındırect politic public office in Part IV	ai campaign ac	tivities on be	nairoror			
2	Political expenditures				<b>.</b>	\$		
3	V olunteer hours							
ar	t I-B Complete if the or	ganization is exempt under s	section 501(	(c)(3).				
L	Enter the amount of any excise	e tax incurred by the organization und	er section 495!	5	•	\$_		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under sectio	n 4955	▶	<b>\$</b> _		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	o for this year?				☐ Yes	☐ No
<del>1</del> a	Was a correction made?						┌ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt under s	ection 501(	c) except	section 50	1(c	)(3).	
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exem	pt function ac	ctivities 🕨	\$_		
2	Enter the amount of the filing o	organization's funds contributed to oth	ier organization	s for section	527			
	exempt funtion activities				<b>&gt;</b>	<b>\$</b> _		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	20-POL, line	17b <b>►</b>	\$_		
4	Did the filing organization file I	Form 1120-POL for this year?					┌ Yes	┌ No
5		nd employer identification number (EI						
		For each organization listed, enter the ns received that were promptly and di						
		political action committee (PAC) If a						5 a
		· · · · · · · · · · · · · · · · · · ·	-					
	(a) Name	(b) Address	(c) EIN	1 ' '	unt paid from		<b>e)</b> A mount of ontributions	
					ganızatıon's one, enter -0		and prompt	
					one, enter -0	d	irectly deliv	ered to a

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not 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 over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000  Figure Since Sover \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Figure Since Sover \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Figure Since Sover \$1,500,000  Figure Since So	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1200,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,0			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1g from line 1a If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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 \$1,000,000 \$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 over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

che	edule C (Form 990 or 990-EZ) 2011			Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).	s NOT fi	led Fo	rm 5768
		(ā	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		477
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			477
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 carryover lobbying and political expenditures from the prior year?	3		

### Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

-	Dues, assessments and similar amounts nom members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493179001262

OMB No 1545-0047

Open to Public Inspection

### **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN INC		20 1572024
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9		nds or Accounts. Complete if the
organization answered fes to form 9	(a) Donor advised funds	(b) Funds and other accounts
. Total number at end of year	8	
Aggregate contributions to (during year)	64,200	
Aggregate grants from (during year)	4,040	
Aggregate value at end of year	325,984	
Did the organization inform all donors and donor adv funds are the organization's property, subject to the	visors in writing that the assets held in dono	radvised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be		
conferring impermissible private benefit  Part II Conservation Easements. Complete	of the organization answered "Ves" to	<u> </u>
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	organization (check all that apply) tion or pleasure) Preservation of an P Preservation of a co	historically importantly land area ertified historic structure
easement on the last day of the tax year		
<del>-</del>	-	Held at the End of the Year
a Total number of conservation easements	-	2a
<b>b</b> Total acreage restricted by conservation easement	<u> </u>	2b
c Number of conservation easements on a certified hi	` '	2c
d Number of conservation easements included in (c) a	acquired after 8/1//06	2d
Number of conservation easements modified, transf the taxable year ►	erred, released, extinguished, or terminated	d by the organization during
Number of states where property subject to conserv	vation easement is located 🗠	<u>_</u>
Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and <b>Yes No</b>
Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year ►
A mount of expenses incurred in monitoring, inspect		
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion <b>∀es                                   </b>
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	
art III Organizations Maintaining Collection Complete of the organization answered	ons of Art, Historical Treasures, o "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets heli provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h in 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 item	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		►\$
If the organization received or held works of art, his following amounts required to be reported under SFA		· -
a Revenues included in Form 990, Part VIII, line 1	-	<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	ollections of Art,	Hist	oric	al Tre	easur	es, or (	<u> ther</u>	· Simila	ar Asse	ts (ca	ntınued)
3	Using the organization's accession and other items (check all that apply)	er records, check any o	of the	follo	owing th	nat are	a signific	ant us	se of its o	collection		
а	Public exhibition		d	Γ	Loan o	rexcha	inge prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and explain	how	they	further	the or	ganızatıo	n's ex	empt pur	pose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	Γ,	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Complet	e ıf t	he c	rganiz	zation			es" to Fo	orm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermed	ıary f	orco	ntrıbut	ions or	other as	sets n	ot	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the fo	llwoll	ng ta	ble		,					
										Amou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?							দ '	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	V										
Pai	t V Endowment Funds. Complete		ansv	vere	d "Yes							
		(a)Current Year	<b>(b)</b> P	rior Ye		(c)Two	Years Back		Three Year		)Four Y	ears Back
1a	Beginning of year balance	2,099,546			525,572		1,133,3			565,904		
b	Contributions	142,039			338,114		144,2			189,659		
С	Investment earnings or losses	-95,004		1	81,886		374,00	8	-5	61,049		
d	Grants or scholarships	23,346			31,501		13,0	56		45,188		
e	Other expenditures for facilities and programs											
f	Administrative expenses	19,005			14,525		13,0	12		15,998		
g	End of year balance	2,104,230			99,546		1,625,5		1.1	133,328		
_	•				,					,		
2	Provide the estimated percentage of the year	1 000 %										
а	Board designated or quasi-endowment	1 000 70										
Ь	Permanent endowment ► 94 000 %											
С	Term endowment ► 5 000 %											
За	Are there endowment funds not in the posse organization by	ssion of the organizat	ion th	nat a	re held	and ad	mınıstere	d for t	the		Yes	No
	(i) unrelated organizations			_						. 3a(i)	165	No
	(ii) related organizations				· . · .	· . · .				3a(ii)		No
b	If "Yes" to 3a(II), are the related organization				۰. یاe R?			٠. ٠		. 3b		
4	Describe in Part XIV the intended uses of th	ne organization's endo	wmer	nt fur	nds							
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	, Par	tΧ,	line 1	0.						
	Description of property				Cost oi		( <b>b)</b> Cost o basis (o			umulated eciation	(d) B	ook value
1a	_and											
	Buildings											
	_easehold improvements											
	Equipment							14,741		6,684		8,057
	O. b. L		-					,. 14		5,001	1	2,031
	I. Add lines 1a-1e (Column (d) should equal Fi			l line	10(c) )				<u> ▶</u>		$\vdash$	8,057
	and the second s	222, rais ny column	· ( <i>-)</i> /		( -/-/	• •		-		dule D (F	orm 9	-
												,

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,045,356
Total expenses (Form 990, Part IX, column (A), line 25)	2	1,463,028
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-417,672
4 Net unrealized gains (losses) on investments	4	-162,675
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	-162,675
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-580,347
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retui	·n
1 Total revenue, gains, and other support per audited financial statements	1	916,192
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	-129,164
3 Subtract line <b>2e</b> from line <b>1</b>	3	1,045,356
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	0
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,045,356
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1 Total expenses and losses per audited financial statements	1	1,496,539
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	33,511
3 Subtract line <b>2e</b> from line <b>1</b>	3	1,463,028
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	<b>4</b> c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,463,028
Part XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
		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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE WISCONSIN CONSERVATION ENDOWMENT PROVIDES SIGNIFICANT LONG-TERM FINANCIAL SUPPORT FOR THE CONSERVATION, PROTECTION, AND MANAGEMENT OF WISCONSIN'S RICH NATURAL RESOURCESITS LAKES, RIVERS AND STREAMS, UNIQUE AND BEAUTIFUL LANDSCAPES, AND THE PLANT AND ANIMAL DIVERSITY FOUND THEREIN

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

## 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

2011

DLN: 93493179001262

Open to Public
Inspection

Name of the organization Employer identification number THE NATURAL RESOURCES FOUNDATION OF 39-1572034 WISCONSIN INC Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 26 

concaare r (	1 01111 3 3 0 ) 2 0 2 2										
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)⊤	ype of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation	(f)Description of non-cash ass					
(4)	pe or grant or assistance	( D)Namber of	(C)/Alliounc of	(a)Amount of	(C) rection of valuation	(1)Description of non-cash as					

(a)Type of grant or assistance	(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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 FOR GRANTS OF \$2,000 OR MORE THE NATURAL RESOURCES FOUNDATION REQUIRES REPORTS ON COMPLETION AND, FOR MULTI-YEAR GRANTS, INTERIM REPORTS THAT PROVIDE DETAIL OF HOW FUNDS WERE USED AND THE SUCCESS OF THE PROGRAM GRANT RECIPIENTS SIGN AN AGREEMENT TO USE FUNDS FOR THE STATED PURPOSES AND TO SUBMIT REPORTS AS REQUESTED

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As Filed Data -

DLN: 93493179001262

OMB No 1545-0047

Department of the Treasury

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

ntema	al Revenue Service			► Attach to Form	1 990.			Insp	ectio	n
HE		zation CES FOUNDATION OF				Emplo	yer ident if icat	ion nu	mber	
	CONSIN INC					39-1	572034			
Pa	rtI Type	s of Property								
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of do contribution	- etermı		
1	Art—Works of	art								
2	Art—Historica	l treasures .								
3	Art—Fractiona	ılınterests								
4	Books and pub	olications								
5	Clothing and h	ousehold								
6	Cars and othe	rvehicles								
	Boats and plar									
		operty				<u> </u>				
		ublicly traded .	X	5	83,789	MAR	KET QUOTAT	ONS		
		osely held stock	•			<u> </u>				
	or trust intere	artnership, LLC, ests								
		scellaneous				<u> </u>				
13	Qualified cons contribution— structures	-Hıstorıc								
14	Q ualified cons contribution—	ervation -O ther								
15	Real estate—R	Residential .								
16	Real estate—C	Commercial								
17	Real estate—C	Other								
18	Collectibles									
19	Food inventory	,	Х	1	50	cos	T/SELLING PR	ICE		
20	Drugs and me	dical supplies .								
21	Taxidermy .									
22	Historical arti	facts								
23	Scientific spec	cimens								
24	Archeological OFF	artıfacts ICE								
25	Other►( <u>SUP</u>	PLIES )	X	1	4,729	cos.	T/SELLING PR	ICE		
26	O ther <b>►</b> (	)								
27	O ther <b>►</b> (	)								
28	O ther <b>▶</b> (	)								
29				anızatıon durıng the tax yea 8283, Part IV, Donee Ackr		29				
									Yes	No
30a	must hold for		rs from the (	e by contribution any prope date of the initial contribution period?	on, and which is not require			30a		No
ь		cribe the arrangem						500		

contributions? . . .

**b** If "Yes," describe in Part II

describe in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

31

32a

Yes

Νo

#### 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.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	······ -, · · · · (- ,	THE NATURAL RESOURCES FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B)

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493179001262

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN INC 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 GOVERNING BODY TO GIVE THEM AN OPPORTUNITY TO REVIEW THE RETURN BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	EACH NEW DIRECTOR AND EMPLOYEE SIGNS A STATEMENT ACKNOWLEDGING 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 ACKNOWLEDGING 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, LINE 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 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE NATURAL RESOURCES FOUNDATION PUBLISHES AN ANNUAL REPORT THAT SUMMARIZES UNAUDITED FINANCIAL RESULTS AND 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -162,675

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 39-1572034

Name: THE NATURAL RESOURCES FOUNDATION OF

WISCONSIN INC

#### Form 990, Special Condition Description:

### **Special Condition Description**

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

4d. Other program services

(Code ) (Expenses \$ 98,604 including grants of \$ 91,650 ) (Revenue \$ 16,202 )

THE NATURAL RESOURCES FOUNDATION SUPPORTS MANAGEMENT OF SOME OF WISCONSIN'S MOST IMPORTANT AND VULNERABLE LANDSCAPE GEMS--STATE NATURAL AREAS AND PUBLIC LANDS

Software ID: **Software Version:** 

**EIN:** 39-1572034

Name: THE NATURAL RESOURCES FOUNDATION OF WISCONSIN INC

Form 990. Schedule I. Part II. Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, G	Grants and Oth	ner Assista	nce to Gov	ernments a	nd Organiza	ations in the United S
(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
CLEMSON UNIVERSITY114 LONG HALL BOX 340315 CLEMSON,SC 296340315	57- 6000254	501(C)(3)	12,557				BLACK FLY STUDY FOR WHOOPING CRANES
WISCONSIN DEPARTMENT OF NATURAL RESOURCES101 S WEBSTER ST MADISON, WI 537033474	38- 6000254	GOVERNMENT ENTITY	270,603				CONSERVATION PROGRAMS
US FISH AND WILDLIFE SERVICE W7996 20TH ST W NECEDAH,WI 546467531	39- 2498324	GOVERNMENT ENTITY	15,000				INTERN PROGRAM FOR WHOOPING CRANES
INTERNATIONAL CRANE FOUNDATION INC E11376 SHADY LANE RD BARABOO, WI 539139445	39- 1187711	501(C)(3)	18,900				WHOOPING CRANE TRANSMITTERS
NORTHEAST WISCONSIN LAND TRUST INC14 TRI PARK WAY STE 1 BLDG 1 APPLETON, WI 549146430	39- 1867891	501(C)(3)	96,853				CONSERVATION PROGRAMS
THE RIVER ALLIANCE OF WISCONSIN INC306 E WILSON ST STE 2W MADISON, WI 537033990	39- 1792143	501(C)(3)	69,181				CONSERVATION PROGRAMS
OSA CONSERVATION 1822 R ST NW FL 4 WASHINGTON, DC 200091604	81- 0621147	501(C)(3)	28,000				MIGRATORY BIRD HABITAT PROTECTION
WISCONSIN WETLANDS ASSOCIATION INC 222 S HAMILTON ST STE 1 MADISON, WI 537033201	39- 1852601	501(C)(3)	27,672				CONSERVATION PROGRAMS
GATHERING WATERS CONSERVANCY INC 211 S PATERSON ST STE 270 MADISON, WI 537034538	39- 1805090	501(C)(3)	27,672				CONSERVATION PROGRAMS
1000 FRIENDS OF WISCONSIN INC16 N CARROLL ST STE 810 MADISON, WI 537032726	39- 1857262	501(C)(3)	26,672				CONSERVATION PROGRAMS
WISCONSIN TROUT UNLIMITED INC736 MEADOWBROOK CT GREEN BAY, WI 543136981	23- 7188784	501(C)(3)	24,905				FISH HABITAT
WISCONSIN WILDLIFE FEDERATION INC W7303 COUNTY ROAD CS AND Q POYNETTE, WI 539559690	39- 1095827	501(C)(3)	20,755				CONSERVATION PROGRAMS
TROUT UNLIMITED WOLF RIVER CHAPTERN1493 US HIGHWAY 45 FREMONT, WI 549409128	23- 7184513	501(C)(3)	18,678				FISH HABITAT
TROUT UNLIMITED SHAW-PACA CHAPTERE9223 CRAIN RD NEW LONDON, WI 549618435	52- 1269897	501(C)(3)	18,678				FISH HABITAT
TROUT UNLIMITED OCONTO RIVER WATERSHED CHAPTERW2811 ZASTROW RD CECIL, WI 541119385	52- 1269895	501(C)(3)	18,678				FISH HABITAT
TROUT UNLIMITED GREEN BAY CHAPTER500 SAINT JUDE ST GREEN BAY, WI 543034537	52- 1269895	501(C)(3)	18,678				FISH HABITAT
CLEAN WISCONSIN INC122 STATE ST STE 200 MADISON, WI 537032500	23- 7181396	501(C)(3)	13,836				ENVIRONMENTAL PROTECTION/CLEAN ENERGY
ENVIRONMENTAL DEFENSE FUND257 PARK AVE S FL 17 NEW YORK, NY 100107386	11- 6107128	501(C)(3)	13,836				CONSERVATION PROGRAMS
THE WILDERNESS SOCIETY1615 M ST NW WASHINGTON, DC 200363209	53- 0167933	501(C)(3)	13,836				WILDLIFE HABITAT
THE NATURE CONSERVANCY633 W MAIN ST MADISON, WI 537032633	53- 0242652	501(C)(3)	13,836				CONSERVATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,3chedun	c i, Part ii,	Grants and Oti	ici Assista	lice to dove	i iiiiieiits aii	u Organizati	ons in the officed s
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA CLUB JOHN MUIR CHAPTER222 S HAMILTON ST STE 1 MADISON, WI 537033201	94- 1153307	501(C)(4)	13,836				CONSERVATION PROGRAMS
NORTHWOODS LAND TRUST INC 320 W PINE ST EAGLE RIVER, WI 545219333	31- 1776860	501(C)(3)	13,836				LAND STEWARDSHIP
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 100114217	13- 2654926	501(C)(3)	13,836				CONSERVATION PROGRAMS
NATIONAL AUDUBON SOCIETY 225 VARICK ST NEW YORK, NY 100144304	13- 1624102	501(C)(3)	13,836				BIRD PROTECTION
TROUT UNLIMITED FRANK HORNBERG CHAPTER4367 KUBISIAK DR AMHERST, WI 544069023	52- 1765968	501(C)(3)	12,453				FISH HABITAT
TROUT UNLIMITED FOX VALLEY CHAPTER2010 PINEWOOD CT MENASHA, WI 549528906	52- 1765968	501(C)(3)	12,453				FISH HABITAT
UNIVERSITY OF WISCONSIN- EXTENSION21 N PARK ST MADISON, WI 537151218	39- 1805963	GOVERNMENT ENTITY	9,210				MASTER NATURALIST PROGRAM DEVELOPMENT