Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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 instructions. Taxpayer identification number (TIN) print 39-1463462 WISCONSIN WATERFOWL ASSOCIATION, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. BOX 427 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WALES, WI 53183 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KELCY BOETTCHER The books are in the care of ▶ P.O. BOX 427 - WALES, WI 53183 Telephone No. ► 800-524-8460 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and	ending				
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number		
	Addres	wisconsin waterfowl association, inc					
	Name			39-14634	62		
	Initial return	-	Room/suite	E Telephone number			
	 □Final □return/	P.O. BOX 427		800-524-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	905,396.		
	Ameno return	WALES, WI 33163		H(a) Is this a group re	eturn		
	Applic tion	<u>. </u>		for subordinates	? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemptio			
		organization: Corporation Trust X Association Other	L Year	of formation: 1984 N	A State of legal domicile: WI		
Pa	art I	Summary	TATO	THE THE PER	THOD 3 HT ON		
ø	1	Briefly describe the organization's mission or most significant activities: WORK	ING TO	FURTHER RES	STORATION		
anc		AND CONSERVATION OF WISCONSIN'S WATERFOWL					
Governance	_	Check this box if the organization discontinued its operations or dispos			sets.		
Š		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	12		
જ		Total number of individuals employed in calendar year 2022 (Part V, line 1a)		·····	4		
ties		Total number of volunteers (estimate if necessary)			330		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		325,593.	264,276.		
	l	Program service revenue (Part VIII, line 2g)		466,671.	506,675.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,206.	1,914.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,636.	38,065.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		860,106.	810,930.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		145,029.	164,657.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 79,09		F14 F16	FF4 F18		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		514,516.	554,517.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		659,545.	719,174.		
	19	Revenue less expenses. Subtract line 18 from line 12	Ro	200,561.	91,756. End of Year		
ts o	200	Total acceta (Dayt V. line 16)		615,553.	683,886.		
Asse Bala	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		61,065.	37,642.		
let/	1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		554,488.	646,244.		
Pa	art II	Signature Block		001/1001	V = V / = = = V		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	,		
Sigi	n	Signature of officer		Date			
Her	е	BRUCE URBEN, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN		
Paid		STEVEN C. JOHNSON STEVEN C. JOHNSO	ON 0	7/26/23 self-employ			
	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749		
Use	Only	Firm's address 1 MAIN STREET, SUITE 202			0 628 0251		
		RACINE, WI 53403		Phone no. 26	2-637-9351		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Page 2

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PURPOSE OF THE ASSOCIATION SHALL BE TO RESTORE AND CONSERVE	
	WISCONSIN'S WATERFOWL AND WETLAND RESOURCES; TO EDUCATE STATE	_
	WATERFOWLERS DURING THEIR PROGRESSION FROM NATURAL RESOURCE CONSUMER	_
	TO STEWARD; AND TO PROMOTE GOVERNMENTAL POLICIES THAT PROTECT	_
_	Did the organization undertake any significant program services during the year which were not listed on the	—
2		
		10
	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?	10
	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 measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 244,864 • _ including grants of \$) (Revenue \$ 203,906 •	•)
	ENVIRONMENT: THE ASSOCIATION RESTORES/CREATES SHALLOW WETLAND SYSTEMS	_ `
	FOR USE BY WATERFOWL AND RELATED SPECIES IN WISCONSIN AS WELL AS	_
	PROVIDING MATCHING FUNDS FOR GRANT MONIES PROVIDED BY STATE AND FEDERAL	_
	SOURCES IN SUPPORT OF THE SAME TYPE OF WETLAND AND ADJACENT UPLAND	_
	WORKS BY THE ASSOCIATION AND OTHER CONSERVATION PARTNERS. FUNDS ARE	_
	ALSO USED IN THE DEVELOPMENT OF FACILITIES TO IMPROVE ACCESS FOR	—
	DISABLED HUNTERS.	—
	DISABLED HONIERS.	—
		—
		—
4b	(Code:) (Expenses \$183,648. including grants of \$) (Revenue \$152,929.00)	<u>•</u>)
	EDUCATION/ADVOCACY: THE ACTIVITIES OF THE STAFF, INDEPENDENTLY, AS WELL	
	AS IN PARTNERSHIP WITH VOLUNTEERS TO ADVANCE AWARENESS OF WETLAND AND	
	WATERFOWL RESOURCES IN WISCONSIN.	
		_
		_
		_
		_
		_
		—
4-	(Code:) (Expenses \$ 91,824 • including grants of \$) (Revenue \$ 76,465 c	_
4C	(Code:) (Expenses \$	<u>.</u>)
	WORKS OF THE ASSOCIATION STAFF, ACCOMPLISHMENTS OF VOLUNTEER MEMBERS,	—
	AND PROVIDE INFORMATION AND INSIGHT REGARDING IMPORTANT CONSERVATION	
	ISSUES IN WISCONSIN.	
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ 91,824 · including grants of \$) (Revenue \$ 76,465 ·)	
 4е	Total program service expenses 612,160.	
	Form 990 (20)22)

WISCONSIN WATERFOWL ASSOCIATION, INC

			Yes	No
1 Is	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
lf	f "Yes," complete Schedule A	1	Х	
2 Is	s the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	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		X
	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	
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
	, ,	ا م ا		Х
	Schedule D, Part III	8		
	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?			v
	f "Yes," complete Schedule D, Part IV	9		_X_
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11 If	f 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.			
a D	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
P	Part VI	11a	X	
b D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	he organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
		174		
	and the organization have addregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
U	nvestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
	nvestment, 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 D	nvestment, 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			
15 D	nvestment, 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		x x
15 D fo 16 D	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization? If "Yes," complete Schedule F, Parts II and IV Did the organization? If "Yes," complete Schedule F, Parts II and IV Did the organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
15 D fc 16 D	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV 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			
15 D for	nvestment, 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	15		X X
15 D for	nvestment, 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	15		Х
15 D for	nvestment, 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	15 16		х х х
15 D for	nvestment, 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	15		X X
15 D for	nivestment, 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	15 16 17 18		х х х
15 D fc 16 D o 17 D c 18 D 1 19 D c c c c c c c c c c c c c c c c c c c	nivestment, 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	15 16 17 18	x	x x x x
15 D for	nivestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 for more? If "Yes," complete Schedule F, Parts I and IV	15 16 17 18 19 20a	x	х х х
15 D fc 16 D o 17 D 18 D 19 D 20a D	nvestment, 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. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV. 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. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines at and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15 16 17 18	x	x x x x
15 D for	nivestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 for more? If "Yes," complete Schedule F, Parts I and IV	15 16 17 18 19 20a	x	x x x

WISCONSIN WATERFOWL ASSOCIATION, INC 39-1463462 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

35b

X

X

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

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Part V Statements Regarding Other IRS Filings and Tax Compliance

Note: All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12				I		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming						
	(gambling) winnings to prize winners?			10	Х				

232004 12-13-22

Form 990 (2022)

Х

38

022) WISCONSIN WATERFOWL ASSOCIATION, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	3 7 3 7 1								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	, , ,								
_	sponsoring organization have excess business holdings at any time during the year?								
9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a 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:	-							
''	Gross income from members or shareholders 11a								
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form **990** (2022) 232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" 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					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the									
				3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		Х				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app									
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto									
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?	,	· ·	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue i	Code)							
	(This decisin b requests information about policies not required by the internal nev	criac	50ac.,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such cha									
				10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3							
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			12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye									
_	on Schedule O how this was done	,		12c	Х					
13	Did the organization have a written whistleblower policy?			13		Х				
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									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	оронаон							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b		Х				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		•••••	-0.0						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a							
	taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			iou						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			100						
17	List the states with which a copy of this Form 990 is required to be filed WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990.	T (section 501(c)(3)	only	availal	ole				
.5	for public inspection. Indicate how you made these available. Check all that apply.	J 550-	. (5555.511 551 (6)(5)3	. Crity)						
	X Own website Another's website X Upon request Other (explain	on So	nedule (1)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	l finan	cial					
.5	statements available to the public during the tax year.			· man	-iui					
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records							
_5	KELCY BOETTCHER - 800-524-8460	no and	1000140							
	P.O. BOX 427, WALES, WI 53183									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
. Is. no and the	hours per	box	, unles	ss per	son i	than o	an	compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	gu.			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		gy.	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BRUCE ROSS	40.00		_		×	- e	ш			
EXECUTIVE DIRECTOR				Х				54,412.	0.	0.
(2) BRUCE URBEN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) TODD SCHALLER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) DAVE ELWIG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) RUSSELL OLSON	1.00									
TREASURER		Х		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) MIKE DEPIES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) IAN BARTELMEZ	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(10) GEORGE ERMERT	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(11) DENNIS FLEISCHER DIRECTOR	1.00	Х						0.	0.	0.
(12) JIM FRECK	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(13) B.J. GRASSMANN	1.00							0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		Λ						0.	0.	<u> </u>
		-								
		1								
		1								
		1		l	l			1		

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	(do box	not c	Posi heck r	ition) than o	one n an	(D) Reportable compensation	(E) Reportable compensation	- 1		(F) timate nount (
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated sulty		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	ns compensa SC/ from th		om the anizati d relate	e ion ed
											<u> </u>		
1b Subtotal c Total from continuation sheets to Part VI								54,412.		0.			0.
d Total (add lines 1b and 1c)					····			54,412.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			0
O Did the conscioution list and former officers	Post de la lace	1					la taul	h t t - d		ſ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so								nest compensated emp			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	<u>proto conocan</u>	, , ,	<u> </u>		7010	<u> </u>				'''''		•	
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	· ·	-								oensat	ion fro	om	
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C omper		า
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received me	ore than				

Form 990 (2022) WISCONS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Official in Confedence of Confedence a 100 portion of	riote to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							SECTIONS 212 - 214
nts tts	1 :	Federated campaigns 1a	10 10 5				
ir our	ı	Membership dues 1b	19,485.				
S, C	•	Fundraising events					
ij k	(Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	209,185.				
Sign	1	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f	35,606.				
를		Noncash contributions included in lines 1a-1f	-				
Š	ì	Total. Add lines 1a-1f		264,276.			
<u> </u>		Totali / Gd III i G Ta Ti	Business Code				
-	•	STATE CHAPTER EVENTS	900099	447,257.	447,257.		
ice	2 3	WATERFOWL HUNTERS EXPO	900099	59,046.	59,046.		
er ne	'	OTHER PROGRAM REVENUE	900099	372.	372.		
n S	•		300033	3/4.	314.		
rar Se	•						
Program Service Revenue	(
٩		All other program service revenue					
		Total. Add lines 2a-2f		506,675.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		512.			512.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
			(ii) Other				
	/ :	4 400	(ii) Other				
		,					
•	'	Less: cost or other basis					
nue		and sales expenses 7b 0.					
Revenue	•	Gain or (loss) 7c 1,402.		1 400			1 400
æ		Net gain or (loss)		1,402.			1,402.
her	8 8	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
			100,709.				
	- 1	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•	34,087.			34,087.
		Gross sales of inventory, less returns		·			•
			31,305.				
			21,044	3,461.	3,461.		
-+	- (: Net income or (loss) from sales of inventory	Business Code	J,±01•	3,401.		
S	,,	MICCELLANDOLIC		F17			E17
eor Pe	11 8	MISCELLANEOUS	900099	517.			517.
an en	ı						
Sel Se	(
Miscellaneous Revenue	•	All other revenue					
\perp		Total. Add lines 11a-11d		517.			0.0 = 1.1
	12	Total revenue. See instructions		810,930.	510,136.	0.	36,518.

	Check if Schedule O contains a respons	e or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E 4 410	24 000	F 000	15 405
	trustees, and key employees	54,412.	31,897.	5,090.	17,425
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 055	F4 FF1	0.705	20 700
7	Other salaries and wages	93,055.	54,551.	8,705.	29,799
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1 012	2 700	200	004
9	Other employee benefits	4,813. 12,377.	3,700. 7,332.	309.	804 3,927
10	Payroll taxes	14,377.	1,334.	1,110.	3,941
11	Fees for services (nonemployees):				
_	Management				
b		5,880.		5,880.	
	Accounting	3,000.		3,000.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
40	column (A), amount, list line 11g expenses on Sch 0.)	2,277.	2,027.		250
12	Advertising and promotion	4,730.	3,585.	33.	1,112
13 14	Office expenses	4,750.	3,303.	33.	1,112
14 15	Information technology Royalties				
16	Occupancy	5,186.	539.	58.	4 589
17	Travel	5,745.	3,321.	97.	4,589 2,327
ı, 18	Payments of travel or entertainment expenses	5,725		3,,,	_,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	423.	423.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	180.		180.	
23	Insurance	6,240.		6,240.	
24	Other expenses, Itemize expenses not covered	, = = • •		.,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RESTORATIONS	234,070.	234,070.		
b	CHAPTER EVENT EXPENSES	209,836.	209,836.		
С	EDUCATION	42,202.	42,202.		
d	SPECIAL EVENTS	18,086.	1,914.	0.	16,172
е	All other expenses SEE SCH O	19,662.	16,763.	213.	2,686
25	Total functional expenses. Add lines 1 through 24e	719,174.	612,160.	27,923.	79,091
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or i	note to any l	ine in this Part X			
		Officer in Octification O Contains a response of t	lote to arry i	ine in this rait X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			370,350.	1	415,010.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			30,181.	3	43,782.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		ı	27,602.	8	35,797.
As	9				11,539.	9	12,194.
		Land, buildings, and equipment: cost or othe			•		,
		basis. Complete Part VI of Schedule D		147,759			
	b	Less: accumulated depreciation	10b	147,759. 15,236.	132,703.	10c	132,523.
	11	Investments - publicly traded securities		- ,	11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			43,178.	15	44,580.
	16	Total assets. Add lines 1 through 15 (must e	615,553.	16	683,886.		
	17	Accounts payable and accrued expenses			49,413.	17	23,644.
	18	Grants payable	ı	- , -	18		
	19	Deferred revenue		11,652.	19	13,998.	
	20	Tax-exempt bond liabilities			,	20	- ,
	21	Escrow or custodial account liability. Comple		ı		21	
.	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iliq		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			61,065.	26	37,642.
		Organizations that follow FASB ASC 958, o	heck here	X	,,,,,,,		
es		and complete lines 27, 28, 32, and 33.					
Juc	27				554,488.	27	646,244.
3ak	28				•	28	•
힏		Organizations that do not follow FASB ASG					
ᆵ		and complete lines 29 through 33.	, ,				
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or		ı		30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			554,488.	32	646,244.
Z	33	Total liabilities and net assets/fund balances		615,553.	33	683,886.	

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		0,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	9:	1,7	<u>56.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55	4, 4	88.
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	64	6,2	<u>44.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WISCONSIN WATERFOWL ASSOCIATION 39-1463462 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				i01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ıblicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instructions	3
						Schodulo A	(Form 990) 2022

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	etion A. Public Support	ciow, picase comp	ioto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(1)	(2)	(=,====	(=,, === :	(=) ====	(-)
	include any "unusual grants.")	185,772.	174,515.	167,662.	325,593.	264,276.	1117818.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	662,431.	599,646.	551,790.	603,195.	638,317.	3055379.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	848,203.	774,161.	719,452.	928,788.	902,593.	4173197.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4173197.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	848,203.	774,161.	719,452.	928,788.	902,593.	4173197.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49.	64.	97.	102.	512.	824.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	49.	64.	97.	102.	512.	824.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,453. 849,705.	271. 774,496.	897. 720,446.	327. 929,217.	517. 903,622.	3,465. 4177486.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th			•			
+		S .			ear as a section 50	()()	,,
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		15	99.90 %
	Public support percentage from 2021		•			16	99.83 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.02 %
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	.01 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	•	•	•		
~	line 18 is not more than 33 1/3%, che	•			•	•	
	Private foundation. If the organization		•	•		-	

Part IV | Supporting Organizations

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

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	On		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2022
		,	

232024 12-09-22

Га	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type i Supporting Organizations			
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		, I	·
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	s). Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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		
Section 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 integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions)

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	<i>,</i> 0
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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2018 AMOUNT: \$ 1,453.	
2019 AMOUNT: \$ 271.	
2020 AMOUNT: \$ 897.	
2021 AMOUNT: \$ 327.	
2022 AMOUNT: \$ 517.	

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

INC

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

WISCONSIN WATERFOWL ASSOCIATION

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

39-1463462

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

WISCONSIN WATERFOWL ASSOCIATION, INC

39-1463462

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional transfer of the contributors (see instructions).	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VORTEX OPTICS ONE VORTEX DRIVE BARNEVELD, WI 53507	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATURAL RESOURCES FOUNDATION 211 S. PATERSON ST. SUITE 100 MADISON, WI 53703	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FCS, INC. 1500 RIVER PINES DRIVE GREENBAY, WI 54311	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occupation (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WISCONSIN WATERFOWL ASSOCIATION, INC

39-1463462

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15	00		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** WISCONSIN WATERFOWL ASSOCIATION, INC 39-1463462 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

• Section 501(c)(4), (5), or	r (6) organizat	ons: Complete Part III.				
Name of organization					Employer identification n	
	VISCONS	IN WATERFOWL ASS	OCIATION, IN	IC	39-146346	2
Part I-A Complete	e if the org	anization is exempt und	er section 501(c)	or is a section 52	7 organization.	
2 Political campaign act	ivity expendit	ation's direct and indirect politic ures gn activities				
Part I-B Complete	e if the org	anization is exempt und	er section 501(c)(3).		
1 Enter the amount of ar	ny excise tax	ncurred by the organization und	der section 4955		\$	
		ncurred by organization manag				
3 If the organization incu	urred a section	n 4955 tax, did it file Form 4720	for this year?		Yes	No
						No
b If "Yes," describe in Pa	art IV.					
Part I-C Complete	e if the org	anization is exempt und	er section 501(c),	except section 5	601(c)(3).	
1 Enter the amount direct	ctly expended	by the filing organization for se	ction 527 exempt funct	ion activities	\$	
2 Enter the amount of the	ne filing organ	zation's funds contributed to ot	her organizations for se	ection 527		
exempt function activi	ties				\$	
•	•	Add lines 1 and 2. Enter here a	·			
		1120-POL for this year?				No
		ployer identification number (El				n
• •	-	ion listed, enter the amount pai			· · · · · · · · · · · · · · · · · · ·	
	•	emptly and directly delivered to additional space is needed, prov		•	eparate segregated tund or	a
<u> </u>	itee (i Ao). ii a					
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organization	1	
				funds. If none, ent		
				<u>'</u>	delivered to a sep	
					political organiza	

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022	WISCON	ISIN W	ATERFOWL AS	SOCIATION, I	INC 39-1	L463462	Page 2
Schedule C (Form 990) 2022 Part II-A Complete if the org section 501(h)).	ganization	n is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection und	er
A Check if the filing organization expenses, and sha	re of excess	lobbying e	expenditures).	n Part IV each affiliated	group member's nam	ne, address, El	IN,
B Check if the filing organiza	ation checke	ed box A ar	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliate	d group
	its on Lobb ditures" me		nditures ints paid or incurred.))	(a) Filing organization's totals	total	• .
1a Total lobbying expenditures to infl	uence publi	c opinion (grassroots lobbying)				
b Total lobbying expenditures to infl	uence a legi	islative boo	dy (direct lobbying)				
c Total lobbying expenditures (add l	ines 1a and	1b)					
d Other exempt purpose expenditure	es						
e Total exempt purpose expenditure	es (add lines	1c and 1d)				
f Lobbying nontaxable amount. Ent	er the amou	int from the	e following table in bot	h columns.			
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.							
Over \$17,000,000		\$1,000,	000.				
g Grassroots nontaxable amount (er	nter 25% of I	line 1f)					
h Subtract line 1g from line 1a. If zer		,					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze	ero on either						
reporting section 4911 tax for this	year?					Yes	☐ No
(Some organizations t	hat made a	4-Year Ave	eraging Period Under	Section 501(h) have to complete all o		elow.	
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	019	(b) 2020	(c) 2021	(d) 2022	(e) To	otal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	а)	(b))
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	X	77		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X X		
g			X		
n	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х	^	1	,800.
	Other activities?				,800.
	Total. Add lines 1c through 1i		х	<u></u>	, 000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **T III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).		,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E ORGANIZATION HAS IN-HOUSE LOBBYING ACTIVITIES TO I	NFORM	ITS M	EMBERS	
OF	REGULATORY ISSUES CONCERNING THEIR PASSION FOR WATE	RFOWL	ING.	THE	
OR(GANIZATION SEEKS TO PROVIDE INSIGHT, EXPERTISE, REPR	ESENT	ATION,	AND	
LEZ	ADERSHIP TO A VARIETY OF GOVERNMENTAL BODIES, AGENCI	ES, AN	ID TEAL	MS.	
	PRESENTATIVES FROM WWA PROMOTE THE INTERESTS OF MEME				
				le C (Form	990) 2022

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 Inspection

Name of the organization

WISCONSIN WATERFOWL ASSOCIATION, INC

Employer identification number 39-1463462

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					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						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic 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 treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		132,343.		132,343.	
b Buildings					
c Leasehold improvements					
d Equipment		15,416.	15,236.	180.	
e Other					
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2022

OLUL DE CONCENT MECCONCENT M		STAULON INC. 20	-1463462 Page 3
Schedule D (Form 990) 2022 WISCONSIN W Part VII Investments - Other Securities.	VATERFOWL ASSOC	CIATION, INC 39	-1403402 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives		, ,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	. 1		
Complete 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	d-of-vear market value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(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	
	Description	114. 200 1 3111 200, 1 4117, 1110 10.	(b) Book value
(1) OTHER	, Bootinpaon		280.
	DOWMENT		44,300.
	DOWNINI		44,500.
(5)			
(6)			
(7)			
(8)			
Total (October 16) and 5 and 5 and 600 Bart V and (D) in	15\		44,580.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		44 446 O 5 000 P- 4 V F 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	The or Th. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			i .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2022

(7) (8)

Par	rt XI Reconciliation of Revenue per Audited Financia	I Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d	(
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financia	al Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	0.1			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)	5	
Pai	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		V, line 4; Part X, line 2; Part X	.l,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	vide any additional information.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization WISCONS	IN WATERFOWL ASSOC	т Δ ጥ ־	ΓΩ N I	, INC		Employer ide 39-1463	ntification number 462
Part I Fundraising Activities.	Complete if the organization answe				ine 17		
required to complete this part 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	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

39-1463462 Page 2 WISCONSIN WATERFOWL ASSOCIATION, INC

				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_					
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		'	
	11	Net income summary. Subtract line 10 from li				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	Г	<u> </u>	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue			100,709.	100,709.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			66,622.	66,622.
_		Other direct expenses	Yes %	Yes %		00,0221
	6	Volunteer labor	No No	No No	X No	
				·		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			66,622.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			34,087.
9	Ent	ter the state(s) in which the organization condu	icts gaming activities: $\underline{\mathtt{W}}$	Ί		
		he organization licensed to conduct gaming a	ctivities in each of these s	states?		X Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			year?	Yes X No
b) I† "`	Yes," explain:				
	_					
						_

Sch	ledule G (Form 990) 2022 WISCONSIN WATERFOWL ASSOCIATION, INC 39-1	L463462	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a 100	.00 %
	o An outside facility	13b	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
•	The the hame and address of the person who propares the organization organization organization.		
	Name KELCY BOETTCHER		
	Address P.O. BOX 427 - WALES, WI 53183		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	of If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name KELCY BOETTCHER		
	Gaming manager compensation \$ 0 .		
	Description of services provided RECORDKEEPING OF ALL GAMING		
	Director/officer X Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	WISCONSIN	WATERFOWL	ASSOCIATION,	INC	39-1463462	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continued)				
	• • • • • • • • • • • • • • • • • • • •	(continued)					
1							
ī							
-							
·							
-							
_							

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WISCONSIN WATERFOWL ASSOCIATION, INC

Employer identification number 39-1463462

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WISCONSIN'S RESOURCES AND PROMOTE THE RIGHTS OF CITIZENS TO HUNT. 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 APPLICATION, ADMINISTRATION AND OVERSIGHT OF VARIOUS GRANT FUNDS, AND ALL OTHER MEANS OF SECURING THE FINANCIAL MEANS TO CONTINUE THE WORKS OF THE ASSOCIATION. REVENUE \$ 76,465. EXPENSES \$ 91,824. INCLUDING GRANTS OF \$ 0. 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 BEGINNING THEIR TERM. IT REQUIRES THE BOARD MEMBER TO DISCLOSE ANY 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 UPDATED IN 2021.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization WISCONSIN WATERFOWL ASSOCIATION, INC	Employer identification number 39-1463462
THIS INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	
BLINDS & BOXES BUILT FOR ORGANIZATIONS:	
PROGRAM SERVICE EXPENSES	7,658.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,658.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	3,697.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,551.
TOTAL EXPENSES	5,248.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,699.
MANAGEMENT AND GENERAL EXPENSES	213.
FUNDRAISING EXPENSES	774.
TOTAL EXPENSES	4,686.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,380.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,380.
LICENSE AND PERMITS:	
232212 10-28-22 3 Q	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization WISCONSIN WATERFOWL ASSOCIATION, INC	Employer identification number 39-1463462
PROGRAM SERVICE EXPENSES	329.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	361.
TOTAL EXPENSES	690.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 19,662.