EXTENDED TO NOVEMBER 15, 2023 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

Inspection

Department of the Treasury
Internal Revenue Service

<u>A F</u>	or the a	2022 calendar year, or tax year beginning and	d ending	-	
В с а	heck if oplicable:	C Name of organization		D Employer identific	ation number
	Address change	WISCONSIN PHILANTHROPY NETWORK, INC.			
	Name change	Doing business as		**-**649	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	790 N. MILWAUKEE STREET	#324	262-317-6	5000
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	658,739.
	Amende return	MILWAUKEE, WI 53202		H(a) Is this a group re	turn
	Applica-	F Name and address of principal officer: TONY SHIELDS		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙТ	ax-exer	npt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)) or 📃 527		list. See instructions
J۷	/ebsite	: WWW.WIPHILANTHROPY.ORG		H(c) Group exemption	n number
ΚF	orm of o	rganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other	L Year	of formation: 1978	State of legal domicile: WI
Pa	rt I	Summary			
	1 B	riefly describe the organization's mission or most significant activities: ${\tt TO}$. B	PROMOTE	E EFFECTIVE	
Governance		PHILANTHROPY IN WI THROUGH EDUCATION, BE			NCED
La I	2 C	check this box if the organization discontinued its operations or dispo	osed of more	e than 25% of its net ass	ets.
Sel	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	13
ğ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	13
8 8	5 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a) \dots	5	5	
jţi	6 T	otal number of volunteers (estimate if necessary)	6	13	
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.	
_ <	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
a	8 C	contributions and grants (Part VIII, line 1h)		324,455.	247,666.
ňu	9 P	rogram service revenue (Part VIII, line 2g)		395,678.	410,495.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		211.	578.
۳	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		720,344.	658,739.
	13 G	arants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		
ş		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		337,455.	353,619.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b T	otal fundraising expenses (Part IX, column (D), line 25) 98,8	354.		
Ш	17 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		370,830.	495,046.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		708,285.	848,665.
		evenue less expenses. Subtract line 18 from line 12		12,059.	-189,926.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
sets alan	20 T	otal assets (Part X, line 16)		894,082.	729,921.
t As	21 T	otal liabilities (Part X, line 26)		155,893.	181,658.
		let assets or fund balances. Subtract line 21 from line 20		738,189.	548,263.
	rt II	Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	has any knowledge.	

Sign	Signature of officer			Date					
-	KEN ROBERTSON, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	BRIAN MECHENICH		06/13/	23 self-employed P00976753					
Preparer	Firm's name REILLY, PENNER & 3	BENTON LLP		Firm's EIN **-**7409					
Use Only	Firm's address 1233 NORTH MAYFAI	R ROAD, SUITE 302							
	MILWAUKEE, WI 532	26-3255		Phone no. (414) 271-7800					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 2
	rt 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 PROMOTE EFFECTIVE PHILANTHROPY IN WI THROUGH EDUCATION, BEST
	PRACTICES, ENHANCED PARTNERSHIPS & LEADERSHIP
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	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?
	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 \$558,247including grants of \$) (Revenue \$10,495.)
Ĩ	WPN SERVES AS A CONDUIT BETWEEN NONPROFITS SERVING THE COMMUNITY &
	GRANTMAKERS COMMITTED TO MEETING THOSE NEEDS. ITS GOAL IS TO ENSURE
	THAT FUNDERS HAVE THE RESOURCES AND ACCESS TO INFORMATION NEEDED TO
	MAXIMIZE THE IMPACT OF PHILANTHROPIC SUPPORT. THIS IS ACCOMPLISHED
	THROUGH ITS CORE SERVICES: EXEMPLARY PROFESSIONAL DEVELOPMENT,
	CUSTOMIZED RESEARCH, & EXTENSIVE NETWORKING OPPORTUNITIES. THESE
	SERVICES ARE DESIGNED TO PROMOTE EFFECTIVE PHILANTHROPY & STRATEGICALLY
	DEVELOP COMMUNITY PARTNERSHIPS. COMMITTED TO FORGING COMMUNITY
	COLLABORATIONS, WPN ENGAGES SOCIAL ENTREPRENEURS, IMPACT INVESTORS &
	CONSULTANTS TO SPUR INNOVATION IN THE SECTOR THROUGH ITS LEADERSHIP
	INITIATIVES INCLUDING THE WISCONSIN LEADERSHIP DEVELOPMENT PROJECT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 558,247.

Form 990 (NETWORK
Part IV	Ch	ecklist of Required Schedules	

INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? 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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			
	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			
	Schedule D, Parts XI and XII	<u>12a</u>	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.44		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
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>	21		x

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			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? If "Yes," complete Schedule I, Parts I and III	22		Х	
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? If "Yes," complete				
	Schedule J	23	Х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		Х	
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? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30					
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
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? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Pa	t 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 15				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
	Did the second sector second with the data with the form of the form of the bar with the second sector sect				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
d	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

If "Yes," complete Form 6069.

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-				2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			-		
U			•	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6				6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?	•		7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			10		
D				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
a			-	8a	х	
b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00	- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec				9		- 11
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	<u>00de.)</u>		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a	162	X
				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Delon		Па	- 23	
				12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i> 					
С		,		12c	х	
10	on Schedule O how this was done			13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the organization have a written document retention and destruction policy?			14	23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by inc	lependent			
•				15a	х	
	The organization's CEO, Executive Director, or top management official			15a 15b	- 23	x
b	Other officers or key employees of the organization			150		<u></u>
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mont wi	th a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	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, a	nd 000	T (contion $501(c)(3)c$	oply)	ovoilat	
10	for public inspection. Indicate how you made these available. Check all that apply.	10 220		ony)	avaiidi	
		0				
19	X Own website X Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared by the organization made its governing documents.		,	finan		
19	statements available to the public during the tax year.	Jinnot O	i interest policy, and	mail	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke ond	records			
20	TONY SHIELDS - 262-317-6002	uns allu				
		3202				
222000				Form	990	(2022)
232006	12-13-22					(2022)

Form 990 (2		PHILANTHROPY			**-**6498	Pag	
Part VI	Governance, Management, a	nd Disclosure. For ea	ach "Yes" response	e to lines 2 through	7b below, and for a "No" res	sponse	
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.							

X

Yes No

Ν	PHI	LAN	THR	OP.	ΥI	NE,
---	-----	-----	-----	-----	----	-----

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

Section A. Governing Body and Management

^{**-**6498} Page 6

 1a Complete this table for all persons required to List all of the organization's current officers 			, ,	0	,
Enter -0- in columns (D), (E), and (F) if no compens	, ,	·	io of organizations), reg		inpendution.
 List all of the organization's current key em 	ployees, if any	/. See the instructions for	r definition of "key empl	loyee."	
 List the organization's five current highest component who received reportable compensation (box 5 of F\$100,000 from the organization and any related or 	orm W-2, box				
 List all of the organization's former officers, reportable compensation from the organization ar List all of the organization's former director more than \$10,000 of reportable compensation from See the instructions for the order in which to list the order in which the order	nd any related rs or trustees om the organiz	organizations. that received, in the cap zation and any related or	pacity as a former direct		
Check this box if neither the organization no			ad any current officer d	irector or trustee	
(A)	(B)	(C)	(D)	(E)	(F)
(~)		Position			

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both r/trus	n an	compensation	compensation	amount of
	week			uau	recto	i/irus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	Institutional trustee	er	emplo	Highest compensated employee	ner			organizations
	line)	Indiv	ln sti	Officer	Key	High emp	Forn			
(1) TONY SHIELDS	40.00									
PRESIDENT				Х				135,474.	0.	16,840.
(2) ERIN FREDERICK	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) JASON KOHOUT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) CHRISTINA ELLIS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) KEN ROBERTSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) WYATT JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MELISSA BAXTER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PATRICIA CONTRERAS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CURT DETJEN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) FRANK CUMBERBATCH	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LADONNA REED	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MAGGIE PASCALY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) STEPHANIE SCHLECHT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ALEXZANDRA SHADE	1.00									
DIRECTOR		Х						0.	0.	0.

 Form 990 (2022)
 WISCONSIN
 PHILANTHROPY
 NETWORK
 INC
 **-*

 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

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Form 990 (2022)

Form 990 (2022) WISCONSIN	PHILAN	TH	RO	ΡY	N	ET	WO	ORK, INC.	**_**	6498	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,			
(A)	(B) Average			(C Posi		ı		(D)	(E)		(F)	4
Name and title	hours per		not cl	heck r	more	than o s both		Reportable compensation	Reportable compensation		timate nount o	
	week					or/trust		from	from related		other	
	(list any hours for	Individual trustee or director						the	organizations		pensat	
	related	e or d	stee			Isated		Organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		om the anizati	
	organizations	truste	al tru:		oyee	omper		1099-NEC)			d relate	
	below	ividual	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	line)	Ind	lns	Offi	Key	Hig	For			<u> </u>		
										+		
										<u> </u>		
										+		
1b Subtotal								135,474.	0		6,84	
c Total from continuation sheets to Part VI								0. 135,474.	0		6,84	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not address the second secon										• 1	0,04	±0•
compensation from the organization		030	11310	uau	000	<i>y</i> wii	010		ood of reportable			1
compondation nom the organization											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a										_		Х
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .				5		Δ
1 Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of compens	sation fro	om	
the organization. Report compensation for t												
(A)								(B)		(0	;)	
Name and business	address	NC	ONE	2				Description of s	services	Compe	nsatior	<u>ו</u>
							_					
							\neg					
							1					
							Ţ					
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	to t	thos (ted	above) who received me	ore than			

T a	τνι	Check if Schedule O		oonse o	r note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
				1					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			<u>1a</u>						
10U			<u>1b</u>						
An's		• • • • • • • • • • • • • • • • • • • •							
ilar		Related organizations							
Sig	e	Government grants (contr							
er (f	All other contributions, gifts,		.	247,666.				
55		similar amounts not included			247,000.				
5 D	g					247,666.			
ס(n	Total. Add lines 1a-1f			Business Code	247,000.			
	0.0	MEMBERSHIP DU	FG & AG	ਵਸ	900099	240,742.	240,742.		
ri ugi alli dei vice Revenue	2a b				900099	126,970.	126,970.		
	u o	FISCAL AGENT		<u> </u>	900099	42,783.	42,783.		
ven	d				500055	42,705.			
Be	u								
	e f	All other program service	revenue						
	י ת	Total. Add lines 2a-2f				410,495.			
	3	Investment income (includ							
	U					578.			578.
	4	Income from investment of							
	5	Royalties		•					
	•		(i) Re		(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	a	6c						
	d								
		Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e	-	and sales expenses	7b		I				
Hevenue	с	Gain or (loss)	7c						
ev		Net gain or (loss)							
D		Gross income from fundraisi							
5		including \$			I				
-		contributions reported on			I				
		Part IV, line 18	-	8a					
	b	Less: direct expenses							
		Net income or (loss) from		-					
		Gross income from gamin							
		Part IV, line 19			I				
	b	Less: direct expenses							
		Net income or (loss) from		-					
		Gross sales of inventory, I							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from		-					
					Business Code				
ð	11 a								
inu	b								
Revenue	с								
Revenue	d	All other revenue							
-	е	Total. Add lines 11a-11d							
	10	Total revenue. See instruction	one			658 739.	410,495.	0.	578.

WISCONSIN PHILANTHROPY NETWORK, INC.

Form 990 (2022)

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Page **9**

Form	990 (2022) WISCONSIN PE	IILANTHROPY N	NETWORK, INC.	**_**	*6498 _{Page} 1
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
Da	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155 600			20 575
	trustees, and key employees	155,692.	58,702.	57,225.	39,765
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	158,809.	79,405.	39,702.	39,702
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,654.	3,015.	10,624.	3,015
0	Payroll taxes	22,464.	9,660.	7,188.	5,616
1	Fees for services (nonemployees):				
а	Management	35,407.	2,048.	31,402.	1,957
b	Legal				
с	Accounting	37,000.		37,000.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	240.		240.	
13	Office expenses	5,752.	2,569.	1,457.	1,726
14	Information technology	4,148.	1,369.	1,410.	1,369
15	Royalties				
16	Occupancy	13,500.	4,455.	4,590.	4,455
17	Travel	4,749.	3,799.		950
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	877.	745.	132.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,940.	5,047.	594.	299
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	382,361.	382,361.		
a b	BAD DEBTS	3,920.	3,920.		
c	MISCELLANEOUS EXPENSE	1,152.	1,152.		
d		_,,	_,		
u					

848,665.

558,247.

191,564.

All other expenses е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

98,854.

WISCONSIN PHILANTHROPY NETWORK, IN	IC
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.022)	11 I D O O I O I I O		112100101	/ 11/01	
Balance Sheet					
Check if Schedule	O contains a respon	se or note to any line in t	his Part X		
					í

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			353,716.	1	208,785.
2	Savings and temporary cash investments			388,533.	2	389,061.
3	Pledges and grants receivable, net			109,500.	3	57,000.
4	Accounts receivable, net			33,418.	4	47,673.
5	Loans and other receivables from any current or			•	-	
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif	-				
	under section 4958(f)(1)), and persons described	•	,		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	_			8,390.	9	26,877.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	24,655. 24,655.			
b	Less: accumulated depreciation		24,655.	0.	10c	0.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	I 1			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			525.	15	525.
16	Total assets. Add lines 1 through 15 (must equa			894,082.	16	729,921.
17	Accounts payable and accrued expenses			38,394.	17	69,933.
18	Grants payable			110 400	18	
19	Deferred revenue			117,499.	19	111,725.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrelate				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		-			25	
26	Total liabilities. Add lines 17 through 25			155,893.	25	181,658.
20	Organizations that follow FASB ASC 958, chee			100,0001	20	
	and complete lines 27, 28, 32, and 33.					
27				224,012.	27	250,597.
28				514,177.	28	297,666.
	Organizations that do not follow FASB ASC 95					
	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 eq				30	
31	Retained earnings, endowment, accumulated inc				31	
32				738,189.	32	548,263.
33				894,082.	33	729,921.

729,921. Form **990** (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	1 990 (2022) WISCONSIN PHILANTHROPY NETWORK, INC.	**_**	6498	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	658		
2	Total expenses (must equal Part IX, column (A), line 25)	2	848		
3	Revenue less expenses. Subtract line 2 from line 1	3	-189		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	738	3,18	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	548	3,20	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		L

Form **990** (2022)

SCH	EDU	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

Name	oru	ne organization	ONGTN DUTT			TNO		* - * * * 6498		
Part				ANTHROPY NETW				~~~~0498		
		Reason for Public (ee instructions.			
	gani	zation is not a private found								
1	\exists	A church, convention of ch				n 170(b)(1	I)(A)(I).			
2		A school described in sect								
3	_	A hospital or a cooperative						the beenitel's name		
4 🗌		A medical research organiz	ation operated in col	njunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the hospital's hame,		
5		city, and state: An organization operated for	or the bonefit of a co	llogo or university owned	or oporat		wornmontal unit doscrib	od in		
5 _		section 170(b)(1)(A)(iv). (0		liege of university owned	or operate	eu by a go				
6 [aantal unit daaaribad in v	nantion 17	70/L)/4)/A)	69			
6 7		A federal, state, or local go	-					nublic described in		
		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				(1)(A)(vi) (Complete Part	• 11.)					
9		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								
9 _		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10 🛛	<u>ر</u>		Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees an	d gross receipts from		
	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.)								
11		An organization organized		ivelv to test for public saf	etv. See	section 50)9(a)(4).			
12		An organization organized	-	•	•			purposes of one or		
		more publicly supported or	-	•			· · ·			
		lines 12a through 12d that								
a] Type I. A supporting orga	anization operated, s	upervised, or controlled I	by its supp	ported org	anization(s), typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving		
		control or management o	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportin	g organization operated i	in connect	ion with, a	and functionally integrate	ed with,		
		its supported organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	porting organization operation	ated in cor	nnection w	vith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	quirement and an attentiv	veness		
		requirement (see instruct								
e		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supportir	ng organiza	ation.		[]		
		r the number of supported of	•							
g F		ide the following information) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization		inization listed	(v) Amount of monetary	(vi) Amount of other		
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
		-		above (see instructions))	163					
Total										

Schedule	A (Form 990) 2022
Part II	Support Sch

WISCONSIN PHILANTHROPY NETWORK, INC.

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	f) Total
membership fees received. (Do not include any "unusual grants.") Image: Constraint of the problem of the probl	
include any "unusual grants.") Image: constraint of 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 Image: constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: constraint of the organization of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: constraint of the organization of the strong line 4. 6 Public support. Subtract line 5 from line 4. Image: constraint of the organization of the strong line 4. 8 Gross income from line 4. Image: constraint of the strong line 4. 8 Gross income from similar sources and income from similar sources and income from similar sources activities, whether or not the business is regularly carried on the strong line is the strong line is the strong line is the strong line is regularly carried on the business is regularly carried on the busines is regularly carried on the strong line is the strong li	
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securities loans, rents, royalties, and income from similar sources	
and income from similar sources	
and income from similar sources	
9 Net income from unrelated business activities, whether or not the business is regularly carried on	
business is regularly carried on	
business is regularly carried on	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14 15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	e,
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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% c	r
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) 2022

Schedule A (Form 990) 2022

WISCONSIN PHILANTHROPY NETWORK, INC. 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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	800,779.	670,170.	986,257.	720,133.	658,161.	3835500.		
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
2	Gross receipts from activities that								
5	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	800,779.	670,170.	986,257.	720,133.	658,161.	3835500.		
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
	Add lines 7a and 7b						0.		
	Public support. (Subtract line 7c from line 6.)						3835500.		
Se	ction B. Total Support								
		(-) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022			
	ndar year (or fiscal year beginning in)	(a) 2018 800,779.	(b)2019 670,170.	(c) 2020 986,257.	(d) 2021 720,133.	(e) 2022 658,161.	(f) Total 3835500.		
	Amounts from line 6 Gross income from interest,	000,779.	070,170.	900,237.	720,133.	000,101.	2022200.		
108	dividends, payments received on								
	securities loans, rents, royalties,	720	0.00	620	011	F 7 0			
	and income from similar sources	738.	888.	638.	211.	578.	3,053.		
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b	738.	888.	638.	211.	578.	3,053.		
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								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	801,517.	671,058.	986,895.	720,344.	658,739.	3838553.		
	First 5 years. If the Form 990 is for th								
		0							
Sei	ction C. Computation of Publi	c Support Per					·····		
	Public support percentage for 2022 (I			(f))		15	99.92 %		
			•			16	<u> </u>		
	Public support percentage from 2021 ction D. Computation of Inves					10	99.92 %		
	•					47	.08 %		
	Investment income percentage for 20					17			
	Investment income percentage from a						.08 %		
19a	33 1/3% support tests - 2022. If the	-							
	more than 33 1/3%, check this box ar						X		
b	33 1/3% support tests - 2021. If the	•							
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

1

2

3a

Yes

No

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.)

WISCONSIN PHILANTHROPY NETWORK, **-***6498 Page 5 INC. Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV 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 <u>detail in Part VI.</u> 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		
Sec	tion C. Type II Supporting Organizations			

			Yes	
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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>
2	Activities Test. Answer lines 2a and 2b below.	Yes

- Activities Test. Answer lines 2a and 2b below. 2
- 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.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

No

No

Sche	dule A (Form 990) 2022 WISCONSIN PHILANTHROPY			*-***6498 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	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):			
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		
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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

Sche	dule A	(Form 990) 2022		PHILANTHROPY		INC.	
Pa	rt V	Type III Non-F	unctionally Integrate	d 509(a)(3) Supportir	ng Organizatio	ons _{(contin}	nued)
Sect	ion D	- Distributions					
1	Amo	unts paid to supporte	ed organizations to accompl	lish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	orgar	nizations, in excess o	f income from activity				2
3	Admi	nistrative expenses p	paid to accomplish exempt p	purposes of supported org	anizations		3

1

2 3 Current Year

4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
			S	chedule A (Form 990) 2022

	(Form 990) 2022 WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 8
Part VI	(Form 990) 2022 WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

		** **** (4 0 0
	WISCONSIN PHILANTHROPY NETWORK, INC.	**-**6498
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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).

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

Schedule B (Form 990) (2022)

WISCONSIN PHILANTHROPY NETWORK, INC.

Name of organization

Employer identification number

-*6498

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BADER PHILANTHROPIES X Person Payroll 233 NORTH WATER STREET, 4TH FLOOR 64,000. Noncash \$ (Complete Part II for MILWAUKEE, WI 53202 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 SIEBERT LUTHER FOUNDATION X Person Payroll 300 N. CORPORATE DR., SUITE 200 10,000. Noncash \$ (Complete Part II for BROOKFIELD, WI 53045 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 DANIEL M. SOREF CHARITABLE TRUST X Person Payroll PO BOX 170504 25,000. Noncash \$ (Complete Part II for MILWAUKEE, WI 53217 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 GREATER MILWAUKEE FOUNDATION Person X Payroll 101 W. PLEASANT ST., SUITE 210 \$ 30,000. Noncash (Complete Part II for MILWAUKEE, WI 53212 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ZILBER FAMILY FOUNDATION X Person Payroll 710 N. PLANKINTON AVE. 50,000. Noncash \$ (Complete Part II for noncash contributions.) MILWAUKEE, WI 53203 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 TIDES FOUNDATION Person Payroll 49,000. Noncash 1012 TORNEY AVE. \$ (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.)

Schedule B (Form 990) (2022)

-	brganization	Emp	Pag loyer identification numbe
WISCO	NSIN PHILANTHROPY NETWORK, INC.	*	*-**6498
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCHLECHT FAMILY FOUNDATION PO BOX 159 MOUNT HOREB, WI 53572	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupient Payroll Payroll Payroll Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

number

Page 2

Name of organization

WISCONSIN PHILANTHROPY NETWORK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

-*6498

Employer identification number

Schedule	B (Form 990) (2022)			Page 4		
Name of c	organization			Employer identification number		
WISCO	NSIN PHILANTHROPY NETWOR	K, INC.		**-**6498		
Part III		ns to organizations described in sect	ion 501(c)(7), (8), or (10)			
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	naritable, etc., contributions of \$1,000 or les	SS for the year. (Enter this info	. once.) \$		
(a) No.		bace is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
		(e) Transfer of gift	I			
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee		
			I			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
Part I						
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee		
			•			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
Part I	(b) Fulpose of gift					
		/				
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee		
	·					

Department of the Treasury

(Form 9	9 90)
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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.



Internal Revenue Service

Nam	of the organization WISCONSIN PHILANTH			Employer identification number **-**6498	r
Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		nds or Acc	counts. Complete if the	
		(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		dvised funds		_
	are the organization's property, subject to the organization's	-			D
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?			Yes 🗌 No	D
Par		ganization answered "Yes" on Form 9	90, Part IV, lii	ne 7.	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation	on of a histori	cally important land area	
	Protection of natural habitat	Preservation	on of a certifie	ed historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the f	orm of a cons	servation easement on the last	
	day of the tax year.			Held at the End of the Tax Yea	ŗ
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a			
	historic structure listed in the National Register		L	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	/ the organiza	ation during the tax	
	year				
4	Number of states where property subject to conservation east	sement is located			
5	Does the organization have a written policy regarding the per-	riodic monitoring, inspection, handling	g of		
	violations, and enforcement of the conservation easements i				D
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, hand	dling of violations, and enforcing cons	ervation ease	ements during the year	
8	Does each conservation easement reported on line 2(d) abov				
~	and section 170(h)(4)(B)(ii)?				D
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial sta	tements that	describes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art. Historical Treasures or	r Other Sin	nilar Assets.	
1 11	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under FASB ASC 95		ant and balan	ce sheet works	
Id	of art, historical treasures, or other similar assets held for pul	· ·			
	service, provide in Part XIII the text of the footnote to its final				
h	If the organization elected, as permitted under FASB ASC 95			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 \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	S	chedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$	
а	Revenue included on Form 990, Part VIII, line 1	\$	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e	
	(ii) Assets included in Form 990, Part X	\$	
		Ψ	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continues) 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):	or No
collection items (check all that apply): a Dubic exhibition d Loan or exchange program b Scholarly research e Other	or No
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 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 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? Ves b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1a d Additions during the year 1e e Distributions during the year 1e f Endowment Funds. Complete if the organization has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII f Other regeneration include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided o	or No
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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 Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, c 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 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1t d Additions during the year 1t e Distributions during the year 1t f Ending balance 1t d Additions during the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. la Beginning of year balance (a) Current year b	or No
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 Part IV Escrow and Custodial Arrangements. reported an amount on Form 990, Part X, line 21. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance Ital d Additions during the year Ital f Ending balance Ital d Part V Endowment Funds. Complete if the organization nascend "Yes" on Form 990, Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII. 1a Begi	or No
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 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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1d d Additions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Ine f "Int the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21.<	or No
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 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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year 1a Grants or scholarships 1 1 1 c Net investment earnings, gains, and losses 1 1 1 addrinistrative expenses 1 1 1	or No
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes 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 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1d d Additions during the year 1d 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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: the explanation form 990, Part IV, line 10. 1a Beginning of year balance Image: the explanation has been provided on Part XIII. Image: the explanation form 990, Part IV, line 10. 1a Beginning of year balance	or No
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1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contribution of the arrangement in Part XIII and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance Image: Contribution of the year Image: Contribution of the year d Additions during the year Image: Contribution of the year Image: Contribution of the year f Ending balance Image: Contribution of the year Image: Contribution of the year Image: Contribution of the year g Indication the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Contribution of the explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Contributions c Net investment earnings, gains, and losses Image: Contributions d Grants or scholarships Image: Contribution of facilities Image: Contribution of facilities f Administrative expenses Image: Contribution of facilities Image: Contribution of facilities	
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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amou c Beginning balance 1d 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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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) Formation of the explanation answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	
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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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) For 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) For 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) For b Contributions (a) Current year (b) Prior year (c) Two years back (e) For c Net investment earnings, gains, and losses (b) Prior year (c) Two years (c) Two years c Other expenditures for facilities (b) Prior year (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years	
2a 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 on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Formation b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Formation c Net investment earnings, gains, and losses (c) Two years back (c) Two years (c) Two years (c) Two years (c) Two years	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) For b Contributions -	No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) For b Contributions	<u> </u>
1a Beginning of year balance Image: Contributions Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions Image: Contributions f Administrative expenses Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions	ur voare back
b Contributions Image: Contributions	JI YEARS DACK
cNet investment earnings, gains, and lossesImage: Constraint of the systemImage: Constraint of the systemdGrants or scholarshipsImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemeOther expenditures for facilities and programsImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemfAdministrative expenses Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemgEnd of year balanceImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the system	
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
f Administrative expenses g End of year balance	
g End of year balance	
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%	
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	Yes No
organization by:	
(i) Unrelated organizations	
(ii) Related organizations <u>3a(ii)</u>	4
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<u> </u>
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(b) Cost or other(c) Accumulated(d) Bobasis (investment)basis (other)depreciation	ok value
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment 5,405. 5,405.	0.
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrij	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	J			
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
Part X		n Farma 000 Dart IV line	11. ou 116 Coo Fours 000 Bort V line 0	-
	Complete if the organization answered "Yes" of (a) Description of liability	an ronn 990, Part IV, line	THE OF TH. SEE FORM 990, Part X, INE 28	1
1. (1) For				(b) Book value
	deral income taxes			
(2)				
(0)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line			

WISCONSIN PHILANTHROPY NETWORK, INC.

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

X

-*6498 Page 3

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 WISCONSIN PHILANTHROPY NI				**6498 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	eturn.	
	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	663,202.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,463.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	4,463.	
3	Subtract line 2e from line 1			3	658,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	658,739.		
Pa	ut VII Decempiliation of European new Audited Einemaiol Otate				
ιu	rt XII Reconciliation of Expenses per Audited Financial State	ements with E	xpenses per i	Return.	
ľů	Complete if the organization answered "Yes" on Form 990, Part IV, line		xpenses per l	Return.	
1		12a.	· ·		853,128.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		1	853,128.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.	· ·	1	853,128.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. 2a		1	853,128.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 2a 2b		1	853,128.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c		1	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	4,463.	1	4,463.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	4,463.	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	4,463.	1 	4,463.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a. 2a 2b 2c 2d	4,463.	1 	4,463.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 2d	4,463.	1 	4,463.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 2d 4a 4b	4,463.	1 	<u>4,463.</u> 848,665. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 2d 4a 4b	4,463.	1 2e 3	4,463.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)						
OF THE U.S. INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED A						
PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION						
DOES NOT CONSIDER ANY OF ITS SUPPORT AND REVENUES TO BE UNRELATED BUSINESS						
INCOME AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED						
IN THE ACCOMPANYING FINANCIAL STATEMENTS.						

THE ORGANIZATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES IN ACCORDANCE WITH U.S. GAAP. THIS STANDARD PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE

.

Schedule D (Form 990) 2022 WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 5 Part XIII Supplemental Information (continued) (continued) (continued)
TAKEN IN A TAX RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED
MATTERS SUCH AS DERECOGNIZING, INTEREST, PENALTIES AND DISCLOSURES
REQUIRED. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL
BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT
WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL
POSITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE
ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR
INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS.

For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 980, Part IV, line 23. Attach to Form 990. Description Description Department of the remains where To support the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Employee identification numb ** - *** 6 49.8 Name of the organization WTSCONSIN PHILANTHROPY NETWORK, INC. Employee identification numb ** - *** 6 49.8 Part I Questions Regarding Compensation ** - *** 6 49.8 Is Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII. Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rembursement or provision of all of the expenses decribed above? If "No," complete Part II to axplain 1 c) If any of the boxies on line 1a are checked, did the organization requess in burdet by all directors, trustees, and officers, including the ceganization used to astablish the compensation organization committee 1 c) If any of the bolowing the organization output to biness use of personal committee 2 d) If any	SCI	SCHEDULE J Compensation Information		OMB No. 1545-0047						
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. <u>Open to Public Inspection</u> <u>Go to www.krs.gov/Form990 for instructions and the latest information.</u> Open to Public Inspection Name of the organization WISCONSIN PHILANTHROPY NETWORK, INC. Employer identification numb ** - *** 6 4 9 8 Part II Complete first organization provided any relevant information regarding these items. First class or charter travel Housing allowance or residence for prosonal use First class or charter travel Yes N Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib Did the organization provided any relevant information regarding the tense. Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib J If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the explanses described above? If 'No,' complete Part III to explain 's trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation ormittee Written employment contract Compensation committee Quring the year, did any person listed on Form 990, Part VII, S	(Form 990) For certain Officers, Directors, Trustees, Key Empl Compensated Employees		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)			
Dependence Attach to Form 990. Open to Public Name of the organization WISCONSIN PHILANTHROPY NETWORK, INC. Employer identification numbers is a structure of the organization is a structure of the organization provided any of the following to or for a person listed on Form 990. Part I Questions Regarding Compensation Yes N Image: Im					ZU	22	•			
Intervent Berulos Inspection Inspection Name of the organization Employer identification numb WISCONSIN PHILANTHROPY NETWORK, INC. Employer identification numb ** - **** 6 4 9 8 Part I Questions Regarding Compensation ** - **** 6 4 9 8 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Discretionary spending account Personal services (such as maid, chauffeur, chel) b If any of the boxes on line 1a are checked, did the organization foliow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If No,* complete Part III to explan 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the Organization used to establish the compensation of the organization to establish to compensation committee 2 3 Indicate which, if any, of the following the organization to establish the compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line										
WISCONSIN PHILANTHROPY NETWORK, INC. ***-**6498 Part1 Questions Regarding Compensation ***-***6498 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a, complete Part III to explain due so relidence for personal residence 1b Travel for companions Head the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain 1b Image: Section A, line 1a, Complete Part III to explain 1b 2 If the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, including the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 1b 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee 3 Approval by the board or compensation committee 4d 2 4 During the year, did any person side on Form 990, Part VII, Section A, line 1a, with respect to the filing organizat	Interna	al Revenue Service			-					
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Trace I for companions Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 a Receive a severance payment from an equity-based compensation arrangement? 4a 2 b Participate in or receive payment from an equity-based compen	Nam	e of the organization					nber			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Part VII, Section A, line 1a, are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4a 2 2 4b 2 Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retiment plan? Participate in or r	De									
1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization regarding these items. Image: Check the appropriate box(es) if the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 If the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the capanization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 2 4 During the year, bited organization: Approval by the board or compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 2 2 6 Dea	Pa		Regarding Compensation		T		<u> </u>			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Charter travel Housing allowance or residence for personal use First Class or charter travel Housing allowance or residence for personal residence Tax Indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement on provision of all of the expenses described above? If "No," complete Part III to explain 1b c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation survey or study Form 990 of other organization: Compensation committee Written employment contract Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a 2 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a 2 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	4.	Chaole the energy	ate hey/ee) if the exception provided any of the following to exfer a person listed on Form	000		Yes	No			
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Compensation committee Ownersation survey or study Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Approval by the board or compensation committee 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a 2 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 5b 2	а			990,						
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursion of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 4a 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a 2 a Receive a severance payment from a supplemental nonqualified retirement plan? 4a 2 b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b 2 b Participate in or receive payment from a supplemental nonqualified retirement plan?										
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation continute Written employment contract CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Compensation committee Compensation committee Written employment contract Written employment contract Independent compensation consultant Compensation committee 4a 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 2 b Participate in or receive payment from a equity-based compensation arrangement? 4a 2 f "Yes" to any		=								
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 1 Independent compensation consultant Compensation survey or study 5 Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 2 a Receive a severance payment from an supplemental nonqualified retirement plan? 4a 2 b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c 2 ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5b 2 Only section 501(c)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or ommittee 2 Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract Independent compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 2 B Participate in or receive payment from an equity-based compensation arrangement? 4b 2 Chysterio ta of the revenues of: The organization? 5a 1 B Anty inglated organization? 5a 2 2 Indegen to receive payment from an equity-based compensa										
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If "Yes" on line 6a or 6b, describe in Part III.							X X			
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r For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nontixed payments	-									
	1				-		х			
	0	not described on lines 5 and 6? If "Yes," describe in Part III								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ð						х			
	0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					Λ			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Э									
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20							2022			

Schedule J (Form 990) 2022

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Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferre on prior Form 990	
(1) TONY SHIELDS	(i)	135,474.	0.	0.	0.	16,840.	152,314.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
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Schedule J (F	orm 990) 2022
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Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WISCONSIN PHILANTHROPY NETWORK,

PARTNERSHIPS & LEADERSHIP

FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION HAS MEMBERS WHO PAY ANNUAL MEMBERSHIP FEES

FORM 990, PART VI, SECTION A, LINE 7A:

VOTING MEMBERS ELECT THE BOARD OF DIRECTORS

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

EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FORM 990 AT A BOARD

MEETING FOR REVIEW AND APPROVAL.

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

CONFLICTS ARE REVIEWED REGULARLY BY BOARD AND STAFF IF CIRCUMSTANCES

CHANGE.

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

THE CEO PROVIDES THE EXECUTIVE COMMITTEE WITH A SALARY AND BENEFIT REPORT

OF LIKE POSITIONS. THE BOARD CHAIR REVIEWS THE CEO'S PERFORMANCE

EVALUATION AND MAKES A RECOMMENDATION FOR COMPENSATION OF CEO TO THE

EXECUTIVE COMMITTEE FOR APPROVAL. BOARD OF DIRECTORS APPROVES OVERALL

SALARY AND BENEFITS PACKAGE AS STATED IN THE BUDGET.

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

UPON REQUEST

WISCONSIN PHILANTHROPY NETWORK, INC.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES OVERSIGHT RESPONSIBILITY FOR THE ANNUAL

AUDIT AND RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT AUDITOR.