# FRIENDS OF WEHR NATURE CENTER, INC

**FORM 990** 

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE TAX YEAR ENDED DECEMBER 31, 2024

# PUBLIC DISCLOSURE COPY

THIS COPY MAY BE USED TO SATISFY THE PUBLIC DISCLOSURE RULES OF CODE SECTION 6104(d)

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.

OMB No. 1545-0047 Open to Public

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

Inspection

ΑF	or the	2024 calendar year, or tax year beginning	and	ending	_		
<b>B</b> c	heck if pplicable	C Name of organization			D Employer id	entificati	on number
	Addres	FRIENDS OF WEHR NATURE	CENTER, INC				
<u></u>	¬Name _chang ¬Initial				39-141		
<u>_</u>	return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone no		Γ0
	Final return/ termin					25-85	
_	ated Ameno	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$		764,169.
<u>L</u>	_return	PRAMILIAN, WA SSASS	EG LIDODI ERIGIZT		H(a) Is this a gro		
	_tion pendir	F Name and address of principal officer: OALL	E2 MKOBTEM2VI		for subordi		
		SAME AS C ABOVE	(		H(b) Are all subordi		
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		. See instructions
	Vebsit		sociation Other	I Vaar	H(c) Group exer		rate of legal domicile: <b>WI</b>
R P	orm or ort l	Summary	Sociation United	L Year	of formation. 19	J Z IVI SI	ate of legal dofficile. ** -
		Briefly describe the organization's mission or most	olanificant activities: THE	FRIEND	S OF WEHE	TS	Δ
é	1	NONPROFIT ORGANIZATION DEI	SIGNINICANT ACTIVITIES. TITE S	TIPPORT	AND PRO	MOTTO	N OF THE
Jan			ntinued its operations or dispos				
Activities & Governance	1	Number of voting members of the governing body (	•			3	. 12
Ĝ	1	Number of independent voting members of the gov				4	12
ళ	1	Total number of individuals employed in calendar y				5	4
itie	1	Total number of volunteers (estimate if necessary)				6	602
λť		Total unrelated business revenue from Part VIII, col				7a	0.
Ă	1	Net unrelated business taxable income from Form 9				7b	0.
					Prior Year		Current Year
4	8	Contributions and grants (Part VIII, line 1h)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		197,96	51.	599,663.
nue	9	Program service revenue (Part VIII, line 2g)			3,17		418.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		-10,10		15,300.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		48,05		59,452.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		239,08		674,833.
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		22,98		13,766.
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (F			70,63		93,873.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.
хbе	b	Total fundraising expenses (Part IX, column (D), line			101 6		100 057
Ш	۱ ''	Other expenses (Part IX, column (A), lines 11a-11d,			121,69		180,957.
		Total expenses. Add lines 13-17 (must equal Part I)			215,31		288,596.
		Revenue less expenses. Subtract line 18 from line	12		23,77		386,237. End of Year
Fund Balances		T		De De	ginning of Current 292,35		708,823.
Bala	20	, , , , , , , , , , , , , , , , , , , ,			23,98		22,503.
pu	21	Total liabilities (Part X, line 26)			268,3		686,320.
_	22 irt	Net assets or fund balances. Subtract line 21 from Signature Block	IIIIe 20		200,5	T •	000,520.
APRIL 1000000000000000000000000000000000000		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best	of my kno	owledge and belief, it is
		t, and complete. Declaration of preparer (other than office					omougo and conon, a to
ii do,	001100	g and complete, books about on property (other than office	The based on an innormation of the	morr propara.			
Sigi	n	Signature of officer			Date		
Her		JAMES WROBLEWSKI, TREASURE	ER				
1101	•	Type or print name and title					
		Preparer's name	Preparer's signature	T		eck	PTIN
Paid		BRAD M VOGHT	, <b>v</b>		if se	f-employed	P00631496
	arer		BENTON LLP		Firm's El		0747409
Use Only Firm's address 1233 NORTH MAYFAIR RD, SUITE 302							
		MILWAUKEE, WI 5322	26-3255		Phone n	o. (414	
Mav	the IF	RS discuss this return with the preparer shown abou	ve? See instructions				X Yes No

Pai	t 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: THE FRIENDS OF WEHR IS A NONPROFIT ORGANIZATION DEDICATED TO THE
	SUPPORT AND PROMOTION OF THE WEHR NATURE CENTER AND ITS ENVIRONMENTAL
	EDUCATION PROGRAMS. IT PROVIDES FINANCIAL SUPPORT FOR EVERY ASPECT OF
	THE CENTER INCLUDING NATURAL AREAS STEWARDSHIP, CHILDREN'S
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 13,766. including grants of \$) (Revenue \$)
	CONTINUE WORK TOWARDS ACCESSIBILITY TO NATURE FOR ALL. BUILDING
	EXPANSION, INCLUDING ADA COMPLIANT RESTROOMS AND CLASSROOM SPACES,
	OUTDOOR BOARDWALK, AMPHITHEATER AND BENCHES THROUGHOUT THE NATURE
	CENTER.
	(Code: ) (Expenses \$ 105,061. including grants of \$ ) (Revenue \$ 40,679.)
4b	(Code:)(Expenses \$ 105,061. including grants of \$) (Revenue \$ 40,679.)  EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS. PROVIDING SUPPLIES,
	ACTIVITIES, AND TEACHERS.
	ACTIVITIES, AND TEACHERS.
4c	(Code: ) (Expenses \$ 10,081. including grants of \$) (Revenue \$)
	INTERNSHIPS. EVERY SUMMER THE FRIENDS OF WEHR HIRES INTERNS TO ASSIST
	IN OUR EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS. IT ALSO PROVIDES
	PRACTICAL, IN-FIELD EXPERIENCE FOR THE INTERNS.
	Other was a series of Describe and Other land Only
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 128,908.
<u>4e</u>	Total program service expenses 128,908.  Form 990 (2024)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	<b></b>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	_X_	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			y
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_ <u> </u>	<del> </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	1,		y
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(0004)

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 Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 25a Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II ...... 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 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? If 28a "Yes," complete Schedule L, Part IV ..... Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 ..... X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes." complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 9 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners?

024) FRIENDS OF WEHR NATURE CENTER, INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2024)
| Part V | Sta

				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	a 4	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a	CONOCIONALIONE	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 Acco	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b	157983.00	
7	Organizations that may receive deductible contributions under section 170(c).				v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service		7a		X
b	, , , , , , , , , , , , , , , , , , , ,		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	·			Х
	to file Form 8282?	1	7c		Λ
d		d	7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control of the control o		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7g		21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		/11		
8			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a	22.000.000.00.00000-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а		)a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Ob d			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	la			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	41?	12a		Complete Section
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- 1			
		Bb	-		
С		3c			Х
14a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		45		Х
	excess parachute payment(s) during the year?		15		- 22
40	If "Yes," see the instructions and file Form 4720, Schedule N.	ama0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	oner	16		- 22
47	If "Yes," complete Form 4720, Schedule O.	ios			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activit that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	·		11		
	If "Yes," complete Form 6069.		000000000000000000000000000000000000000	and the state of t	2007X01618)X

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
iu	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	SERVINO COL	Х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6	Х	
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a		7a	x	
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
b		7b		x
	persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	on	121	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	l	
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Δ.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Х	
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		
С		40		Х
	on Schedule O how this was done	12c	v	<u> </u>
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?			v
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	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			77
	taxable entity during the year?	16a		X
b				
	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		
Sec	tion 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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	l finan	cial	
	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			
	JAMES WROBLEWSKI - 414-581-4305			
	9701 W COLLEGE AVE, FRANKLIN, WI 53132			

# 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.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than o		200	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	son i	on is both an		compensation	compensation	amount of
	week	$\vdash$	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC/	from the organization
	related	ustee	trust		8	Suadi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	and related
	organizations below	uai tr	tional		yoldr	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.gaa
(1) CINDY LORENTZEN	2.50	_=			<u> </u>	1 - 0	-			
PRESIDENT		Х		Х				0.	0.	0.
(2) TED BOSCH	4.00									
VICE PRESIDENT		х		х				0.	0.	0.
(3) JIM WROBLEWSKI	12.00					T				
TREASURER		x		х				0.	0.	0.
(4) ELIZABETH TERASEK	1.00									
SECRETARY		X		Х			:	0.	0.	0.
(5) LUCAS AMELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PAUL BRINGS	0.00					Γ				
DIRECTOR		X						0.	0.	0.
(7) MELISSA DEUTSCH	0.00									
DIRECTOR		X						0.	0.	0.
(8) EMILY LAAK-LOEDING	1.50								_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(9) JENNIFER LAZEWSKI	2.50							_		
DIRECTOR		X					<u> </u>	0.	0.	0.
(10) JOSEPH ROUBIK	1.00									
DIRECTOR		X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(11) AMY SHAMBARGER	1.00									
DIRECTOR		Х	ļ	ļ			<u> </u>	0.	0.	0.
(12) GREG JOERS	0.00	١								
PRESIDENT EMERITUS		X	<u> </u>	X		<u> </u>	_	0.	0.	0.
		ļ		ļ		<u> </u>	<u> </u>			
		4								
		<u> </u>	<u> </u>			<del> </del>	<u> </u>			
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		-								
		-	├	<del> </del>	<u> </u>	<u> </u>	+-			
		1								

Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average						ane	Reportable	Reportable	.	Estimated
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	n n	amount of
		week	<b></b>	cer ar	d a d	irecto	r/trus	tee)	from	from related	- 1	other
		(list any	Individual trustee or director						the	organization		compensation
		hours for	or dir	8			ated		organization	(W-2/1099-MIS		from the
		related organizations	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		organization and related
		below	nal tru	onal		ploye	t com		1099-NEC)			organizations
		line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organizations
			트	트	5	<u> </u>	王吉	Œ				
				<del> </del>		-	-					
							$\vdash$					
			_	<u> </u>	<u> </u>		ļ	-				
	The state of the s				ļ		ļ					
						<u> </u>	ļ	<u> </u>				
							ļ	ļ				***************************************
			]									
			1					ì				
1b	Subtotal								0.		0.	0.
	Total from continuation sheets to Part VI								0.		0.	0.
	Total (add lines 1b and 1c)								0.		0.	0.
2	Total number of individuals (including but n								eceived more than \$100.	.000 of reportable	——— е	
-	compensation from the organization						,			•		0
	compensation the organization.											Yes No
3	Did the organization list any former officer,	director trust	مم ا	(AV 6	ampl	love	e or	hia	hest compensated emp	lovee on	I	
3												3 X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										••••	
4	and related organizations greater than \$150											4 X
_	Did any person listed on line 1a receive or a	o,000 f if "Yes,	CC	mpi	ete s	SCITE	auie	olota	or such individual	dual for convices	• • • • • • • • • • • • • • • • • • • •	
5												5 X
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or si	ich i	oers	on					0 1 122
	tion B. Independent Contractors		1					11		0100 000 of same		tion from
1	Complete this table for your five highest co										heilsa	uon nom
	the organization. Report compensation for	the calendar ye	ear e	enair	ng w	ith d	or Wi	itnin		rear.	Γ	(0)
	(A) Name and business	addrage	B.T.	~ <b>X</b> T I	71				<b>(B)</b> Description of s	eanices	(	(C) Compensation
	Name and business	audiess	7//	INC	<u> </u>				Description of	301 11003	<del></del>	
											<b></b>	
		<u> </u>										
2	Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	thos	se lis	sted	above) who received m	ore than		
	\$100,000 of compensation from the organic	zation				(	0					

Form 990 (2024) FRIENDS
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note	e to any line in	this Part VIII			X
	<u> </u>	Check il Schedule O contains a response of hote		(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 1b 1b 1c		7,766. 8,887. 6,652. 2,358.	599,663.			
Oa	n	Total. Add lines 1a-1f	ness Code	353,003.			
			District	//10	418.		
Program Service Revenue	b c d e		00099	418.	410.		
۵.		All other program service revenue		410			
	g	Total. Add lines 2a-2f		418.			
	3 4 5	Investment income (including dividends, interest, an other similar amounts) Income from investment of tax-exempt bond proceed Royalties	ds	9,008.			9,008.
	3		Personal				
	С	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)	55574599				
Revenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)  (i) Securities (ii) 7a 17,993.  7b 11,701.  7c 6,292.	i) Other				6 200
Re		Net gain or (loss)		6,292.	THE CONTRACT OF THE CONTRACT O	100	6,292.
Other			9,880.				
		Net income or (loss) from fundraising events		19,191.			19,191.
		Gross income from gaming activities. See					
	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			5,503.	38,557.	38,557.		
			iness Code			40.7	
Miscellaneous Revenue	11 a		00099	1,704.	1,704.		
e e	c						
Visc	d	All other revenue		4 504			
	<u> </u>	Total. Add lines 11a-11d		1,704.	10 670	0.	34,491.
	10	Total revenue. See instructions	1	674,833.	40,679.		<b>34,47</b> 1.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		this Part IX	••••••	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	10.066	10.066		
	and domestic governments. See Part IV, line 21	12,266.	12,266.		
2	Grants and other assistance to domestic	1 500	1 500		
	individuals. See Part IV, line 22	1,500.	1,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				AND THE RESERVE OF THE PARTY OF
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,202.	14,508.	26,271.	46,423.
8	Pension plan accruals and contributions (include	- / / 20 21 4			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,671.	1,110.	2,010.	3,551.
11	Fees for services (nonemployees):				
.,	Management				
b	Legal				
C	Accounting	19,195.		19,195.	
d	Lobbying	, , , , , , , , , , , , , , , , , , , ,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,433.		3,433.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch O.)	20,081.	10,081.	10,000.	
12	Advertising and promotion	4,931.	1,542.	299.	3,090.
13	Office expenses	17,774.	7,879.	6,458.	3,437.
14	Information technology	19,637.	6,092.	9,154.	4,391.
15	Royalties				
16	Occupancy	12,681.	5,856.	6,825.	
17	Travel	118.	118.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,778.	2,183.	595.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,033.		2,033.	
23	Insurance	2,999.		2,999.	
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.)				
а	OUTDOOR PROJECTS/ANIMAL	40,761.	35,792.	4,969.	
h	EDUCATIONAL MATERIALS	29,000.	28,953.	47.	
c	MISCELLANEOUS EXPENSES	5,252.	1,028.	4,224.	
d	DUES & SUBSCRIPTIONS	284.	-	284.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	288,596.	128,908.	98,796.	60,892.
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)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X		<del></del>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
,	1	Cash - non-interest-bearing			61,062.	1	48,529.
	2	Savings and temporary cash investments			24,210.	2	49,423.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		15.	4	0.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			43,322.	8	55,765.
Ä	9	Prepaid expenses and deferred charges			415.	9	445.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	20,332.			
	b	Less: accumulated depreciation	10b	4,565.	1,928.	10c	15,767.
	11	Investments - publicly traded securities	161,403.	11	538,894.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	292,355.	16	708,823.
	17	Accounts payable and accrued expenses			4,484.	17	4,993.
	18	Grants payable	10 400	18	17 510		
	19	Deferred revenue		19,497.	19	17,510.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities	İ	trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				0.5	
		of Schedule D			23,981.	25 26	22,503.
	26	Total liabilities. Add lines 17 through 25		e X	23,901.	26	22,303
S		Organizations that follow FASB ASC 958, ch	neck ne	e 🕰			
JCe		and complete lines 27, 28, 32, and 33.			268,374.	27	686,320.
alai	27				200,374.	28	000,320.
B	28	Net assets with donor restrictions				20	
Ĕ		Organizations that do not follow FASB ASC	958, Cn	eck nere			
Ä		and complete lines 29 through 33.	-			29	
ts (	29	Capital stock or trust principal, or current fund		30			
SSE	30	Paid-in or capital surplus, or land, building, or		31			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		268,374.	32	686,320.	
ž	32	Total net assets or fund balances  Total liabilities and net assets/fund balances	292,355.	33	708,823.		
	33	Total nabilities and het assets/fund barances		******************************		, 55	Form <b>990</b> (2024)

Form 990 (2024)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number

39-1416519 FRIENDS OF WEHR NATURE CENTER. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		-				
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
^	The value of services or facilities						
3							
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3					Para Salah	
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)						
	Public support. Subtract line 5 from line 4.		The State of the S				
	tion B. Total Support	I			l		
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, o	column (f))	,,,,,	14	<u>%</u>
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2024. If the	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the						
	organization meets the facts-and-circ						
12	Private foundation. If the organization						
.0	THAT I CANADATION IN THE OTGANIZACE	ala not oncon a					Form 000) 2024

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 (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 166,406. 187,721. 197,961. 249,663. 983,308. include any "unusual grants.") 181,557. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 135,801. 369,811. 32,298. 41,589. 63,994. 96,129. 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 207,995. 385,464. 251,715. 294,090. 1353119. 213,855 6 Total. Add lines 1 through 5 ....... 7a Amounts included on lines 1, 2, and 6,948. 9,994. 9,446 26,388. 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 O amount on line 13 for the year 6,948. 9,994. 9.446. 26. 388. c Add lines 7a and 7b ..... 1326731 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2024 (d) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 1353119. 207,995. 251,715 294,090. 385,464 9 Amounts from line 6 ..... 213,855. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, 13,487. 2,465. 5,512. -10,108. 15,300. 318. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 318. 2,465 5.512. -10,108.15,300. 13,487. 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 6,315. 330. 679. 2.252. 1,350. 1,704 assets (Explain in Part VI.) 214,503. 211,139. 259,479. 285,332. 402,468. 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 96.64 15 % 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 90.02 % 16 16 Public support percentage from 2023 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .98 % 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .12 % 18 18 Investment income percentage from 2023 Schedule A, Part III, line 17 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 .....X 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

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

	Yes	No
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За	10000000000000000000000000000000000000	
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10b	L	L

Sche	dule A (Form 990) 2024 FRIENDS OF WEHR NATURE			9-1416519 Page 6
Pai	Streammero			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2024

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2024

c Excess from 2022d Excess from 2023e Excess from 2024

### **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

FRIENDS OF WEHR NATURE CENTER, INC Employer identification number 39-1416519

Par	Temperature of the control of the		s or Accounts. Complete if the
	Organization answered 165 on 1 on 1 556, 1 art 17, in 6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreati	on 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 qualifie	ed conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
O	Stair and volunteer hours devoted to monitoring, inspecting, in	and and on violations, and officioning oc	risorration eacomorne daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
T D	organization's accounting for conservation easements.	Art Historical Transuras or (	Other Similar Assets
Pal	t III Organizations Maintaining Collections of		Julei Sillilai Assets.
	Complete if the organization answered "Yes" on Form		t and belonge about works
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958		
a	art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in id	rulerance of public service,
	provide the following amounts relating to these items.		\$
	(i) Revenue included on Form 990, Part VIII, line 1		
0	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under FASB AS		and broties
а	Revenue included on Form 990, Part VIII, line 1		\$
			Φ.

	dule D (Form 990) (Rev. 12-2024) FRIEND t III Organizations Maintaining C	S OF WEHR	NATUI t. Histo	rical Tre	TER, IN		r Simil		±16519 ts <sub>(continu</sub>	
60000000000000000000000000000000000000				······						ieu)
3										
_	collection items (check all that apply).			l oan ar ava	hango progra					
a										
b	Scholarly research	•	• []	Other						
C										
4										
5	-							Г	¬ v	□ No
Dai	to be sold to raise funds rather than to be ma								Yes	No
ı aı	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.									
			diantfor	oontribution	o or other on	aata nat	ingludo	<del></del>		
та	Is the organization an agent, trustee, custodi								□ Voo	No
	on Form 990, Part X?							∟	Yes	NO
b	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing to	abie:			<u></u>	<u> </u>	Amount	
							-		Amount	
C	Beginning balance						1			
d	Additions during the year						1			
	e Distributions during the year									
									1,,	T
	Pa Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
	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.									
rai	Liuowillent i unas Complete ii	T	1		(c) Two year			e years bacl	( (a) Four	years back
		(a) Current year	(D) F	rior year	(C) TWO year	15 Daun	(u) This	e years bacr	(e) rour	years back
1a	0 0 ,									
b	Contributions									
С										
d									***************************************	
е	Other expenditures for facilities									
	and programs								<del> </del>	
f	Administrative expenses								<u> </u>	
g	End of year balance		I		<u> </u>				<u> </u>	·
2										
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С										
	The percentages on lines 2a, 2b, and 2c should equal 100%.									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by:								[2, 5]	169 110
_										
	If "Yes" on line 3a(ii), are the related organiza	· ·					•••••		<u>  3b  </u>	
	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment									
га	20002500-50035		O Bort IV	lina 11a S	200 Form 990	Dort Y	line 10			
	Complete if the organization answere								(a) D = -1-	value
	Description of property	(a) Cost or o			t or other (other)		Accumula preciation		(d) Book	value
			inerit)	มสราธ	(Oli lei )	ut	preciali	211		
	Land	I								
	Buildings									
	Leasehold improvements	<b>I</b>		7	0,332.		1	565.	1 5	767.
	Equipment	1			0,334.		<del>4</del> ,	202.	т Э	, 101.
е	Other				<b>(7.1)</b>				1 5	767

security) (b) Book value		end-of-year market value
. (B))		
ted.		
d "Yes" on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
		- Little AnglesnedAmm.
. (B))		
	ne 11d. See Form 990, Part X, line 15.	(I) De de de la contraction
(a) Description		(b) Book value
4.5 (20)		
e 15, coi. (B))		
ed "Yes" on Form 990. Part IV. li:	ne 11e or 11f. See Form 990. Part X. line	25.
		(b) Book value
ne 25, col. (B))		
	d "Yes" on Form 990, Part IV, li  (b) Book value  (b) Book value  (b) Book value	ted. d "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (b) Book value (c) Method of valuation: Cost or elements of the second s

### SCHEDULE G (Form 990)

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TNC OF WELD MANUED CENTED TNC

Employer identification number

FRIENDS	OF WEHR NATURE CE	NTEF	ι, Ι	INC	39-1416	519
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following with a solicitar of solicitar of special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursured	ation of ation of I fundra I (includ profession	nongo gover ising of ing of onal fu	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				1		
Total						
Total     List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration

INC 39-1416519 Page 2 Schedule G (Form 990) (Rev. 12-2024) FRIENDS OF WEHR NATURE CENTER, Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through CIDER SUNDAYLNO BOOTH 6 col. (c)) (total number) (event type) (event type) 48,767. 7,666. 26,803. 14,298. 1 Gross receipts 7,345. 1,259. 283. 8,887. 2 Less: Contributions 6,953. 6,407. 26,520. 39,880. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 700. 447. 253. 6 Rent/facility costs 3,615. 3,615. ...... 7 Food and beverages 1,000. 2,500. 1,500. 8 Entertainment 13,874. 419. ,755. 11,700. 9 Other direct expenses ..... 20,689. 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,191. Net income summary, Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes No Nο 6 Volunteer labor ..... 7 Direct expense summary. Add lines 2 through 5 in column (d) .....

	Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	Yes	□ No
	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	□ No
4220	Schedule G (Fo	rm 990) (Rev	v. 12-2024)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Sch	edule G (Form 990) (Rev. 12-2024) FRIENDS OF WEHR NATURE CENTER, INC 39-1	<u>416519</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •			
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
t	of f "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	e If "Yes," enter the name and address of the third party:		
	Name		
	Adduses		
	Address		
16	Gaming manager information:		
16	daming manager mormation.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		v
		***************************************	
	Director/officer Employee Independent contractor		
17			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ Voc	No
	retain the state gaming license?	res	NO
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
ID?	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	HII linoo O	0h 10h
Fc		. 111, 111108 9, 1	9D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			<u> </u>

Schedule G	(Form 990)	FRIENDS	OF	WEHR	NATURE	CENTER,	INC	39-1416519	Page 4
Part IV	(Form 990) Supplemental Info	ormation <sub>(cont</sub>	tinued)	)			,		
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(Form 990)								OMB No. 1545-0047
(nev. December 2024) Department of the Treasury		Go	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. n990 for instructions a	990. ons and the latest	information.		Open to Public
Name of the organization	FRIENDS OF	WEHR N.	NATURE CENTER,	, INC				Employer identification number $39\!-\!1416519$
1 Does the organizatio	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?	substantiate the	amount of the grants o	or assistance, the g	grantees' eligibility	for the grants or assis	tance, and the selectic	ın X Yes No
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use	edures for monito		of grant funds in the United States	States.			
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organiza ,000. Part II can b	ations and Domestic be duplicated if additio	Governments. Contact of the contact	omplete if the orga	ınization answered "Y	<b>Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	ss of organization ment	(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
MILWAUKEE COUNTY PARKS 9480 W WATERTOWN PLANK RD WAUWATOSA, WI 53226	KS NK RD			12,000.	.0	LOCST	BUILDING & GROUNDS IMPROVEMENTS	TO SUPPORT THE IMPROVEMENTS NECESSARY FOR WEHR NATURE CENTER
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations lightly and sovernment organizations lightly	government org	anizations listed in the	sted in the line 1 table				
	outel organizations		idalic					

# 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

**Employer** identification number Name of the organization FRIENDS OF WEHR NATURE CENTER, 39-1416519 INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WEHR NATURE CENTER AND ITS ENVIRONMENTAL EDUCATION PROGRAMS. IT PROVIDES FINANCIAL SUPPORT FOR EVERY ASPECT OF THE CENTER INCLUDING NATURAL AREAS STEWARDSHIP, CHILDREN'S PROGRAMMING, SPECIAL PUBLIC EVENTS, SUMMER INTERNS, NATURE IN THE PARKS, LIVE ANIMALS, PROFESSIONAL DEVELOPMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMMING, SPECIAL PUBLIC EVENTS, SUMMER INTERNS, NATURE IN THE PARKS, LIVE ANIMALS, AND PROFESSIONAL DEVELOPMENT. FORM 990, PART VI, SECTION A, LINE 6: WE ARE A MEMBERSHIP ORGANIZATION WHERE MEMBERS PAY FEES TO JOIN. FORM 990, PART VI, SECTION A, LINE 7A: WE HAVE AN ANNUAL MEETING WHERE MEMBERS CAN VOTE ON ANY OPEN BOARD POSITIIONS. ADDITIONALLY, OUR MONTHLY MEETINGS ARE OPEN TO OUR MEMBERSHIP AND THEY MAY CHOOSE TO PARTICIPATE. FORM 990 PART VI, SECTION B, LINE 11B: PRESENTED AT A BOARD MEETING TO PRESENT MEMBERS. PART VI, SECTION C, LINE 19: FORM 990, AVAILABLE BY REQUEST. PART VIII - LINE 1F INCLUDED IN ALL OTHER CONTRIBUTIONS IS A RETURNED CONTRIBUTION FOR \$357,830. THE ORGANIZATION WAS A BENEFICIARY OF THE VIDMAR ESTATE AND IT WAS THE DONOR'S INTENTION TO GIVE THE ORGANIZATION \$500,000. \$150,000 WAS A DONATION PRIOR TO DEATH AND THE REMAINING \$350,000 CAME THE ASSETS WENT DIRECTLY FROM DISTRIBUTIONS OF AN ANNUITY AND AN IRA. TO THE ORGANIZATION AND IT WAS MORE THAN THE PATRON WANTED THE ORGANIZATION TO RECEIVE. THE OVERPAYMENT OF \$357,830 WAS RETURNED IMMEDIATELY TO THE ESTATE.

Name of the organization FRIENDS OF WEHR NATURE CENTER, INC	Employer identification number 39-1416519
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
WEHR NATURE CENTER AND ITS ENVIRONMENTAL EDUCATION PROGRAM	C TT
PROVIDES FINANCIAL SUPPORT FOR EVERY ASPECT OF THE CENTER	
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PARKS, LIVE ANIMALS, AND PROFESSIONAL DEVELOPMENT.	
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FORM 990, PART VI, SECTION C, LINE 19:	
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PART VIII - LINE 1F	
INCLUDED IN ALL OTHER CONTRIBUTIONS IS A RETURNED CONTRIBU	TTON FOR
\$357,830. THE ORGANIZATION WAS A BENEFICIARY OF THE VIDMAR	
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