

JOHNSON BLOCK & CO., INC
9701 BRADER WAY, SUITE #202
MIDDLETON, WI 53562

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.
211 SOUTH PATERSON STREET, 100
MADISON, WI 53703

|||||||

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

NATURAL RESOURCES FOUNDATION OF WISCONSIN, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
211 SOUTH PATERSON STREET 100

City or town, state or province, country, and ZIP or foreign postal code
MADISON, WI 53703

F Name and address of principal officer: **DAVID CLUTTER**

211 S PATERSON ST. SUITE #100, MADISON, WI

D Employer identification number

39-1572034

E Telephone number

(608) 409-3122

G Gross receipts \$

19,142,285.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.WISCONSERVATION.ORG**

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Year of formation: **1987**

M State of legal domicile: **WI**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROTECT OUR STATE'S LANDS, WATERS, AND WILDLIFE BY PROVIDING FUNDING, LEADING PARTNERSHIPS, AND
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 20
	4	Number of independent voting members of the governing body (Part VI, line 1b) 20
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 15
	6	Total number of volunteers (estimate if necessary) 455
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,804,216.
	9	Program service revenue (Part VIII, line 2g) 264,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 535,290.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,172.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,608,303.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 869,928.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 405,607.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 648,110.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,679,485.
19		Revenue less expenses. Subtract line 18 from line 12 928,818.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 21,475,126.
	21	Total liabilities (Part X, line 26) 7,577,751.
	22	Net assets or fund balances. Subtract line 21 from line 20 13,897,375.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	DAVID CLUTTER, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	BRETT HOFMEISTER				P01290591
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	JOHNSON BLOCK & CO., INC	39-1628949		(608) 274-2002	
	Firm's address				
	9701 BRADER WAY, SUITE #202				
	MIDDLETON, WI 53562				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Form 990 (2024)

39-1572034 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROTECT WISCONSIN'S LANDS, WATERS, AND WILDLIFE BY PROVIDING
FUNDING, LEADING PARTNERSHIPS, AND CONNECTING ALL PEOPLE WITH NATURE.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 740,127. including grants of \$ 598,740.) (Revenue \$)

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN PROVIDES FUNDING FOR OUR
STATE'S MOST IMPORTANT AND VULNERABLE LANDSCAPE GEMS, PARTICULARLY
STATE NATURAL AREAS, STATE PARKS, AND OTHER KEY PUBLIC LANDS. IN THESE
SPECIAL PLACES, WE SUPPORT RESTORATION, CLIMATE RESILIENCE, AND
ACCESSIBILITY. WE FUND FORESTS, PRAIRIES, LAKES, WETLANDS, BLUFFS,
BARRENS, SAVANNAS, FENS, BOGS, AND MORE.

4b (Code:) (Expenses \$ 370,068. including grants of \$ 232,402.) (Revenue \$)

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN PROVIDES FUNDING FOR
PROJECTS THAT PROTECT OUR STATE'S RARE AND ENDANGERED SPECIES. SOME
MAJOR PROGRAMS INCLUDE PROTECTION OF ORNATE BOX TURTLES, WHOOPING
CRANES, KIRTLAND'S WARBLERS, AMERICAN MARTENS, RUSTY-PATCHED
BUMBLEBEES, GRASSLAND BIRDS, AND NATIVE BATS. PROJECTS MONITOR
POPULATIONS, CONDUCT RESEARCH, AND IMPROVE HABITAT.

4c (Code:) (Expenses \$ 842,906. including grants of \$ 112,237.) (Revenue \$ 182,928.)

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN'S CONSERVATION EDUCATION
PROGRAM INCLUDES A STATEWIDE FIELD TRIP PROGRAM (OVER 318 OUTDOOR
EXPERIENCES PROVIDED IN 2024), EDUCATIONAL OUTREACH TO PROMOTE
CITIZEN-SCIENCE AND OTHER CONSERVATION VOLUNTEERING OPPORTUNITIES, AND
FUNDING FOR EDUCATORS, SCHOOLS, NATURE CENTERS, AND OTHER EDUCATION
PARTNERS THAT ENGAGE YOUTH AND ADULTS IN HANDS-ON OUTDOOR EDUCATION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 141,614. including grants of \$) (Revenue \$ 151,511.)

4e Total program service expenses 2,094,715.

Form 990 (2024)

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **4**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	39
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **5**

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
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)?			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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
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? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
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? If "Yes," complete Form 6069.			

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **6**

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20			
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 20			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIM SEIDEL - (608) 442-1966
2921 LANDMARK PL, SUITE 300, MADISON, WI 53713

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID CLUTTER EXECUTIVE DIRECTOR	40.00			X				112,450.	0.	5,343.
(2) KRISTINE KRAUSE DIRECTOR	1.00	X						0.	0.	0.
(3) MARK LABARBERA DIRECTOR	1.00	X						0.	0.	0.
(4) AMY ALSTAD DIRECTOR	1.00	X						0.	0.	0.
(5) TOM DOTT CHAIR	2.00	X		X				0.	0.	0.
(6) JAMES P. BENNETT DIRECTOR	1.00	X						0.	0.	0.
(7) BRUCE BRAUN DIRECTOR	1.00	X						0.	0.	0.
(8) REBECCA HAEFNER DIRECTOR	1.00	X						0.	0.	0.
(9) LINDA BOCHERT DIRECTOR	1.00	X						0.	0.	0.
(10) TOM OLSON DIRECTOR	1.00	X						0.	0.	0.
(11) HALIE TENOR DIRECTOR	1.00	X						0.	0.	0.
(12) DAVE ADAM VICE CHAIR	2.00	X		X				0.	0.	0.
(13) MICHAEL WILLIAMSON DIRECTOR	1.00	X						0.	0.	0.
(14) MARTIN HENERT TREASURER	2.00	X		X				0.	0.	0.
(15) KRISTINE EUCLIDE SECRETARY	2.00	X		X				0.	0.	0.
(16) MARY GADE DIRECTOR	1.00	X						0.	0.	0.
(17) BECKIE GASKILL DIRECTOR	1.00	X						0.	0.	0.

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA GAUMNITZ DIRECTOR	1.00	X						0.	0.	0.
(19) JAIMES JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(20) SCOTT VALITCHKA DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID ZEUG DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								112,450.	0.	5,343.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								112,450.	0.	5,343.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Form **990** (2024)

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	570,884.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,825,653.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 160,286.				
	h Total. Add lines 1a-1f		2,396,537.				
Program Service Revenue	2 a FIELD TRIPS	Business Code	561520	182,928.	182,928.		
	b PROGRAM SERVICE FEES		900099	148,593.	148,593.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		331,521.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			391,739.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	16,019,570.				
c Gain or (loss)		7c	14,359,670.				
d Net gain or (loss)			1,659,900.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	900099	2,918.	2,918.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		2,918.				
	12 Total revenue. See instructions		4,782,615.	334,439.	0.	2051639.	

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 ...	943,379.	943,379.		
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, trustees, and key employees	117,794.	73,811.	11,308.	32,675.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	810,641.	507,058.	79,117.	224,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,927.	20,749.	1,993.	9,185.
9 Other employee benefits	43,674.	28,385.	2,724.	12,565.
10 Payroll taxes	70,462.	45,795.	4,395.	20,272.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	96,985.	51,514.	22,647.	22,824.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,568.	32,568.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	155,668.	140,523.	11,750.	3,395.
12 Advertising and promotion	34,489.	33,065.	1,424.	
13 Office expenses	91,224.	55,161.	7,196.	28,867.
14 Information technology	54,799.	39,788.	4,195.	10,816.
15 Royalties				
16 Occupancy	85,855.	51,750.	10,707.	23,398.
17 Travel	13,151.	11,027.	278.	1,846.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,463.	5,829.	1,454.	180.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	377.		377.	
23 Insurance	11,122.	5,067.	3,807.	2,248.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FIELD TRIP COSTS	37,951.	37,951.	0.	
b DONOR EXPENSES	10,412.	90.	357.	9,965.
c OTHER DIRECT PROGRAM CO	5,309.	5,309.	0.	
d EVENT EXPENSES	4,141.	3,295.	0.	846.
e All other expenses	11,367.	2,601.	6,707.	2,059.
25 Total functional expenses. Add lines 1 through 24e	2,670,758.	2,094,715.	170,436.	405,607.
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)				

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Form 990 (2024)

39-1572034 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	843,817.	1	584,715.
	2 Savings and temporary cash investments	440,770.	2	375,554.
	3 Pledges and grants receivable, net	193,830.	3	268,091.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,195.	9	19,867.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,609.		
	b Less: accumulated depreciation	2,074.		
	11 Investments - publicly traded securities	19,572,871.	11	21,715,800.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	399,731.	15	328,438.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,475,126.	16	23,295,000.	
Liabilities	17 Accounts payable and accrued expenses	55,467.	17	157,273.
	18 Grants payable		18	
	19 Deferred revenue	148,934.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,962,077.	21	7,478,078.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	411,273.	25	343,512.
	26 Total liabilities. Add lines 17 through 25	7,577,751.	26	7,978,863.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,012,837.	27	1,081,499.
	28 Net assets with donor restrictions	12,884,538.	28	14,234,638.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,897,375.	32	15,316,137.
	33 Total liabilities and net assets/fund balances	21,475,126.	33	23,295,000.

Form **990** (2024)

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Form 990 (2024)

39-1572034 Page 12

Part 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	4,782,615.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,670,758.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,111,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,897,375.
5	Net unrealized gains (losses) on investments	5	-693,095.
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	15,316,137.

Part 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a 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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Schedule A (Form 990) 2024

39-1572034 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2183452.	2741666.	2309202.	2804216.	2396537.	12435073.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	25,148.	34,121.	53,698.	37,573.	37,171.	187,711.
4 Total. Add lines 1 through 3	2208600.	2775787.	2362900.	2841789.	2433708.	12622784.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						443,969.
6 Public support. Subtract line 5 from line 4.						12178815.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2208600.	2775787.	2362900.	2841789.	2433708.	12622784.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	220,832.	429,242.	414,423.	421,621.	391,739.	1877857.
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.)	4,830.	1,352.	4,712.	4,172.	2,918.	17,984.
11 Total support. Add lines 7 through 10						14518625.
12 Gross receipts from related activities, etc. (see instructions)					12	969,305.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	83.88	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	82.21	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☒
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☐
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			☐
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			☐

Schedule A (Form 990) 2024

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Schedule A (Form 990) 2024

39-1572034 Page 3

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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		

Section 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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3a			
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.			
3b			

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Schedule A (Form 990) 2024

39-1572034 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
1	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 (<i>explain in detail in Part VI</i>):		
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		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Schedule A (Form 990) 2024

39-1572034 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Employer identification number

39-1572034

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 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

☐ 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).

Name of organization

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Employer identification number

39-1572034**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>570,884.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>62,100.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>65,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>52,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>49,885.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>53,111.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NATURAL RESOURCES FOUNDATION OF WISCONSIN, INC.	39-1572034

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II 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
5	60 SHARES OF UNITEDHEALTH GROUP INC.; 125 SHARES OF PEPSICO INC.	\$ 49,885.	06/27/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	245 UNITS OF VANGUARD GROWTH INDEX FUND	\$ 53,111.	12/04/24
(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
		\$	

Name of organization	Employer identification number
NATURAL RESOURCES FOUNDATION OF WISCONSIN, INC.	39-1572034

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Employer identification number
39-1572034

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	14	
2 Aggregate value of contributions to (during year)	124,994.	
3 Aggregate value of grants from (during year)	58,798.	
4 Aggregate value at end of year	2,104,838.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

NATURAL RESOURCES FOUNDATION OF

Schedule D (Form 990) (Rev. 12-2024) WISCONSIN, INC.

39-1572034 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,031,225.	10,415,192.	12,161,944.	10,637,887.	8,609,807.
b Contributions	1,044,580.	1,173,720.	822,777.	874,076.	790,170.
c Net investment earnings, gains, and losses	1,300,747.	1,613,764.	-1,841,824.	1,145,340.	1,610,454.
d Grants or scholarships	851,747.	1,143,269.	700,503.	467,435.	363,141.
e Other expenditures for facilities and programs					
f Administrative expenses	32,568.	28,182.	27,202.	27,924.	9,403.
g End of year balance	13,492,237.	12,031,225.	10,415,192.	12,161,944.	10,637,887.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 100 %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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				
b Buildings				
c Leasehold improvements		2,400.	338.	2,062.
d Equipment		2,209.	1,736.	473.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				2,535.

Schedule D (Form 990) (Rev. 12-2024)

NATURAL RESOURCES FOUNDATION OF

Schedule D (Form 990) (Rev. 12-2024) **WISCONSIN, INC.**

39-1572034 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHORT TERM LEASE LIABILITY	77,354.
(3) LONG TERM LEASE LIABILITY	266,158.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	343,512.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

NATURAL RESOURCES FOUNDATION OF

Schedule D (Form 990) (Rev. 12-2024) WISCONSIN, INC.

39-1572034 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,192,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-693,095.
b	Donated services and use of facilities	2b	135,409.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-557,686.
3	Subtract line 2e from line 1	3	4,750,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,568.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	32,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,782,615.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,773,599.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	135,409.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	135,409.
3	Subtract line 2e from line 1	3	2,638,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,568.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	32,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,670,758.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE NATURAL RESOURCES FOUNDATION SERVES AS THE FISCAL AGENT FOR SEVERAL ESCROW ACCOUNTS. THESE ACCOUNTS ARE GENERALLY ESTABLISHED AS A RESULT OF LEGAL SETTLEMENTS WHERE THE FUNDS MAY ONLY BE USED FOR CERTAIN ENVIRONMENTAL PROJECTS. THE NATURAL RESOURCES FOUNDATION DOES NOT HAVE CONTROL OVER THE USE OF THESE FUNDS AND ONLY MAKES DISBURSEMENTS FROM THE FUNDS AS DIRECTED.

PART V, LINE 4:

THE WISCONSIN CONSERVATION ENDOWMENT PROVIDES SIGNIFICANT LONG-TERM FINANCIAL SUPPORT FOR THE CONSERVATION, PROTECTION, AND MANAGEMENT OF WISCONSIN'S RICH NATURAL RESOURCES--ITS LAKES, RIVERS AND STREAMS, UNIQUE AND BEAUTIFUL LANDSCAPES, AND THE PLANT AND ANIMAL DIVERSITY FOUND THEREIN.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR THEIR INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ACCOMPANYING FINANCIAL STATEMENTS.

THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

Part XIII	Supplemental Information <i>(continued)</i>
------------------	--

AFTER THEY ARE FILED. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER
SUBJECT TO SUCH EXAMINATIONS FOR YEARS BEFORE 2021.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Employer identification number
39-1572034

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEARBY NATURE MILWAUKEE 4422 W LEON TERRACE MILWAUKEE, WI 53216	93-2643429	501(C)(3)	11,900.	0.			TO SUPPORT THE ANNUAL AFRICAN AMERICAN ENVIRONMENTAL PIONEER AWARDS AND TO
DNR - NATURAL HERITAGE CONSERVATION - 101 S WEBSTER ST PO BOX 7921 - MADISON, WI 73707			306,711.	0.			TO SUPPORT THE RESTORATION, MANAGEMENT, AND CONSERVATION OF VARIOUS STATE NATURAL
WISCONSIN ASSOCIATION FOR ENVIRONMENTAL EDUCATION - PO BOX 370592 - MILWAUKEE, WI 53237	39-1390520	501(C)(3)	5,885.	0.			TO SUPPORT THE MISSION OF THE WISCONSIN ASSOCIATION FOR ENVIRONMENTAL EDUCATION AND
DNR - PARKS & RECREATION 101 S WEBSTER ST PO BOX 7921 MADISON, WI 73707			62,900.	0.			TO SUPPORT THE CAMPGROUND INFRASTRUCTURE, RESTORATION, AND MANAGEMENT OF WISCONSIN
DNR - HAVENWOODS STATE FOREST 101 S WEBSTER ST PO BOX 7921 MADISON, WI 73707			46,000.	0.			TO SUPPORT COMMUNITY ENGAGEMENT, ENVIRONMENTAL LEARNING, AND ENHANCING VISITOR EXPERIENCE AT
SOUTHERN WISCONSIN BIRD ALLIANCE 211 S PATERSON ST SUITE 340 MADISON, WI 53703	39-1393389	501(C)(3)	28,600.	0.			TO SUPPORT SOUTHERN WISCONSIN BIRD ALLIANCE AND THEIR BIRD PROTECTION EFFORTS, INCLUDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **20.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Schedule I (Form 990)

39-1572034

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH LAKE LAND DISCOVERY CENTER 14006 DISCOVERY LN MANITOWISH WATERS, WI 54545	39-1390520	501(C)(3)	9,197.	0.			TO SUPPORT THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES OF NORTH LAKE LAND
SELVA 740 BROOKS AVE VENICE, CA 90291	26-2023845	501(C)(3)	22,500.	0.			TO SUPPORT THE NEOTROPICAL FLYWAYS PROJECT.
WISCONSIN ACADEMY OF SCIENCES, ARTS & LETTERS - 1922 UNIVERSITY AVE - MADISON, WI 53726	39-1054856	501(C)(3)	7,500.	0.			TO SUPPORT THE 2024 BIRDS AND BEYOND SERIES AND 2024 CLIMATE FAST FORWARD CONFERENCE.
TOMAHAWK PUBLIC LIBRARY 300 W LINCOLN AVE TOMOHAWK, WI 54487			9,509.	0.			TO SUPPORT THE NATURAL RESOURCES EDUCATION MISSION, PROGRAMMING, AND BIRD PROTECTION EFFORTS
NORTHEASTERN WISCONSIN BIRD ALLIANCE - 211 S PATERSON ST SUITE 340 - MADISON, WI 53703	39-1393389	501(C)(3)	10,000.	0.			TO CONTINUE A COLLABORATIVE, LONG-TERM VOLUNTEER BIRD MONITORING PROGRAM ON THE ONEIDA
LAKE MICHIGAN BIRD OBSERVATORY 116 W GRAND AVE SUITE 111 PORT WASHINGTON, WI 53074	82-2924873	501(C)(3)	25,000.	0.			TO FORM AND DEVELOP A PARTNERSHIP TO ACHIEVE URBAN BIRD TREATY CITY DESIGNATION, WHICH WILL
SOKAOGON CHIPPEWA COMMUNITY 3051 SAND LAKE RD CRANDON, WI 54520			7,350.	0.			TO SUPPORT THE SPUR LAKE STATE NATURAL AREA CLIMATE RESILIENCY PROJECT.
WISCONSIN WETLANDS ASSOCIATION 214 N HAMILTON ST SUITE 201 MADISON, WI 53703	39-1852601	501(C)(3)	8,800.	0.			TO SUPPORT WISCONSIN WETLAND'S ASSOCIATION'S WATER PROTECTION EFFORTS IN WISCONSIN, AS WELL AS
THE PRAIRIE ENTHUSIASTS PO BOX 824 VIROQUA, WI 54545	39-1601574	501(C)(3)	11,704.	0.			TO REMOVE DENSE WOODY THICKETS FROM TWO REMNANT PRAIRIES IN THE SOUTHWEST SAVANNA REGION TO IMPROVE

Schedule I (Form 990)

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Schedule I (Form 990)

39-1572034

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DNR - WILDLIFE MANAGEMENT 101 S WEBSTER ST PO BOX 7921 MADISON, WI 73707			82,914.	0.			TO SUPPORT, RESTORE, MAINTAIN, AND ENHANCE VARIOUS WISCONSIN STATE AREAS.
FRIENDS OF DEVIL'S LAKE STATE PARK S5975 PARK RD PO BOX 209 BARABOO, WI 53913	39-1867786	501(C)(3)	6,780.	0.			TO SUPPORT THE MISSION OF THE FRIEND'S OF DEVIL'S LAKE STATE PARK AND CREATE AN ACCESSIBLE PATH
UPPER SUGAR RIVER WATERSHED ASSOCIATION - PO BOX 314 - MT HOREB, WI 53572	39-2000260	501(C)(3)	5,219.	0.			TO SUPPORT THE WORK AND MISSION OF THE UPPER SUGAR RIVER WATERSHED ASSOCIATION.
DANE COUNTY LAND AND WATER RESOURCES DEPARTMENT - 5201 FEN OAK DR - MADISON, WI 53718			8,248.	0.			TO TO SUPPORT THE MANAGEMENT, MAINTENANCE, AND IMPROVEMENT OF ANDERSON FARM COUNTY
DNR - HIGH CLIFF STATE PARK 101 S WEBSTER ST PO BOX 7921 MADISON, WI 73707			8,002.	0.			TO SUPPORT RESTORATION AND MAINTENANCE OF PRAIRIE HABITAT WITHIN HIGH CLIFF STATE PARK.
LANDMARK CONSERVANCY 500 MAIN ST E SUITE 307 MENOMONIE, WI 54751	39-1618389	501(C)(3)	34,494.	0.			TO SUPPORT LANDMARK CONSERVANCY WITH THE CONSERVATION OF LOVE LAKE AND AQUISITION/EXPANSION
GROUNDSWELL CONSERVANCY 211 S PATERSON ST SUITE 250 MADISON, WI 53703	39-1452825	501(C)(3)	10,228.	0.			TO SUPPORT THE CARE, MANAGEMENT, AND RESTORATION OF TREWARTHA BOBOLINK HILL FARM AND
FRIENDS OF GOVERNOR DODGE STATE PARK - 4175 STATE HWY 23 - DODGEVILLE, WI 53533	39-1858402	501(C)(3)	22,380.	0.			TO SUPPORT THE MISSION OF THE FRIENDS OF GOVENOR DODGE STATE PARK AND REPLACE ROTTED TIMBERS ON
NORTHLAND COLLEGE 1411 ELLIS AVE ASHLAND, WI 54806	39-0806428	501(C)(3)	7,392.	0.			TO DETERMINE WHETHER ALTERING WATER LEVELS WOULD BE AN EFFECTIVE MANAGEMENT STRATEGY TO

Schedule I (Form 990)

**NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Schedule I (Form 990)

39-1572034

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANE COUNTY CONSERVATION LEAGUE PO BOX 44039 MADISON, WI 53744	39-6081506	501(C)(3)	5,436.	0.			TO SUPPORT THE MANAGEMENT, PROTECTION, AND RESTORATION OF THE GREATER PRAIRIE CHICKEN
OZAUKEE WASHINGTON LAND TRUST 200 WISCONSIN ST WEST BEND, WI 53095	39-1741288	501(C)(3)	6,820.	0.			TO SUPPORT THE MISSION OF THE OZAUKEE WASHINGTON LAND TRUST.
CEDAR GROVE ORNITHOLOGICAL RESEARCH STATION - PO BOX 156 - GLENBEULAH, WI 53023	39-1462563	501(C)(3)	11,368.	0.			TO SUPPORT RAPTOR RESEARCH AT THE CEDAR GROVE ORNITHOLOGICAL RESEARCH STATION; AND
RIVER ALLIANCE OF WISCONSIN 612 W MAIN ST SUITE 200 MADISON, WI 53703	39-1792143	501(C)(3)	5,557.	0.			TO SUPPORT THE CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES OF THE RIVER ALLIANCE OF

Schedule I (Form 990)

NATURAL RESOURCES FOUNDATION OF

Schedule I (Form 990) (Rev. 12-2024) **WISCONSIN, INC.**

39-1572034

Page **2**

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE NATURAL RESOURCES FOUNDATION OF WISCONSIN HAS A GRANTMAKING PROCEDURE THAT SPECIFIES THE DESIGNATION AND MONITORING OF ITS OUTGOING GRANTS. ALL OUTGOING GRANTS ARE APPROVED BY THE DIRECTOR OF CONSERVATION AND EXECUTIVE DIRECTOR BEFORE BEING PRINTED. WHEN THEY ARE DISTRIBUTED TO THE ORGANIZATION, EACH GRANT PAYMENT INCLUDES AN AWARD LETTER THAT SPECIFIES THE AMOUNT AND INTENDED PURPOSE OF THE FUNDS; THE SOURCE OF FUNDS; DATE THE REPORT IS DUE; AND OTHER PERTINENT INFORMATION. NRF INCLUDES LANGUAGE ON THE USE OF FUNDS ("FUNDS MUST BE USED FOR CHARITABLE, EDUCATIONAL, OR SCIENTIFIC PURPOSES PER 501(C)(3) INTERNAL REVENUE CODE") ON ALL OUTGOING GRANTS. REPORTS ARE REQUIRED FROM THE RECIPIENT FOR ALL GRANTS. THESE ARE DUE WITHIN ONE YEAR OF RECEIVING THE FUNDS, AND EXTENSIONS ARE PERMITTED ON A CASE-BY-CASE BASIS AS APPROVED BY THE DIRECTOR OF CONSERVATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEARBY NATURE MILWAUKEE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ANNUAL AFRICAN AMERICAN ENVIRONMENTAL PIONEER AWARDS AND TO RESTORE/REVITALIZE GREEN

Part IV Supplemental Information

SPACES ALONG LINCOLN CREEK, WITH A FOCUS ON HOPKINS HOLLOW, THROUGH HABITAT RESTORATION, COMMUNITY ENGAGEMENT, HABITAT RESEARCH, AND RAISING AWARENES OF WILDLIFE HABITAT IN URBAN GREEN SPACE.

NAME OF ORGANIZATION OR GOVERNMENT: DNR - NATURAL HERITAGE CONSERVATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESTORATION, MANAGEMENT, AND CONSERVATION OF VARIOUS STATE NATURAL AREAS.

NAME OF ORGANIZATION OR GOVERNMENT:
WISCONSIN ASSOCIATION FOR ENVIRONMENTAL EDUCATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MISSION OF THE WISCONSIN ASSOCIATION FOR ENVIRONMENTAL EDUCATION AND ENVIRONMENTAL EDUCATION COLLABORATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: DNR - PARKS & RECREATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAMPGROUND INFRASTRUCTURE, RESTORATION, AND MANAGEMENT OF WISCONSIN STATE PARKS.

NAME OF ORGANIZATION OR GOVERNMENT: DNR - HAVENWOODS STATE FOREST
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY ENGAGEMENT, ENVIRONMENTAL LEARNING, AND ENHANCING VISITOR EXPERIENCE AT MILWAUKEE'S HAVENWOODS STATE FOREST.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN WISCONSIN BIRD ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOUTHERN WISCONSIN BIRD ALLIANCE AND THEIR BIRD PROTECTION EFFORTS, INCLUDING RAISING AWARENESS OF BIRD DECLINE IN WISCONSIN AND SPUR ACTION AT HOME.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH LAKELAND DISCOVERY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES OF NORTH LAKELAND DISCOVERY CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: TOMAHAWK PUBLIC LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NATURAL RESOURCES EDUCATION MISSION, PROGRAMMING, AND BIRD PROTECTION EFFORTS AT TOMAHAWK PUBLIC LIBRARY.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEASTERN WISCONSIN BIRD ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE A COLLABORATIVE, LONG-TERM VOLUNTEER BIRD MONITORING PROGRAM ON THE ONEIDA NATION RESERVATION'S RESTORATION SITES.

NAME OF ORGANIZATION OR GOVERNMENT: LAKE MICHIGAN BIRD OBSERVATORY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO FORM AND DEVELOP A PARTNERSHIP TO ACHIEVE URBAN BIRD TREATY CITY DESIGNATION, WHICH WILL SERVE AS AN ORGANIZING POINT FOR SILOED ORGANIZATIONS AND AN OPPORTUNITY TO COORDINATE BIRD CONSERVATION AND OUTREACH IN THE REGION. SPECIAL FOCUS WILL BE ON DIVERSITY, EQUITY, AND INCLUSION THROUGHOUT THE PROCESS TO ENSURE HISTORICALLY UNDERREPRESENTED GROUPS IN BIRD CONSERVATION AND BIRDING ARE A PART OF THE PROCESS FROM THE BEGINNING.

NAME OF ORGANIZATION OR GOVERNMENT: WISCONSIN WETLANDS ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WISCONSIN WETLAND'S ASSOCIATION'S WATER PROTECTION EFFORTS IN WISCONSIN, AS WELL AS THE SPONSORSHIP OF THE 2025 WISCONSIN WETLANDS SCIENCE CONFERENCE.

NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.

Schedule I (Form 990)

39-1572034 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE PRAIRIE ENTHUSIASTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REMOVE DENSE WOODY THICKETS FROM TWO REMNANT PRAIRIES IN THE SOUTHWEST SAVANNA REGION TO IMPROVE HABITAT FOR ALREADY PRESENT GRASSLAND BIRDS OF GREATEST CONSERVATION NEED AND TO REPAIR A VITAL BRIDGE CONNECTING THE TWO PARTS OF THE SYLVAN ROAD CONSERVATION AREA, A RARE REFERENCE QUALITY WETLAND/STREAM COMPLEX, TO ENSURE SAFE ACCESS.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF DEVIL'S LAKE STATE PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MISSION OF THE FRIEND'S OF DEVIL'S LAKE STATE PARK AND CREATE AN ACCESSIBLE PATH AT DEVIL'S LAKE STATE PARK.

NAME OF ORGANIZATION OR GOVERNMENT:

DANE COUNTY LAND AND WATER RESOURCES DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TO SUPPORT THE MANAGEMENT, MAINTENANCE, AND IMPROVEMENT OF ANDERSON FARM COUNTY PARK.

NAME OF ORGANIZATION OR GOVERNMENT: LANDMARK CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LANDMARK CONSERVANCY WITH THE CONSERVATION OF LOVE LAKE AND AQUISITION/EXPANSION OF PUBLIC LANDS HELD UNDER CONSERVATION EASEMENT IN NORTHEAST WISCONSIN.

NAME OF ORGANIZATION OR GOVERNMENT: GROUNDSWELL CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CARE, MANAGEMENT, AND RESTORATION OF TREWARTHA BOBOLINK HILL FARM AND FOUR OAKS FARM.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF GOVERNOR DODGE STATE PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MISSION OF THE FRIENDS OF GOVERNOR DODGE STATE PARK AND REPLACE ROTTED TIMBERS ON PINE CLIFF TRAIL.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHLAND COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DETERMINE WHETHER ALTERING WATER LEVELS WOULD BE AN EFFECTIVE MANAGEMENT STRATEGY TO CONTROL THE RECENT INVASION OF EURASIAN WATERMILFOIL (EWM) IN THE TURTLE FLAMBEAU FLOWAGE AND OTHER FLOWAGE TYPE WATER BODIES, MANAGED BY THE MARY GRIGGS BURKE CENTER FOR FRESHWATER INNOVATION.

NAME OF ORGANIZATION OR GOVERNMENT: DANE COUNTY CONSERVATION LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MANAGEMENT, PROTECTION, AND RESTORATION OF THE GREATER PRAIRIE CHICKEN AND ITS HABITAT IN WISCONSIN, WITH SPECIAL EMPHASIS ON PROJECTS UNDERTAKEN BY THE WISCONSIN DEPARTMENT OF NATURAL RESOURCES AND THE UNIVERSITY OF WISCONSIN SYSTEM IN THE BUENA VISTA GRASSLANDS AREA OF CENTRAL WISCONSIN.

NAME OF ORGANIZATION OR GOVERNMENT:

CEDAR GROVE ORNITHOLOGICAL RESEARCH STATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RAPTOR RESEARCH AT THE CEDAR GROVE ORNITHOLOGICAL RESEARCH STATION; AND SECONDARILY, FOR SUPPORTING BIRD AND RAPTOR CONSERVATION IN WISCONSIN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER ALLIANCE OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES OF THE RIVER ALLIANCE OF WISCONSIN, AS WELL AS WATER PROTECTION EFFORTS IN WISCONSIN.

Schedule I (Form 990)

432291
01-28-25

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Name of the organization **NATURAL RESOURCES FOUNDATION OF
WISCONSIN, INC.**

Employer identification number
39-1572034

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	159,939.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MATERIALS AND S)	X	3	347.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2024

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	NATURAL RESOURCES FOUNDATION OF WISCONSIN, INC.	Employer identification number	39-1572034
--------------------------	--	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONNECTING ALL PEOPLE WITH NATURE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE NATURAL RESOURCES FOUNDATION CREATED THE WISCONSIN CONSERVATION
ENDOWMENT, SERVING AS A "COMMUNITY FOUNDATION FOR CONSERVATION" TO
PROVIDE INDIVIDUAL DONORS AND NON-PROFIT ORGANIZATIONS OPPORTUNITIES TO
BUILD A PERMANENT AND SUSTAINABLE SOURCE OF PRIVATE FUNDING TO SUPPORT
ALL ASPECTS OF NATURAL RESOURCES CONSERVATION IN WISCONSIN. THE NATURAL
RESOURCES FOUNDATION MANAGES THE ASSETS OF MORE THAN 124 INDIVIDUAL
ENDOWMENT FUNDS, AGENCY FUNDS, AND SPEND-DOWN FUNDS THAT SUPPORT
SPECIES PROTECTION, EDUCATION, HABITAT MANAGEMENT, AND OTHER
CONSERVATION ORGANIZATIONS. IN ADDITION, THE NATURAL RESOURCES
FOUNDATION MANAGES THE FUNDS OF ESCROW ACCOUNTS UNDER THIRD-PARTY
CUSTODIAL AGREEMENTS FOR THE PURPOSE OF NATURAL AREA CONSERVATION.
EXPENSES \$ 141,614. INCLUDING GRANTS OF \$ 0. REVENUE \$ 151,511.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS DISTRIBUTED TO THE MEMBERS OF THE GOVERNING BODY
TO GIVE THEM AN OPPORTUNITY TO REVIEW THE RETURN BEFORE IT IS FILED WITH
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH NEW DIRECTOR AND EMPLOYEE SIGNS A STATEMENT ACKNOWLEDGING THAT THEY
HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY. EACH YEAR AT THE
JANUARY MEETING THE CHAIRMAN REMINDS ALL DIRECTORS OF THE IMPORTANCE OF THE
CONFLICT OF INTEREST POLICY AND REQUIRES EACH DIRECTOR, AS WELL AS
EMPLOYEES, TO SIGN A STATEMENT ACKNOWLEDGING THAT THEY HAVE REVIEWED THE
POLICY AND DISCLOSED AND INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE
SIGNED STATEMENTS ARE REVIEWED AT THE MANAGEMENT LEVEL. IF ANY CONFLICTS
ARE IDENTIFIED, THE PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING
IN THE GOVERNING BODY'S DECISION ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

ON AN ANNUAL BASIS THE CHAIRMAN AND ONE OR MORE MEMBERS OF THE EXECUTIVE
COMMITTEE UNDERTAKE A FORMAL EVALUATION OF THE EXECUTIVE DIRECTOR AND SEEK
INFORMATION ON COMPENSATION FOR COMPARABLE POSITIONS. THE EXECUTIVE
DIRECTOR IS GENERALLY COMPENSATED AT 80-110% OF THE MEDIAN RATE FOR
COMPARABLE POSITIONS IN SIMILARLY-SIZED NONPROFIT ORGANIZATIONS IN THE
AREA. THE EXECUTIVE COMMITTEE RECOMMENDS COMPENSATION CHANGES FOR THE
EXECUTIVE DIRECTOR FOR APPROVAL TO THE FULL GOVERNING BODY AT THE OCTOBER
MEETING FOR THE FOLLOWING YEAR. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

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

THE NATURAL RESOURCES FOUNDATION PUBLISHED AN ANNUAL REPORT THAT SUMMARIZES
FINANCIAL RESULTS AND ITS ACCOMPLISHMENTS OF THE PREVIOUS YEAR. AUDITED
FINANCIAL STATEMENTS, THE CONFLICT OF INTEREST POLICY, AND GOVERNING
DOCUMENTS ARE NOT MADE READILY AVAILABLE TO THE PUBLIC BUT ARE AVAILABLE
UPON REQUEST.