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MS. KELCY BOETTCHER WISCONSIN WATERFOWL ASSOCIATION, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2020



CliftonLarsonAllen LLP CLAconnect.com

Ms. Kelcy Boettcher Wisconsin Waterfowl Association, Inc. P.O. Box 427 Wales, WI 53183

Dear Kelcy:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 15, 2021 the filing deadline.

Form 1952 - Wisconsin Supplement to Financial Report Other than Form 308 must be signed and dated by the Chief Fiscal Officer (Treasurer) and one other officer and mailed in the enclosed envelope no later than December 31, 2021.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
 accounts and foreign activity. Please make sure you have informed us of any foreign financial
 accounts or foreign activity so that we have the necessary information to complete any required
 disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury Internal Revenue Service

Α Ι	For the	e 2020 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identifie	cation number
	Addre chang Name	e WISCONSIN WATERFOWL ASSOCIATION, INC			
	chang	e Doing business as		39-14634	62
	Initial return Final return	P O BOX 427	Room/suite	E Telephone number 800-524-	
	termin ated			G Gross receipts \$	723,486.
	Amen- return	WALES, WI 53183		H(a) Is this a group re	
	Application	F Name and address of principal officer: DRUCE URBEN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		te: > WWW.WISDUCKS.ORG		H(c) Group exemptio	
		organization: Corporation Trust X Association Other	L Year o	of formation: $1984 m extbf{ extit{N}}$	∥ State of legal domicile: W I
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: WORKI			
Governance		AND CONSERVATION OF WISCONSIN'S WATERFOWL			
ern	2	Check this box if the organization discontinued its operations or dispos		1	
Š	3			3	10 10
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			225
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	B	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		62,308.	167,662.
ne	9			112,207.	409,927.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64.	3,137.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,413.	39,132.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		375,992.	619,858.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		130,152.	112,195.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen	b	Total fundraising expenses (Part IX, column (D), line 25)	35.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,172.	420,947.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		379,324.	533,142.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,332.	86,716.
Net Assets or	9		Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		382,461.	509,068.
ASS	21	Total liabilities (Part X, line 26)		115,250.	155,141.
<u>Fet</u>	22	Net assets or fund balances. Subtract line 21 from line 20		267,211.	353,927.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Data	
Sig		, -		Date	
Hei	re	BRUCE URBEN, PRESIDENT Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	STEVEN C. JOHNSON STEVEN C. JOHNSO		1/11/21 of self-employ	
	u parer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749
	Only	Firm's address 1 MAIN STREET, SUITE 202		THIII S LIIV	0,10,10
	J,	RACINE, WI 53403		Phone no 26	2-637-9351
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 2 0	X Yes No

Form	990 (2020) WISCONSIN WATERFOWL ASSOCIATION, INC	39-1463462	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_		<u></u>	. 21
1	Briefly describe the organization's mission:	NGTNI G	
	WORKING TO FURTHER RESTORATION AND CONSERVATION OF WISCON		
	WATERFOWL AND WETLAND RESOURCES, IMPLEMENTING EDUCATION 1	PROGRAMS FOR	
	WISCONSIN YOUTH, AND PROMOTING LEGISLATION THAT PROTECTS	WISCONSIN'S	
	RESOURCES AND THE RIGHTS OF CITIZENS TO HUNT AND FISH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•			
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 174,265 • including grants of \$) (Revenue	ue \$ 164,1	28. \
40	ENVIRONMENT: THE ASSOCIATION RESTORES/CREATES SHALLOW WE'		
	FOR USE BY WATERFOWL AND RELATED SPECIES IN WISCONSIN AS		
	PROVIDING MATCHING FUNDS FOR GRANT MONIES PROVIDED BY ST	ATE AND FEDER	RAL
	SOURCES IN SUPPORT OF THE SAME TYPE OF WETLAND AND ADJACT	ENT UPLAND	
	WORKS BY THE ASSOCIATION AND OTHER CONSERVATION PARTNERS		
	ALSO USED IN THE DEVELOPMENT OF FACILITIES TO IMPROVE ACC		
		CESS FUR	
	DISABLED HUNTERS.		
4b	(Code:) (Expenses \$ 130 , 699 • including grants of \$) (Revenue	ue \$ 123,0	96.)
	EDUCATION/ADVOCACY: THE ACTIVITIES OF THE STAFF, INDEPEND		CLL
	AS IN PARTNERSHIP WITH VOLUNTEERS TO ADVANCE AWARENESS OF	<u> </u>	
		WEILIMID MIL	
	WATERFOWL RESOURCES IN WISCONSIN.		
	65.040		- 10
4c	(Code:) (Expenses \$		5 48.)
	PUBLICATION: CREATING LITERATURE AND DIGITAL CONTENT TO 1	REPORT THE	
	WORKS OF THE ASSOCIATION STAFF, ACCOMPLISHMENTS OF VOLUN	TEER MEMBERS	
	AND PROVIDE INFORMATION AND INSIGHT REGARDING IMPORTANT (
		CONDERVATION	
	ISSUES IN WISCONSIN.		
4d	Other program services (Describe on Schedule O.)	61 546	
	(Expenses \$ 65,349 • including grants of \$) (Revenue \$	61,548.)	
4 e	Total program service expenses ► 435,662.		

Form **990** (2020)

Form 990 (2020) WISCONSIN WA
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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		Х
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		Х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400		x
h	Schedule D, Parts XI and XII	12a		
D		12h		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) WISCONSIN WATERFOWL ASSOCIATION, INC Part IV Checklist of Required Schedules (continued)

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	Griedanist of risquirou dorinadado (continued)			
00	Did the consciention was at according to 000 of sounds an ather assistance to a few democratic individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
	,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Only adula N. David II.	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor il Conedule O containo a responde di note to any illie ili tillo Fart v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
032004	4 12-23-20	Form	990	(2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	_			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services and services are serviced as a contribution of the contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and serviced are serviced as a contribution and partly for goods and serviced are serviced as a contribution and ser	vices provided to the payor?	7a		X
			7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		X
	to file Form 8282?	1	7c		┢
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 co	7d	7e		Х
f	Did the organization receive any lunus, directly of indirectly, to pay premiums on a personal benefit contra		7 6		X
'	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of qualified interiordal property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
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	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a		130	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduli		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
-	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Forn	າ 990	(2020

WISCONSIN WATERFOWL ASSOCIATION, INC 39-1463462 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates?

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
0	tion C. Disalescure			

17	List the states with which a co	by of this Form 990 is required to be filed $ ightharpoonup V$	NΙ
----	---------------------------------	--	----

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request X Own website Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records KELCY BOETTCHER - 800-524-8460

Form **990** (2020)

P.O. BOX 427, WALES, WI

Form 990 (2020) WISCONSIN WATERFOWL ASSOCIATION, INC

39-1463462

<u> Page</u> **7**

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

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

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

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

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

(A)	(B)	organization compensated (C)					(D)	(E)	(F)	
Name and title	Average		Po					Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an			s both	an	compensation	compensation	amount of
	week		officer and a		irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		90	Suedu		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		ploye	t com	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRUCE ROSS	40.00	_	_		_	1 0	_			
EXECUTIVE DIRECTOR		1		х				30,388.	0.	0.
(2) BRUCE URBEN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RANDY HELBACH	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) RUSSELL OLSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) MIKE DEPIES	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PAT SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JOE GONYO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JIM FRECK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) IAN BARTELMEZ	1.00	1							_	
DIRECTOR		Х						0.	0.	0.
(10) ANDY DUCATO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GEORGE ERMERT	1.00	ļ								
DIRECTOR		Х	_					0.	0.	0.
		-								
		-								
		-								
		1								
	+									
		1								
	+		\vdash	\vdash		\vdash				
		-	1	1	l	1		1		

Form 990 (2020)

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

WISCONSIN WATERFOWL ASSOCIATION, INC 39-1463462 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns 12,850. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 102,254. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 52,558. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 167,662. h Total. Add lines 1a-1f Business Code 409,927. 900099 409,927. 2 a STATE CHAPTER EVENTS Program Service f All other program service revenue 409,927. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 97. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 3,040. assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 3,040 c Gain or (loss) ______7c 3,040. 3,040. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9a117,827.Part IV, line 19 79,986. **b** Less: direct expenses 37,841. 37,841. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 24,036. and allowances 23,642 **b** Less: cost of goods sold 394. 394. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 897. 897

032009 12-23-20

41,875. Form **990** (2020)

897.

619,858.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

d All other revenue

410,321

Form 990 (2020) WISCONSI

WISCONSIN WATERFOWL ASSOCIATION, INC

39-1463462 Page 10

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	30,388.	15,460.	3,479.	11,449
	ustees, and key employees	30,300.	13,400.	3,473.	11,449
	ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and				
•	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	70,843.	36,041.	8,111.	26,691
	ension plan accruals and contributions (include	70,043.	30,041.	· ,	20,001
	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits	2,787.	1,523.	261.	1.003
	ayroll taxes	8,177.	4,153.	927.	1,003 3,097
	ees for services (nonemployees):	0,2			3,05.
	lanagement				
	egal				
	ccounting	2,888.		2,888.	
	obbying	,		,	
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
_	olumn (A) amount, list line 11g expenses on Sch 0.)				
	dvertising and promotion	2,177.	2,123.		54. 925.
	ffice expenses	2,664.	2,123. 1,219.	520.	925
	formation technology				
	oyalties				
	ccupancy	5,084.	491.	81.	4,512
	ravel	8,020.	3,284.	197.	4,539
18 P	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
1 9 C	onferences, conventions, and meetings	3,958.	3,958.		
20 In	terest				
2 1 Pa	ayments to affiliates				
2 D	epreciation, depletion, and amortization	2,444.		2,444.	
-	surance	4,848.		4,572.	276
ab Iir	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	HAPTER EVENT EXPENSES	205,071.	205,071.		
_	ESTORATIONS	151,545.	151,545.		
_	PECIAL EVENTS	16,633.	964.		15,669
_	ELEPHONE	7,768.	4,761.	879.	2,128
_	Il other expenses SEE SCH O	7,847.	5,069.	586.	2,192
	otal functional expenses. Add lines 1 through 24e	533,142.	435,662.	24,945.	72,535
	oint costs. Complete this line only if the organization	,	,	, -	,
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			147,441.	1	265,442.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			34,475.	3	47,614.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,966.	8	19,568. 9,921.
ğ	9	Prepaid expenses and deferred charges			10,652.	9	9,921.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	147,759. 14,310.			
	b	Less: accumulated depreciation	10b	14,310.	135,893.	10c	133,449.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14	22.274	
	15	Other assets. See Part IV, line 11	30,034.	15	33,074.		
	16	Total assets. Add lines 1 through 15 (must equ			382,461.	16	509,068.
	17	Accounts payable and accrued expenses		99,346.	17	112,191.	
	18	Grants payable			1 - 0 0 4	18	17 750
	19	Deferred revenue			15,904.	19	17,758.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		·			
Liak		controlled entity or family member of any of the	-	: F		22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	25,192.
	24	Unsecured notes and loans payable to unrelate		Г		24	23,192•
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	•				
		parties, and other liabilities not included on line of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			115,250.	26	155,141.
	20	Organizations that follow FASB ASC 958, che	eck here	X	223,2331	20	133,111
Se		and complete lines 27, 28, 32, and 33.	JOK HOLO				
ů	27				267,211.	27	353,927.
3ak	28	Net assets with donor restrictions			· ,	28	
ē		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		Г	267,211.	32	353,927.
~	33	Total liabilities and net assets/fund balances			382,461.	33	509,068.
					•		Form 990 (2020)

Form **990** (2020)

	990 (2020) WISCONSIN WATERFOWL ASSOCIATION, INC	39-1463	462	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			42.
3	Revenue less expenses. Subtract line 2 from line 1	3	86	5 , 7:	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	267	7,2	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	353	3,9	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruc	tions.		Taxpayer	ridentification nun	nber (TIN)				
print	WISCONSIN WATERFOWL ASSOCIA		39-14634	62						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se				39-14034	02				
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WALES, WI 53183										
Enter th	nter the Return Code for the return that this application is for (file a separate application for each return)									
Applica	Application Return Application									
Is For		Code	Is For			Code				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	90-BL	02	Form 1041-A			08				
Form 47	720 (individual)	03	Form 4720 (other than individual)			09				
Form 99	90-PF	04	Form 5227			10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	90-T (trust other than above)	06	Form 8870			12				
• If the	ohone No. ► 800-524-8460 e organization does not have an office or place of business is signary in the second se	roup Exe		f this is fo	r the whole group,					
tr	1 I request an automatic 6-month extension of time until NOVEMBER 15 , 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2020 or ▶ tax year beginning , and ending .									
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 6069, 6	enter the tentative tax, less	За	\$	0.				
_	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		Ť					
	stimated tax payments made. Include any prior year overpa			3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pay									
u:	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	Зс	\$	0.				

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

Form 8868 (Rev. 1-2020)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WISCONSTN WATERFOWL ASSOCIATION

Employer identification number 39-1463462

				RFOWL ASSOCIA				3	9-1463462
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction:	S.	
he	organ	ization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or association	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operate	ed by a go	vernmental ur	nit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general	public described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 5	609(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	ganization supervised	or controlled in connec	tion with its	s supporte	ed organization	n(s), by hav	/ing
		control or management o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	je the supj	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
С			egrated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.		
d			y integrated. A supp	oorting organization oper	ated in cor	nnection w	ith its suppor	ted organi:	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attenti	veness
	_	requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(II) LIIV	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
	above (see instructions)) Yes No Support (see instructions) Support (see instructions)								,
ota	ıl								

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

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

Calendar year (or fiscal year beginning in) 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	2020 (f) Total							
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								
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								
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								
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities								
or expended on its behalf 3 The value of services or facilities								
3 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
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) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e)	2020 (f) Total							
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. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI.)								
11 Total support. Add lines 7 through 10								
12 Gross receipts from related activities, etc. (see instructions)								
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here	>							
Section C. Computation of Public Support Percentage								
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	%							
15 Public support percentage from 2019 Schedule A, Part II, line 14	<u>%</u>							
6a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization								
7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	line 15 is 10% or							
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI	how the							
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶∐							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see in	structions							

Schedule A (Form 990 or 990-EZ) 2020 WISCONSIN WATERFOWL ASSOCIATION, INC

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

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

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2011	(0) 2010	(4) 2018	(0) 2020	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	169,072.	149,384.	185.772.	174,515.	167.662.	846,405.
2	Gross receipts from admissions,	205,0720		200,7720	27273231	20,,0020	010,1000
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	684.319.	596,623.	662.431.	599,646.	551.790.	3094809.
3	Gross receipts from activities that	001,0130	330,0230	002,1020	333,0101	33277333	30320031
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	853,391.	746,007.	848,203.	774,161.	719,452.	3941214.
	Amounts included on lines 1, 2, and	033,331.	740,007.	040,203.	771,101.	715,452.	3341214.
, ,	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received						•
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
,	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3941214.
	etion B. Total Support						3311211
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	853,391.	746,007.	848,203.	774,161.	719,452.	3941214.
	Gross income from interest,	000,0020	, _ 0 , 0 0 . 0	0 10 / 100 0	,	,	
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	46.	41.	49.	64.	97.	297.
ŀ	Unrelated business taxable income				<u> </u>	2.1	
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	46.	41.	49.	64.	97.	297.
	Net income from unrelated business				<u> </u>	2.1	
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	2,314.	3,522.	1,453.	271.	897.	8,457.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	855,751.	749,570.	849,705.	774,496.	720,446.	3949968.
	First 5 years. If the Form 990 is for th			•			
•				•			. ,
Sec	ction C. Computation of Publi						<u>P</u>
	Public support percentage for 2020 (I			column (f))		15	99.78 %
	Public support percentage from 2019		•			16	99.78 %
	ction D. Computation of Inves					1	- 70
	Investment income percentage for 20			ne 13. column (f))		17	.01 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						▶ X
		=	-				
r) 33 1/3% support tests - 2019. If the	organization did n	ot check a hox on	line 14 or line 14a	, and line 16 is mo	re than 33 1/3% a	nd
t	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						na

Schedule A (Form 990 or 990-EZ) 2020 WISCONSIN WATERFOWL ASSOCIATION, INC

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
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9a		
9b		
5.5		
9с		
10a		
10b		

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	and Divini Type in Capperaing Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	i .	I
		-1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	<i>,</i> ,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	netructic-	ie)	
2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 03	1,0
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If #Vos # describe in Part VI the role placed by the experiention in this regard	3h		

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Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

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instructions).

Schedule A (Form 990 or 990-EZ) 2020 WISCONSIN WATERFOWL ASSOCIATION, INC 39-1463462 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019

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e Excess from 2020

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,							
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also constructions.)	omplete this part for any additional information.						
SCHEDULE A, PART III, LINE 12, EXPLANATION F	OR OTHER INCOME:						
OTHER INCOME							
2016 AMOUNT: \$ 2,314.							
2017 AMOUNT: \$ 3,522.							
2018 AMOUNT: \$ 1,453.							
2019 AMOUNT: \$ 271.							
2020 AMOUNT: \$ 897.							

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INC

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WISCONSIN WATERFOWL ASSOCIATION, INC

Employer identification number 39-1463462

Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial state	ments that describes the
D -	organization's accounting for conservation easements.	Ad III also de l'Estado de la companya della companya de la companya de la companya della compan	Other Charles Assessed
Pai	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub	, ,	·
	service, provide in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

		N WATERFO						<u> 39-14</u>		
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the f	ollowing that	t make s	ignificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	C	ı 🖳	Loan or exc	hange progra	am				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or		•		•			_	_	
	to be sold to raise funds rather than to be mai								Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part	<u> </u>								
1a	Is the organization an agent, trustee, custodia								_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								٦.,	
	Did the organization include an amount on Fo						ity?	L	_ Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
I ai	t V Endowment Funds. Complete if								(-) [baalı
4.	Basinain a factor below to	(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(a) Three y	years back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the curre	ent voor and halana	o (lino 1 o	, column (c)) hold as:					
2	Board designated or quasi-endowment	•	e (iirie rg %	j, coluitiit (a)	i) Helu as.					
a		%								
b	Term endowment ▶									
·	The percentages on lines 2a, 2b, and 2c shou	=								
32	Are there endowment funds not in the posses	•	ation that	t are held ar	nd administer	red for th	e organiz	ation		
ou	by:	olori or the organiza	ation tha	are ricia ar	ia aariiiiiotoi	100 101 11	io organizi	20011	[·	Yes No
	(i) Unrelated organizations								3a(i)	100 110
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value
	, , ,	basis (investr			(other)	de	preciation		. ,	
1a	Land			13	2,343.				132	2,343.
	Buildings									
	Leasehold improvements									
	Equipment			1	5,416.		14,3	10.	1	,106.
	Other				-		-			
	. Add lines 1a through 1e. <i>(Column (d) must e</i> q		X. colum	n (B). line 1	0c.)				133	3,449.

Schedule D (Form 990) 2020

Complete if the organization answered "ves" or Form 990, Part IV, line 11b. See Form 990, Part X, line 12.			ATERFOWL ASSO	CIATION, INC	39-1463462 Page 3
(a) Description of Security or Category including name or security 1) Francial derivatives 2) Chosely held equity interests 3) Other (A) (B) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F	Part VII	•	on Form 000 Port IV line	11h Coo Form 000 Dort V lin	20.10
19 Francial derivatives	(a) Descri				
2 Closely held equity interests	• •		(b) Book value	(c) Welliod of Valuation.	Cost of cha of year market value
3) Other	-				
(B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		y rield equity interests			
B		-			
Col.					
D					
(G) (G) (H) (F) (H) (F) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(F) (G) (G) (H) (H) (Field. (Col. (I)) must equal form 990, Part X, col. (B) line 12.) ▶ (a) Description of investment					
(G) (H) (Fibral, (Col. (I)) must equal Form 990, Part X, col. (B) line 12.) ►					
(bit. (Col. (b) must equal Form 990, Part X, col. (B) line 12, ▶	` '				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12. Description of investments - Program Related. Compete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l)					
Description of investment Program Related.		(b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part VII	Investments - Program Related.	1		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description (b) Book value (c) DTHER (c) DENEFICIAL INTEREST IN ENDOWMENT (d) DESCRIPTION (e) (e) (f) (f) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h					
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(3) (4) (5) (6) (7) (8) (9) (9) (1) OTHER (a) Description (b) Book value (1) OTHER 280. (2) BENEFICIAL INTEREST IN ENDOWMENT 32,794. (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) OTHER 32,794. (1) OTHER 332,794. (2) BENEFICIAL INTEREST IN ENDOWMENT 32,794. (3) (4) (5) (6) (7) (8) (9) (9) (1) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X col. (B) line 15.] 33,074. (7) (8) (9) (9) (10) (11) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(1)				
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(5) (6) (7) (8) (9) Cotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(3)				
(6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OTHER 280. (2) BENEFICIAL INTEREST IN ENDOWMENT 32,794. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OTHER 280. (2) BENEFICIAL INTEREST IN ENDOWMENT 32 , 794. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 33 , 074. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(5)				
(8) (9) (9) (10ta. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 280. (2) BENEFICIAL INTEREST IN ENDOWMENT 32,794. (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (d) Federal income taxes (e) (e) (f) (f) (g) (g) (g) (h) Book value (h) Federal income taxes (c) (g) (g) (g) (g) (h) Book value (h) Federal income taxes (c) (g) (g) (g) (g) (h) Book value	(6)				
10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 9	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value					
(a) Description (b) Book value (1) OTHER 280. (2) BENEFICIAL INTEREST IN ENDOWMENT 32,794. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) 33,074. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Part IX				
(1) OTHER (2) BENEFICIAL INTEREST IN ENDOWMENT (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X. col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liabilities (2) (3) (4) (5) (6) (7) (8)				11d. See Form 990, Part X, lir	ı
(2) BENEFICIAL INTEREST IN ENDOWMENT (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	05	` '	Description		
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 33 , 074 • Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		ENEFICIAL INTEREST IN EN	DOMMEN.I.		32,794.
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 33,074. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		<u>umn (b) must equal Form 990, Part X, col. (B) lin</u> I Other Liabilities	<u>e 15.) </u>		33,074.
(a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	I UIT X	J	on Form 000 Port IV line	110 or 11f Soo Form 000 Do	rt V line 25
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			on Form 990, Part IV, line	Tie or Til. See Form 990, Pa	
(2) (3) (4) (5) (6) (7) (8)					(b) Book value
(3) (4) (5) (6) (7) (8)		derai income taxes			
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(8)	` '				
(9)					
Total (0.1 mg/l) mg tag at Fermi 200 Part V and (D) II = 250			. 05)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					totomonto that you gets the
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII					

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 WISCONSIN WATERFOWL ASSOC		39-1463462 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State	ments With Evnense	5 s ner Return
Fai		-	s per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مء ا	
a	Donated services and use of facilities		
b	Prior year adjustments	I I	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5
			V 4 B . V 6 B . V
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	*	v, line 4; Part X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

WISCONS	IN WATERFOWL ASSOC	IAT:	ION	, INC	39-1463	462
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	eed funds through any of the following Solicitary Solicitary Solicitary Special Specia	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Schedule G (Form 9	90 or 990-EZ) 2020

	edu I rt I	Fundraising Events. Complete if the of fundraising event contributions and gro	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
Ф			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts					
æ		Gress rescripts					
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
		Onthorizon					
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Expe	-						
irect	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	5	()		>		
D	ırt I	Net income summary. Subtract line 10 from lin		.000 Det IV line 10 en			
ГС	וונו	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	inswered "Yes" on Form	1990, Part IV, line 19, or	reported more than		
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(u , 2ge	bingo/progressive bingo	(c) carer garring	col. (a) through col. (c))	
Вè	1	Gross revenue			117,827.	117,827.	
ses	2	Cash prizes					
xpen	3	Noncash prizes					
ect Expenses	4	Rent/facility costs					
ġ							
	5	Other direct expenses			79,986.	79,986.	
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No		
			- 			79,986.	
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	>	37,841.			
_	F	tor the state(s) in which the surreinting and	oto gomina poticitica. M	· T			
		Enter the state(s) in which the organization conducts gaming activities: WI Is the organization licensed to conduct gaming activities in each of these states?					
		No," explain:				X Yes No	
	_						
10a		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes X No	
b If "Yes," explain:							
	_	107.00			Cabaalida O.E	m 990 or 990-EZ) 2020	
J320	o∠ 11	1-25-20			Scriedule G (FO)	シシレ UI ジジU-EZJ ZUZU	

Schedule G (Form 990 or 990-EZ) 2020 WISCONSIN WATERFOWL ASSOCIATION, INC 39-146	3462	Page 3					
11 Does the organization conduct gaming activities with nonmembers?	Yes	X No					
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed							
	Yes	X No					
13 Indicate the percentage of gaming activity conducted in:							
a The organization's facility		%					
b An outside facility 13t		%					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
Name ▶							
Address >							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No					
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount							
of gaming revenue retained by the third party > \$							
c If "Yes," enter name and address of the third party:							
Name							
Address							
16 Gaming manager information:							
Name ▶							
Gaming manager compensation \$							
Description of services provided							
Description of services provided							
Director/officer Employee Independent contractor							
17 Mandatory distributions:							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to							
and the state assertion Research	Vac	X No					
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	22 110					
organization's own exempt activities during the tax year \$\$							
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	2000	2h 10h					
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	165 5, 3	50, 100,					
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							

Schedule C	G (Form 990 or 990-EZ) Supplemental Info	WISCONSIN WATERFOWL	ASSOCIATION,	INC	39-1463462	Page 4
Part IV	Supplemental Info	rmation _(continued)				

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INC WISCONSIN WATERFOWL ASSOCIATION,

Employer identification number 39-1463462

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DEVELOPMENT: ACTIVITIES OF THE STAFF, WORKING WITH THE ASSOCIATION'S VOLUNTEERS, TO PERFORM FUNDRAISING THROUGH MEMBERSHIP AS WELL AS THE PURSUIT, APPLICATION, ADMINISTRATION AND OVERSIGHT OF VARIOUS GRANT FUNDS, AND ALL OTHER MEANS OF SECURING THE FINANCIAL MEANS TO CONTINUE THE WORKS OF THE ASSOCIATION. EXPENSES \$ 65,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 61,548. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS FIRST REVIEWED BY THE TREASURER AND THEN REVIEWED BY THE ENTIRE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO SIGN A BOARD MEMBER CODE OF ETHICS WHEN IT REQUIRES THE BOARD MEMBER TO DISCLOSE ANY BEGINNING THEIR TERM. CONFLICTS WHEN ENCOUNTERED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED USING COMPARABILITY DATA AND THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THIS PROCESS WAS LAST UNDERTAKEN IN 2019. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE FORM 990 AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization WISCONSIN WATERFOWL ASSOCIATION, INC	Employer identification number 39-1463462
SUPPLIES:	
PROGRAM SERVICE EXPENSES	2,722.
MANAGEMENT AND GENERAL EXPENSES	586.
FUNDRAISING EXPENSES	1,791.
TOTAL EXPENSES	5,099.
EDUCATION:	
PROGRAM SERVICE EXPENSES	2,023.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,023.
LICENSE AND PERMITS:	
PROGRAM SERVICE EXPENSES	324.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	401.
TOTAL EXPENSES	725.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	7,847.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM PREVIOUS YEARS	