WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> WISCONSIN PARKINSON ASSOCIATION, INC. 16655 W. BLUEMOUND ROAD, NO. 330 BROOKFIELD, WI 53005

hhlmlhllmllmhhhml

		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT	ION NO	. 2307-8					
	Ο	00	Return of Organization Exempt From	n Incom	ie Tax	OMB No. 1545-0047				
For		30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (			<b>3 ZU19</b>				
•		uary 2020)	Do not enter social security numbers on this form as it may	ay be made	public.	Open to Public				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Α	For th	e 2019 calend	ar year, or tax year beginning ${ m SEP}$ $1$ , $2019$ and ending	<u>AUG 31</u>	1, 2020					
B	Check if applicab	<b>C</b> Name o	forganization	D Emp	loyer identifica	ation number				
_	 ⊐Addre		ANATH DIDUTNION I GOODINTON THO							
	chang Name		ONSIN PARKINSON ASSOCIATION, INC.		1 4 0 0 0 1	0				
	chang Initial	ge Doing b	usiness as		9-149281	0				
	returr   Final		and street (or P.O. box if mail is not delivered to street address) Room/su 5 W. BLUEMOUND ROAD 330		ohone number 14-312-6	000				
	returr termii	n				589,897.				
	ated Amer		own, state or province, country, and ZIP or foreign postal code KFIELD, WI 53005	G Gross						
	returr Appli tion		nd address of principal officer: GARY GARLAND		this a group retu					
	pendi		AS C ABOVE		subordinates? all subordinates incl					
<u> </u>	Tay.ov	empt status:				st. (see instructions)				
			WIPARKINSON.ORG		oup exemption					
						State of legal domicile: WI				
_	art I	Summary			<u></u>	olalo of logal dominine.				
-	1		be the organization's mission or most significant activities: ${f PROVIDIN}$	G HOPE	, COMMUN	ITY,				
Governance		SUPPORT	AND RESOURCES FOR PEOPLE WITH PARKIN	SON'S A	AND THEI	R LOVED				
rna	2	Check this bo	x      x      if the organization discontinued its operations or disposed of m	nore than 25%	% of its net ass	ets.				
ove	3		ting members of the governing body (Part VI, line 1a)		17					
	4	Number of inc	nber of independent voting members of the governing body (Part VI, line 1b) 4							
es 6	5		of individuals employed in calendar year 2019 (Part V, line 2a)			6				
viti	6		of volunteers (estimate if necessary)			50				
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.				
					Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)		52,650.	511,793.				
Revenue	9	•	ce revenue (Part VIII, line 2g)		96,646.	51,577.				
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		8,443.	3,923.				
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,564.	-12,332.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,175. 18,568.	554,961.				
	13		milar amounts paid (Part IX, column (A), lines 1-3)	-	0.	10,318.				
	14	<u> </u>	to or for members (Part IX, column (A), line 4)	11	15,653.	439,625.				
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶58 , 239 .		0.	<u>455,025</u> 0.				
nəc	l loa	Total fundraia	undraising rees (Part IX, column (A), line 11e)			••				
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	32	21,036.	167,506.				
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		55,257.	617,449.				
	19		expenses. Subtract line 18 from line 12		12,082.	-62,488.				
or					Current Year	End of Year				
ets	20	Total assets (I	Part X, line 16)		13,289.	332,841.				
Net Assets or Fund Balances	21		(Part X, line 26)		33,705.	150,793.				
Fund	22		fund balances. Subtract line 21 from line 20		29,584.	182,048.				
	art II				· · · ·					
Und	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and t	o the best of my l	knowledge and belief, it is				
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any kr	nowledge.					

Sign	Signature of officer		Date								
Here		YE DIRECTOR									
	Type or print name and title	_									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	JENNY TARKOWSKI, CPA	Jennon artanti	7/14/21 <sup>if</sup> self-employed P00634290								
Preparer	Firm's name 🕨 WEGNER CPAS, LLE		Firm's EIN 🕨 39-0974031								
Use Only	Firm's address 2921 LANDMARK PI										
	MADISON, WI 5371	.3-4236	Phone no. 608 - 274 - 4020								
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	0-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b> (201								
c	PE COUPDITE O FOD ODCANTS	AMTON MICCION CMAMEM									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 2 t III Statement of Program Service Accomplishments
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
	PARKINSON'S AND THEIR LOVED ONES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$441,134.including grants of \$379.)(Revenue \$51,577.)THE ASSOCIATION PROVIDES EDUCATIONALEVENTS TO INCREASE AWARENESS ANDKNOWLEDGE OF PARKINSON DISEASE (PD).PROGRAMS ARE PROVIDED FOR PEOPLEWITH PD, THEIR FAMILIES AND CAREGIVERS AS WELL AS PROFESSIONALCAREGIVERS IN THE COMMUNITY AND HEALTHCARE INDUSTRY.PROGRAMS INCLUDEA YEARLY REGIONAL SYMPOSIUM, LIVING WELL CONFERENCES, PD BASICS ANDBEYOND SEMINARS AS WELL AS OTHER EDUCATIONAL OFFERINGS.
415	(Code: ) (Expenses \$ 22,260. including grants of \$ 9,938.) (Revenue \$ 0.)
4b	(Code:       ) (Expenses \$ 22,260. including grants of \$ 9,938.) (Revenue \$ 0.)         THE WISCONSIN PARKINSON ASSOCIATION PROVIDES SUPPORT AND EXERCISE         GROUPS FOR PEOPLE WITH PARKINSON DISEASE THROUGHOUT THE MIDWEST. ALL         FACILITATORS ARE OFFERED A YEARLY SUPPORT GROUP FACILITATOR TRAINING         THROUGH THE ASSOCIATION.
4c	(Code:) (Expenses \$ 21,776. including grants of \$ 0. ) (Revenue \$ 0. )         THE ASSOCIATION PROVIDES INFORMATION AND REFERRALS TO PERSONS WITH         PARKINSON DISEASE, THEIR FAMILIES AND CAREGIVERS THROUGH OUR QUARTERLY         MAGAZINE, THE NETWORK, THROUGH OUR WEBSITE, WWW.WIPARKINSON.ORG, AND         VIA PHONE, 414-312-6990.
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     485,170.
	Form <b>990</b> (2019) <sup>2 01-20-20</sup> 2 714 788028 12187.5AU01 2019.05094 WISCONSIN PARKINSON ASSOCIA 12187_51

Form	aan	(2019)	1

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 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			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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	44.		x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		- 23
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
~	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
932003	01-20-20	Form	990	(2019)

3

Form	990	(2019)

Part V         Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V           1a         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	mestic individuals on	22	x	
<ul> <li>and former officers, directors, trustees, key employees, and highest compensated em <i>Schedule J</i></li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amounds that on the year, that was issued after December 31, 2002? If "Yes," answer lines 2 <i>Schedule K. If "No," go to line 25a</i></li> <li>b) Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>d) Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>d) Did the organization axis an "on behalf of" issuer for bonds outstanding at any time given transaction with a disqualified person during the year? If "Yes," complete <i>Schedule L</i>, pt 1</li> <li>b) Is the organization aware that it engaged in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete <i>Schedule L</i>, part I</li> <li>b) Did the organization report any amount on Part X, line 5 or 22, for receivables from or or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection comentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I</li> <li>W) Was the organization applicable filing thresholds, conditions, and exceptions):</li> <li>a) A current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection comentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV</li> <li>b) A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV</li> <li>b) A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV</li> <li>b) A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV</li> <li>b) A taming member of any individual described in</li></ul>		22	л	
<ul> <li>24a Did the organization have a tax exempt bond issue with an outstanding principal amounds that year, that was issued after December 31, 2002? If "Yes," answer lines 2 Schedule K. If "No," go to line 25a</li> <li>b Did the organization invest any proceeds of tax exempt bonds beyond a temporary percent of the organization act as an "on behalf of" issuer for bonds outstanding at any time 25a</li> <li>c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, b</li> <li>b Is the organization aware that it engaged in an excess benefit transaction is prior Forms 95 Schedule L, Part I</li> <li>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or proremer officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? If "Yes," complete Schedul 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contrine officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule L A 35% controlled entity of one or more individuals and/or organizations described in I "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule L 4 at IV</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in I "Yes," complete Schedule L 4 at IV</li> <li>b A family member of any individual describ</li></ul>				
<ul> <li>last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2 Schedule K. If "No," go to line 25a</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 5a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engit transaction with a disqualified person during the year? If "Yes," complete Schedule L, b Is the organization report any amount on Part X, line 5 or 22, for receivables from or p or former officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? If "Yes," complete Schedul D 10 the organization provide a grant or other assistance to any current or former officer or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "X.</li> <li>80 Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subsa "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I is a schedule L, Part IV</li> <li>b O the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in line Yes," complete Schedule L, Part IV</li> <li>d) Did the organization receive contributions of art, historical treasures, or other similar a contributions? If "Yes," complete Schedule A, Part I</li> <li>d) Did the organiza</li></ul>		23		X
<ul> <li>b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 55a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engit transaction with a disqualified person during the year? If "Yes," complete Schedule L, b Is the organization aware that it engaged in an excess benefit transaction with a disquithet the transaction has not been reported on any of the organization's prior Forms 95 Schedule L, Part I</li> <li>d) Did the organization report any amount on Part X, line 5 or 22, for receivables from or or or order officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection commently (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I (Including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I (Including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b) A family member of any tindividual described in line 28a? If "Yes," complete Schedule I in "Yes," complete Schedule L, Part IV</li> <li>c) Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," c 20 Did the organization receive contributions of art, historical treasures, or other similar as contributions? If "Yes," complete Schedule M</li> <li>d) Did the organization sell, exchange, dispose of, or transfer more than 25% of its net</li></ul>	4b through 24d and complete	244		x
<ul> <li>c Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 55 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization ergit transaction with a disqualified person during the year? If "Yes," complete Schedule L, b Is the organization neare that it engaged in an excess benefit transaction with a disquartation the transaction has not been reported on any of the organization's prior Forms 95 Schedule L, Part I</li> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or or or former officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? If "Yes," complete Schedule 17 Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule 1, Part IV</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I in "Yes," complete Schedule L, Part IV</li> <li>Did the organization neceive more than \$25,000 in non-cash contributions? If "Yes," c to Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>Su the organization sell, exchange, dispose of, or transfer more than 25% of its net as Sched</li></ul>		24a 24b		
<ul> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engit transaction with a disqualified person during the year? If "Yes," complete Schedule L, b Is the organization aware that it engaged in an excess benefit transaction with a disquation the an excess benefit transaction is prior Forms 99. Schedule L, Part I</li> <li>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or jor or former officer, director, trustee, key employee, creator or founder, substantial contribution or iforen officer, director, trustee, key employee thereof, a grant selection commently (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule?</li> <li>27 Did the organization aparty to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I (a A 35% controlled entity of one or more individuals and/or organizations described in line "Yes," complete Schedule L, Part IV</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in line "Yes," complete Schedule L, Part IV</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar an contributions? If "Yes," complete Schedule L, Part IV</li> <li>20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part I I</li> <li>21 Did the organization neceive contributions of art, historical treasures, or other similar arcontributions? If "Yes," complete Schedule A</li> <li>23 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule</li></ul>				
<ul> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L</i>, b is the organization aware that it engaged in an excess benefit transaction with a disquathat the transaction has not been reported on any of the organization's prior Forms 90 Schedule L, Part I</li> <li>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or prior former officer, director, trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedul</i> 27 Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>28 Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>co</i></li> <li>30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as schedule <i>K</i>, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule L</i>, 28 <i>Yas</i>, " <i>complete Schedule M</i></li> <li>31 Did the organization neceive any taxement or taxable entity? <i>If</i> "Yes," <i>complete Schedule K</i>, <i>Part I</i></li> <li>33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N</i>, <i>Part I</i></li> <li>34 Schedule N, <i>Part II</i></li> <li>35 Did the organization sell</li></ul>		24c		
<ul> <li>transaction with a disqualified person during the year? If "Yes," complete Schedule L,</li> <li>Is the organization aware that it engaged in an excess benefit transaction with a disquittat the transaction has not been reported on any of the organization's prior Forms 95 Schedule L, Part I</li> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or or former officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? If "Yes," complete Schedule 27 Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule 1, (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filling thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule L Part IV</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar as contributions? If "Yes," complete Schedule L</li> <li>a norganization receive contributions of art, historical treasures, or other similar as schedule N, Part I</li> <li>30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>33 Did th</li></ul>	during the year?	24d		<b> </b>
<ul> <li>b Is the organization aware that it engaged in an excess benefit transaction with a disquithat the transaction has not been reported on any of the organization's prior Forms 98 Schedule L, Part 1</li> <li>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or or ormer officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule 7 Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Yes" Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I in "Yes," complete Schedule L, Part IV</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV</li> <li>20 Did the organization receive contributions of art, historical treasures, or other similar as contributions? If "Yes," complete Schedule M</li> <li>21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part I</li> <li>23 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule Schedule R, Part I</li> <li>24 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2</li> <li>25 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2</li> <li>26 Did the o</li></ul>	-	05-		x
<ul> <li>that the transaction has not been reported on any of the organization's prior Forms 95 <i>Schedule L, Part I</i></li> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or or or former officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? <i>If</i> "W</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule I</i> (a 35% controlled entity of one or more individuals and/or organizations described in line "Yes," <i>complete Schedule L, Part IV</i></li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>Did the organization receive contributions of art, historical treasures, or other similar an contributions? <i>If</i> "Yes," <i>complete Schedule B</i>, <i>Part I</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part I</i></li> <li>Did the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule B</i>, <i>Part V</i>, <i>ime 2</i></li> <li>Did the organization neated to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule B</i>, <i>Part V</i>, <i>ime 2</i></li> <li>Did the organization neated to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule B</i>, <i>Part V</i>, <i>ime 2</i></li> <li>Did the organization neated t</li></ul>		25a		
<ul> <li>Did the organization report any amount on Part X, line 5 or 22, for receivables from or or former officer, director, trustee, key employee, creator or founder, substantial contric controlled entity or family member of any of these persons? If "Yes," <i>complete Schedd</i>.</li> <li>Did the organization provide a grant or other assistance to any current or former officer creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Y.</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of any individual described in line 28a? If "Yes," <i>complete Schedule L</i>, a 35% controlled entity of one or more individuals and/or organizations described in line "Yes," <i>complete Schedule L, Part IV</i></li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," <i>co</i></li> <li>Did the organization receive contributions of art, historical treasures, or other similar an contributions? If "Yes," <i>complete Schedule M</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>Was the organization related to any tax-exempt or taxable entity? If "Yes," <i>complete Schedule R, Part I</i></li> <li>Was the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes," to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? If "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," <i>compl</i></li></ul>	0 or 990-EZ? If "Yes," complete	25b		x
<ul> <li>controlled entity or family member of any of these persons? If "Yes," complete Schedul</li> <li>Did the organization provide a grant or other assistance to any current or former office creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? If "Y</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in li "Yes," complete Schedule L, Part IV</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," co</li> <li>Did the organization receive contributions of art, historical treasures, or other similar ar contributions? If "Yes," complete Schedule M</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization netated to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule C for Note: All Form 990 filers are required to complete Schedule O</li> <li>Deation 501(c)(3) organizations. Did the organization is Schedule O for Note: All Form 990 filers are required to complete Schedule O.</li> <li>Part V</li> <li>Ithe organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers ar</li></ul>				
<ul> <li>Did the organization provide a grant or other assistance to any current or former office creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? <i>If "Yo</i>.</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i>.</li> <li>b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>.</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>.</li> <li>Did the organization receive contributions of art, historical treasures, or other similar at contributions? <i>If</i> "Yes," <i>complete Schedule M</i>.</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net at <i>Schedule N, Part II</i>.</li> <li>Did the organization releated to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i>.</li> <li>Did the organization neted to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 2</i>.</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>.</li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule O</i> to the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i>.</li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purpose? <i>If</i></li></ul></li></ul>	butor, or 35%			
<ul> <li>creator or founder, substantial contributor or employee thereof, a grant selection commentity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes"</li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i></li> <li>A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L</i></li> <li>A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L</i></li> <li>A 35% controlled entity of one or more individuals and/or organizations described in line "yes," <i>complete Schedule L, Part IV</i></li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i></li> <li>Did the organization receive contributions of art, historical treasures, or other similar are contributions? <i>If</i> "Yes," <i>complete Schedule M</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>Bid the organization receive any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any tr within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Deat the organization complete Schedule</li></ul>		26		X
<ul> <li>entity (including an employee thereof) or family member of any of these persons? <i>If "Ye</i></li> <li>Was the organization a party to a business transaction with one of the following partie instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i></li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in li "Yes," <i>complete Schedule L, Part IV</i></li> <li>g Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule L, Part IV</i></li> <li>iii the organization receive contributions of art, historical treasures, or other similar at contributions? <i>If "Yes," complete Schedule M</i></li> <li>iii Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," c</i></li> <li>iii Did the organization sell, exchange, dispose of, or transfer more than 25% of its net at <i>Schedule N, Part II</i></li> <li>iiii Did the organization neated to any tax-exempt or taxable entity? <i>If "Yes," complete S Part V, line 1</i></li> <li>iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>				
<ul> <li>Was the organization a party to a business transaction with one of the following partiel instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>A family member of any individual described in line 28a? If "Yes," complete Schedule L</li> <li>A 35% controlled entity of one or more individuals and/or organizations described in line "Yes," complete Schedule L, Part IV</li> <li>D A family member of any individual described in non-cash contributions? If "Yes," complete Schedule L, Part IV</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>Did the organization receive contributions of art, historical treasures, or other similar at contributions? If "Yes," complete Schedule M</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net at Schedule N, Part II</li> <li>Did the organization own 100% of an entity disregarded as separate from the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O to Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>		27		x
<ul> <li>instructions, for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule I</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in li "Yes," complete Schedule L, Part IV</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," co</li> <li>Did the organization receive contributions of art, historical treasures, or other similar arcontributions? If "Yes," complete Schedule M</li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," c</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>Did the organization on 100% of an entity disregarded as separate from the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O ton toe: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>		21		
<ul> <li>a A current or former officer, director, trustee, key employee, creator or founder, or subs "Yes," complete Schedule L, Part IV</li> <li>b A family member of any individual described in line 28a? If "Yes," complete Schedule L</li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in li</li> <li>"Yes," complete Schedule L, Part IV</li> <li>9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," co</li> <li>c Did the organization receive contributions of art, historical treasures, or other similar as contributions? If "Yes," complete Schedule M</li> <li>1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," c</li> <li>2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>3 Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-3? If "Yes," complete Schedule R, Part I</li> <li>4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes," complete Schedule R, Part V, line 2</li> <li>6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt or the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O to Note: All Form 990 filers are required to complete Schedule O.</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>				
<ul> <li>b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L</i>, <i>Part IV</i></li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L</i>, <i>Part IV</i></li> <li>Did the organization receive contributions of art, historical treasures, or other similar as contributions? <i>If</i> "Yes," <i>complete Schedule M</i></li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>c</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N</i>, <i>Part II</i></li> <li>Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R</i>, <i>Part I</i></li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V</i>, <i>line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any travitinin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R</i>, <i>Part V</i>, <i>line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R</i>, <i>Part V</i>, <i>line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i></li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>	tantial contributor? If			
<ul> <li>c A 35% controlled entity of one or more individuals and/or organizations described in li "Yes," complete Schedule L, Part IV.</li> <li>9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," co</li> <li>0 Did the organization receive contributions of art, historical treasures, or other similar as contributions? If "Yes," complete Schedule M</li> <li>1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," c</li> <li>2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II</li> <li>3 Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I</li> <li>4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any traviting the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>6 Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>7 Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		28a		X
<ul> <li>"Yes," complete Schedule L, Part IV</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," cc</li> <li>Did the organization receive contributions of art, historical treasures, or other similar at contributions? If "Yes," complete Schedule M</li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," c</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net at Schedule N, Part II</li> <li>Did the organization non 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I</li> <li>Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any travitinin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> </ul>		28b		X
<ul> <li>9 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," cc</li> <li>0 Did the organization receive contributions of art, historical treasures, or other similar as contributions? <i>If</i> "Yes," <i>complete Schedule M</i></li> <li>1 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," cc</li> <li>2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>3 Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>4 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i></li> <li>5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>6 Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>7 Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i></li> <li>8 Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>9 Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		00-		x
<ul> <li>Did the organization receive contributions of art, historical treasures, or other similar arc contributions? <i>If</i> "Yes," <i>complete Schedule M</i></li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>c</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplet "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule O</i> for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> </ul>	omolete Schedule M	28c 29		X
<ul> <li>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>c</i></li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>Did the organization own 100% of an entity disregarded as separate from the organizatios sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule O</i> for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>	ssets, or qualified conservation			
<ul> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as <i>Schedule N, Part II</i></li> <li>Did the organization own 100% of an entity disregarded as separate from the organizatios sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete S Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is no and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule O</i> for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>		30		X X
<ul> <li>Schedule N, Part II</li> <li>Did the organization own 100% of an entity disregarded as separate from the organization sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I</li> <li>Was the organization related to any tax-exempt or taxable entity? If "Yes," complete S Part V, line 1</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> </ul>		31		
<ul> <li>sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i></li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V</li> <li>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		32		x
<ul> <li>Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete S</i> <i>Part V, line 1</i></li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i></li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> <li>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>	0	33		x
<ul> <li>Part V, line 1</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>If "Yes" to line 35a, did the organization receive any payment from or engage in any trawithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> <li>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>				
<ul> <li>Big a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transition the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		34		X
<ul> <li>within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V</li> <li>Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		35a		X
<ul> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exemplif "Yes," complete Schedule R, Part V, line 2</li></ul>	-			
<ul> <li>If "Yes," complete Schedule R, Part V, line 2</li> <li>Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? If "Yes," complete</li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O</li> <li>Part V Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		35b		
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i> 38 Did the organization complete Schedule O and provide explanations in Schedule O for <b>Note:</b> All Form 990 filers are required to complete Schedule O</li> <li>Part V Statements Regarding Other IRS Filings and Tax Compliant Check if Schedule O contains a response or note to any line in this Part V</li> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</li> </ul>		36		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete</i> Did the organization complete Schedule O and provide explanations in Schedule O for Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		30		
Note: All Form 990 filers are required to complete Schedule O         Part V       Statements Regarding Other IRS Filings and Tax Compliand         Check if Schedule O contains a response or note to any line in this Part V	-	37		x
Part V         Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response or note to any line in this Part V           1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		38	Х	
			Yes	No
		_		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•	-		
c Did the organization comply with backup withholding rules for reportable payments to (campling) winnings to prize winners?		10		
(gambling) winnings to prize winners?	<u></u>	<b>1c</b> Form	990	(2010

Form 990 (2	2019)	WISCONSIN	PARKINSON	ASSOCIATION,	INC.
Part V	Statements	Regarding Other	IRS Filings and	d Tax Compliance (co	ontinued)

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 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	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?						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	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?						
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).	7-	x				
a L	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				
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 23				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f							
g							
h							
8							
	sponsoring organization have excess business holdings at any time during the year?						
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:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-					
		12a					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	-					
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
-	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?						
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>						
15							
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

932005 01-20-20

Form 990	(2019)	)
----------	--------	---

# WISCONSIN PARKINSON ASSOCIATION, INC.

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

39-1492810 Page 6

X

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

		1 1	I		Yes	6
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any of	ther			
	officer, director, trustee, or key employee?			2	Х	-
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3	37	-
4	Did the organization make any significant changes to its governing documents since the prior Form			4	Х	-
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		-
6 -	Did the organization have members or stockholders?			6		-
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-			
	The governing body?			8a	X	_
	Each committee with authority to act on behalf of the governing body?			8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		-
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code	9.)		¥.	-
0				10-	Yes	-
	Did the organization have local chapters, branches, or affiliates?			10a		-
Ø	If "Yes," did the organization have written policies and procedures governing the activities of such			104		
1~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before fillin		118	21	ļ
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					-
5	in Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	-
5	Did the process for determining compensation of the following persons include a review and appro					Ī
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its particip	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?			16b		-
	tion C. Disclosure					_
	List the states with which a copy of this Form 990 is required to be filed <b>WI</b>					_
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Se	ection 501(c)(3)	)s only	) avai	t
		in on Schedul	,			
~	Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.	conflict of inte	rest policy, an	d finai	ncial	
9	State the name, address, and telephone number of the person who possesses the organization's b	ooks and reco	ords 🕨			-
	O'LEARY & ANICK LLC - 414-774-0300					-
		-3100				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position		Position o not check more than one		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more that box, unless person is b officer and a director/tr		is bot	h an	compensation	compensation	amount of	
	week				recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(1099-10130)		and related
	below	d ual t	Institutional trustee	L_	mploy	st co	5			organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Former			0
(1) JIM CANTRELL	1.00			_						
PRESIDENT		х		x				0.	0.	0.
(2) ROBERT MCDONALD	1.00									
VICE PRESIDENT		х		X				0.	0.	0.
(3) KATE BREWER	1.00									
TREASURER		х		X				0.	0.	0.
(4) RONALD MOHOREK	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) OMAR ANDRADE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CRAIG BARBIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TOM BRANDT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) RICHARD COSENTINO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KRISTINE EVERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BILL FORRESTER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KEN FOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PETER GINN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KATE MCDONALD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) FRED MOSELEY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ROBERT NORMAN	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) CHERYL PRESCOTT	1.00									-
DIRECTOR		Х						0.	0.	0.
(17) GINGER WOOSTER	1.00							_	_	-
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form <b>990</b> (2019)

932007 01-20-20

16290714 788028 12187.5AU01

7

2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

	990 (2019) WISCONSII	N PARKII	NS(	DN	AS	SSC	OC:	[A'	TION,	INC.	39-14	1928	810	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensa	ted Employe	es (continued)				
	(A) (B) (C)								(D)	(E)			(F)		
	Name and title	Average	(do		Pos		<b>ا</b> than than	one	Rep	ortable	Reportable		Esti	mate	d
		hours per	box	, unles	ss pe	rson	is bot	h an	compensation compensati	compensatio	n	amo	ount c	of	
	we		<u> </u>	cer an	aaa	recto	or/trus	tee)		rom	from related			ther	
		(list any hours for	recto							the	organizations		comp		
		related	or di	ee			sated			nization	(W-2/1099-MIS	iC)		m the	
		organizations	'ustee	trust		ee.	npen		(00-2/10	099-MISC)			•	nizati relate	
		below	dual ti	tiona	_	nploy	st cor	5					organ		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					e.gu.		
(18)	GARY GARLAND	40.00		_	0	×		_							
EXEC	UTIVE DIRECTOR		1		х					75,838.		0.	24	, 82	29.
1b	Subtotal						•		5	75,838.		0.	24	, 82	29.
	Total from continuation sheets to Part V									0.		0.			0.
d	Total (add lines 1b and 1c)								-	75,838.		0.	24	,82	29.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived mo	ore than \$100	,000 of reportabl	е			
	compensation from the organization														0
													`	Yes	No
3	Did the organization list any former officer,								, ,	•					
	line 1a? If "Yes," complete Schedule J for s												3		X
4	For any individual listed on line 1a, is the su										the organization				37
_	and related organizations greater than \$150												4	_	X
5	Did any person listed on line 1a receive or a												_		v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	eJī	or si	icn	pers	son .						5		X
1	Complete this table for your five highest co	mnensated in	dene	nde	nt c	onti	racto	nrs t	that receive	ed more than	\$100.000 of com	nens	ation fr	h	
•	the organization. Report compensation for	-										pense		5111	
	(A)	,			0				0	(B)			(C)		
	Name and business	address	N	ONE	3				De	escription of s	ervices	C	ompen	satior	ו 
								-							
2	Total number of independent contractors (i	-	iot lii	mite	d to		se li: 0	stec	d above) wł	no received m	nore than				
	\$100,000 of compensation from the organi						5						Form <b>9</b>	90 (2	010)

932008 01-20-20

Form **990** (2019)

Form 990 (2019	) WISCONSIN	PARKINSON	ASSOCIATION,	INC.	39-1492810	Page <b>9</b>
Dart VIII	Statement of Revenue					

Pa		VII					en mete te envilie	e in this Dout VIII			
			Check if Schedule O	cont	ains a	response	or note to any lin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S S	1	2	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ē			Fundraising events			10 1c	134,817.				
ar A	d		Related organizations			10 1d					
S,G			Government grants (conti			1e					
ŝ			All other contributions, gifts,								
but		-	similar amounts not included			1f	376,976.				
ğ		g	Noncash contributions included ir			1g \$	-				
a Õ		-	Total. Add lines 1a-1f					511,793.			
							Business Code				
8	2	a	EDUCATION SYM	IPC	SIU	M	611430	51,577.	51,577.		
Program Service Revenue		b									
s n		с									
leve		d									
<u>в</u> п		е									
<u>م</u>		f	All other program service	reve	enue						
		g	Total. Add lines 2a-2f				►	51,577.			
	3	5	Investment income (inclue					2 0 0 2			2 0 0 2
			other similar amounts)				3,923.			3,923.	
		4 Income from investment of tax-exempt bond pro		-							
	5	)	Royalties			) Real	(ii) Personal				
	6		Gross rents	60		) near					
	0		Gross rents Less: rental expenses	6a 6b	-						
			Rental income or (loss)	6c							
			Net rental income or (loss)	L							
	7		Gross amount from sales of	/ <u></u>	-	ecurities	(ii) Other				
	'	u	assets other than inventory	7a			(				
		h	Less: cost or other basis	14							
e		~	and sales expenses	7b							
Revenue		с	Gain or (loss)		_						
Re			Net gain or (loss)								
Jer	8		Gross income from fundraisi								
₹			including \$ 134	1,8	317.	of					
			contributions reported on	line	1c). S	ee					
			Part IV, line 18			8a					
		b	Less: direct expenses				34,936.				
		С	Net income or (loss) from	func	draising	g even <u>ts</u>	►	-12,332.			-12,332.
	9	a	Gross income from gamir								
			Part IV, line 19								
			Less: direct expenses			-					
			Net income or (loss) from				▶				
	10	a	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		C	Net income or (loss) from	sale	เรบเท	ventory	Business Code				
sno	11	а					Ducinicos Odde				
nue		b						<u> </u>			
Miscellaneous Revenue		c									
Alisc R.			All other revenue								[
2			Total. Add lines 11a-11d				<b></b>				
	12		Total revenue. See instruction					554,961.	51,577.	0.	-8,409.
93200	9 0	1-20	-20								Form <b>990</b> (2019)
								9			

WISCONSIN PARKINSON ASSOCIATION, INC.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response a amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
	d other assistance to domestic organizations	5,121.	5,121.		
	estic governments. See Part IV, line 21	5,1210	J,121•		
	and other assistance to domestic	5,197.	5,197.		
	als. See Part IV, line 22	5,157.	5,157.		
	ind other assistance to foreign				
	tions, foreign governments, and foreign				
	als. See Part IV, lines 15 and 16				
	paid to or for members				
	sation of current officers, directors, , and key employees	101,935.	82,567.	10,194.	9,174
	ation not included above to disqualified	101,555.	02,507.	10,194.	,1,1
-	as defined under section 4958(f)(1)) and				
	described in section 4958(c)(3)(B)				
		276,431.	224,382.	26,400.	25,649
	laries and wages	2/0,4010	22 <del>1</del> , 302.	20,400.	43,043
	blan accruals and contributions (include	6,367.	5,085.	656.	626
	01(k) and 403(b) employer contributions)	31,437.	26,564.	2,411.	2020
	nployee benefits	23,455.	19,135.	2,411.	2,462
		45,455.	19,133.	4,419.	۲,۲05
	services (nonemployees):				
	ment	176.		176.	
		14,712.		14,712.	
	ing	14,/12.		14,/12.	
	g				
	nal fundraising services. See Part IV, line 17				
	ent management fees				
- ·	f line 11g amount exceeds 10% of line 25,	10.000	4 9 6 7	7 200	
	A) amount, list line 11g expenses on Sch O.)	12,266.	4,867.	7,399.	E 4 0
	ing and promotion	2,153.	1,604.	E 7E0	549
	kpenses	59,787.	42,185.	5,750.	11,852
	ion technology	1,970.	1,598.	190.	182
5 Royalties	s	20 101	06.061	2 000	0.000
6 Occupa	ncy	32,121.	26,061.	3,098.	2,962
7 Travel		7,049.	6,237.	431.	381
	ts of travel or entertainment expenses				
	ederal, state, or local public officials	20 102	00.045		0.50
9 Confere	nces, conventions, and meetings	30,193.	29,845.	69.	279
20 Interest					
	ts to affiliates	4 8 6 6			
2 Deprecia	ation, depletion, and amortization	1,769.	1,435.	171.	163
3 Insuranc		3,381.	2,744.	158.	479
above (Li line 24e a	enses. Itemize expenses not covered st miscellaneous expenses on line 24e. If mount exceeds 10% of line 25, column (A) ist line 24e expenses on Schedule 0.)				
a					
b					
c					
d					
e All other	expenses	1,929.	543.	10.	1,376
5 Total fun	ctional expenses. Add lines 1 through 24e	617,449.	485,170.	74,040.	58,239
6 Joint cos	ts. Complete this line only if the organization				
reported i	in column (B) joint costs from a combined				
education	al campaign and fundraising solicitation.				
Check here					

932010 01-20-20

16290714 788028 12187.5AU01 2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

10

Form 990 (2019)

16290714 788028 12187.5AU01 2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

WISCONSIN PARKINSON ASSOCIATION, INC. Part X **Balance Sheet** 

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			70,720.	1	106,111.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	3,265.
	4	Accounts receivable, net			3,590.	4	2,850.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per				
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		3,190.	9	2,721.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>15,087.</u> 7,128.			
	b	Less: accumulated depreciation		7,128.	9,728.	10c	7,959. 209,935.
	11	Investments - publicly traded securities		226,061.	11	209,935.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	313,289.	16	332,841.		
	17	Accounts payable and accrued expenses			22,876.	17	33,385.
	18	Grants payable		18			
	19	Deferred revenue	60,829.	19	37,760.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iab		controlled entity or family member of any of thes	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	79,648.
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26				83,705.	26	150,793.
S		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔽			
nce		and complete lines 27, 28, 32, and 33.			201 020		
ala	27				201,030.	27	174,054. 7,994.
dВ	28	Net assets with donor restrictions			28,554.	28	7,994.
n		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
or		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds			29		
SS	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			229,584.	31	182,048.
Ne	32	Total net assets or fund balances			313,289.	32	332,841.
	33	Total liabilities and net assets/fund balances			JIJ,209.	33	Form <b>990</b> (2019)
							FUIII 330 (2019)

Form 99

n	(2010)		

11

	1990 (2019) WISCONSIN PARKINSON ASSOCIATION, INC.	39-149	2810	Pa	ge <b>12</b>	
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			61.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			49.	
3	Revenue less expenses. Subtract line 2 from line 1	3			88.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			84.	
5	Net unrealized gains (losses) on investments	5	1	4,9	52.	
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	18	2,0	48.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?	-	. 3a		X	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
-				000	(0010)	

Form **990** (2019)

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

# 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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of	the organization	do to www.ii3.go				mormation.	Employer	identification number	
Nume of		ONSTN PARK	INSON ASSOCI	άπτον	TNC			9-1492810	
Part I	Reason for Public							5 1192020	
	I Iization is not a private found			-					
<b>1</b>	A church, convention of ch				,				
2	A school described in sect					•//~//•/			
						::\			
3	A hospital or a cooperative					-	VIII) Enter		
4	A medical research organiz	ation operated in co	injunction with a hospital	described	a in sectio	n 170(a)(1)(A	.)(III). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in	
	section 170(b)(1)(A)(iv). (C								
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7 X	An organization that norma	-	antial part of its support f	rom a gov	ernmental	l unit or from	the general	public described in	
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust describe								
9	An agricultural research or	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
	or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	f the colleg	je or	
	university:								
10	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	
	activities related to its exer	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its suppor	t 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 and operated exclusively to test for public safety. See section 509(a)(4).								
12	12 🔲 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in								
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
a 🗌	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
	the supported organization								
	organization. You must o	complete Part IV, Se	ections A and B.						
b 🗌	<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizati	on(s), by ha	aving	
	control or management of	-				-		-	
	organization(s). You mus						0 1		
c 🗌	Type III functionally inte	-		in connec	tion with.	and functiona	ally integrat	ed with.	
	its supported organizatio						, ,	,	
d	Type III non-functionally						orted organ	ization(s)	
	that is not functionally int		• • •				-		
	requirement (see instruct			-		-	a an actoric		
e 🗌	Check this box if the orga								
•	functionally integrated, o					a 1990 i, 1990	, n, rype m		
f Ent	er the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0	Lation.				
	vide the following information		ad organization(s)						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
·	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see i	-	support (see instructions)	
			above (see instructions))						
		1	1		1	1		1	

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

# Schedule A (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	288,769.	289,096.	403,424.	452,650.	511,793.	1945732.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge				150 (50		4045500			
4	Total. Add lines 1 through 3	288,769.	289,096.	403,424.	452,650.	511,793.	1945732.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						00 510			
	column (f)						89,518.			
	Public support. Subtract line 5 from line 4.						1856214.			
	ction B. Total Support			<i></i>						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 288,769.	(b) 2016 289,096.	(c) 2017 403,424.	(d) 2018 452,650.	(e)2019 511,793.	(f) Total 1945732.			
	Amounts from line 4	200,709.	209,090.	403,424.	452,050.	511,195.	1945752.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	16 005	10 501	11 527	0 1 1 2	2 0 2 2	F2 260			
_	and income from similar sources	16,885.	12,581.	11,537.	8,443.	3,923.	53,369.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						1999101.			
	Total support. Add lines 7 through 10		<u> </u>			40	368,375.			
	Gross receipts from related activities,	•	,			<b>12</b>	500,575.			
13	First five years. If the Form 990 is for	. h			-					
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage							
-				olump (f))		14	92.85 %			
	Public support percentage for 2019 ( Public support percentage from 2018					15	96.22 %			
	33 1/3% support test - 2019. If the c									
104	stop here. The organization qualifies	•								
h	33 1/3% support test - 2018. If the c									
Ň	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes									
170	and if the organization meets the "fac									
	meets the "facts-and-circumstances"				-	-				
h	10% -facts-and-circumstances tes									
	more, and if the organization meets th	e e								
	organization meets the "facts-and-cire				•					
18	Private foundation. If the organization						s			
				,,,		edule A (Form 990				
						•	,			

932022 09-25-19

14

### Schedule A (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) org	anization,
	check this box and stop here						
Se	ction C. Computation of Pub						
15	Public support percentage for 2019 (	line 8, column (f), (	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	3 Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)19</b> (line 10c, colui	mn (f), divided by	line 13, column (f)	)	17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
<b>19</b> a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2018. If the						%, and
	line 18 is not more than 33 1/3%, ch	eck this box and <b>s</b> f	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organizat	ion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>)</b>
9320	23 09-25-19				Sch	edule A (Form	990 or 990-EZ) 2019
				15			

16290714 788028 12187.5AU01

2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

# Schedule A (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

# Schedule A (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion 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 <b>Part VI</b> how	0		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's	•		
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a L				
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a government entity (see inst	ruction	-)	
с 2	Activities Test. Answer (a) and (b) below.	ructions	y. Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive in ros, then in rait vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9		0-EZ	2019
	17			

	(Form 990 or 990-EZ) 2019					39-1492810	Page 6
Part V	Type III Non-Function	onally Integrate	d 509(a)(3) Sup	porting Organization	าร		

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .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 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-functional	v intear	ated Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

S

# Schedule A (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Form 990 or 990-E Supplemental	Informatior	1. Provide th	e explanations r	equired by Par	t II. line 10: Pa	rt II. line 17a o	<b>39–149281</b> ( r 17b; Part III, line 12;	
	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8; and P	c, 4b, 4c, 5a nd 3; Part IV	a, 6, 9a, 9b, 9c, 1 , Section E, lines	1a, 11b, and 1 3 1c, 2a, 2b, 3a	1c; Part IV, Se , and 3b; Part '	ction B, lines <sup>-</sup> V, line 1; Part \	1 and 2; Part IV, Section /, Section B, line 1e; F	on C,
	(See instructions.)					· ·			
32028 09-25-1	9						Schedul	e A (Form 990 or 990	)-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF Department of the Treasury Internal Revenue Service

0

Name of the organization

## \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

2019

Employer identification number

	WISCONSIN PARKINSON ASSOCIATION, INC.	39-1492810
Organization type (ch		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organiza	tion 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

С

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

X 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 or 990-EZ), 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, II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
------------	-------	------	---------	------------	--------

Name of organization

Employer identification number

Page 2

39-1492810

# WISCONSIN PARKINSON ASSOCIATION, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>25,000.</u>	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
2		\$25,000.	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
3		\$ <u>15,169</u> .	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
4		\$ <u>13,132.</u>	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
923452 11-06		\$	Person Payroll Oronash Oronash Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22

Name of organization

WISCONSIN PARKINSON ASSOCIATION, INC.

Employer identification number

39-1492810

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		\$	
923453 11-06	23	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of o	organization		Employer identificati	ion number				
WISCO	NSIN PARKINSON ASSOCIAT	ION, INC.	39-149281	0				
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,0 try. For organizations	)00 for the yea				
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) ► \$					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	held				
		(e) Transfer of gif	fer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is I	held				
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
			·					
			-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is I	held				
Part I								
		(e) Transfer of gif	fer of gift					
	Transferee's name, address, ar	d <b>7I</b> P ± 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is I	held				
Part I		(-)	(*)					
	(e) Transfer of gift							
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee					
		[						
923454 11-0	l )6-19		Schedule B (Form 990, 990-EZ, or	990-PF) (2019)				
		24	. ,,					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)
------------

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.



Name of the or	ganization
----------------	------------

WISCONSIN PARKINSON ASSOCIATION, INC. Employer identification number 39-1492810

		(a) Donor adv	vised funds	(b) Funds a	and other acco	unts
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		s held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		🛄 Yes	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	t grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or fo	r any other purpose	conferring		
	impermissible private benefit?				🗌 Yes	
Par	t II Conservation Easements. Complete if the or	ganization answered '	'Yes" on Form 990, I	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that app	oly).			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of	a historically imp	portant land are	ea
	Protection of natural habitat	l	Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation con	tribution in the form	of a conservation	n easement on	the last
	day of the tax year.			He	ld at the End of t	he Tax Y
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic sta	ructure included in (a)		2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and no	t on a historic structi	ure		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the	e organization du	iring the tax	
	year 🕨					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, insp	bection, handling of			
	violations, and enforcement of the conservation easements				Yes	
-	-					
6	Statt and volunteer nours devoted to monitoring, inspecting,	, handling of violations	and enforcing cons	servation easeme	ents during the	vear
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations	s, and enforcing cons	servation easeme	ents during the	year
	▶					
	Amount of expenses incurred in monitoring, inspecting, hand					
7	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li></ul>	dling of violations, and	l enforcing conserva	tion easements o		
7	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above</li> </ul>	dling of violations, and	enforcing conservation 170	tion easements ( (h)(4)(B)(i)	during the year	
7 8	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abore and section 170(h)(4)(B)(ii)?</li> </ul>	dling of violations, and	l enforcing conserva	tion easements ( (h)(4)(B)(i)		
7 8	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its re	l enforcing conserva nents of section 170 evenue and expense	tion easements ( (h)(4)(B)(i) e statement and	during the year	
7 8	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its re	l enforcing conserva nents of section 170 evenue and expense	tion easements ( (h)(4)(B)(i) e statement and	during the year	
7 8 9	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization	enforcing conservation nents of section 170 evenue and expense on's financial statem	tion easements ( (h)(4)(B)(i) e statement and ents that describ	during the year <b>Yes</b> bes the	
7 8 9	Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>till</b> Organizations Maintaining Collections of	dling of violations, and ve satisfy the requirer ion easements in its r note to the organization of Art, Historical	enforcing conservation nents of section 170 evenue and expense on's financial statem	tion easements ( (h)(4)(B)(i) e statement and ents that describ	during the year <b>Yes</b> bes the	
7 8 9 Par	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of <b>Art, Historical</b> n 990, Part IV, line 8.	enforcing conservation nents of section 170 evenue and expense on's financial statem Treasures, or O	tion easements of (h)(4)(B)(i) e statement and ents that describ <b>ther Similar</b>	during the year <b>Yes</b> bes the <b>Assets.</b>	
7 8 9 <b>Dar</b>	Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>till Organizations Maintaining Collections o</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of <b>Art, Historical</b> n 990, Part IV, line 8. 58, not to report in its	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar	during the year Yes bes the Assets. et works	
7 8 9 Par	Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of <b>Art, Historical</b> n 990, Part IV, line 8. 58, not to report in its blic exhibition, educat	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement ation, or research in fu	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar and balance shee urtherance of put	during the year Yes bes the Assets. et works	
7 8 9 <b>Dar</b> 1a	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>1III</b> Organizations Maintaining Collections on Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its final</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its r note to the organization of <b>Art, Historical</b> n 990, Part IV, line 8. 58, not to report in its blic exhibition, educat ncial statements that	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these iten	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar and balance shee urtherance of put ns.	during the year United Types Un	
7 8 9 <b>Dar</b> 1a	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abore and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>1III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of art assets held for purservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 98 of and the organization elected, as permitted under FASB ASC 98 of and the organization elected, as permitted under FASB ASC 98 of and the organization elected, as permitted under FASB ASC 98 of and the organiz</li></ul>	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of Art, Historical of Art, His	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a tion, or research in fu describes these iten enue statement and	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar and balance sheet urtherance of put hs. balance sheet w	during the year Yes bes the Assets. et works blic orks of	
7 8 9 7 ar	Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>till Organizations Maintaining Collections o</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of Art, Historical of Art, His	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a tion, or research in fu describes these iten enue statement and	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar and balance sheet urtherance of put hs. balance sheet w	during the year Yes bes the Assets. et works blic orks of	
7 8 9 <b>Dar</b> 1a	Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abor and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of <b>Art, Historical</b> of <b>Art, Historic</b>	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these item enue statement and n, or research in furth	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar and balance sheet urtherance of public balance sheet wo herance of public	during the year Yes bes the Assets. et works blic orks of c service,	
7 8 9 <b>Dar</b> 1a	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abore and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina.</li> <li>If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of <b>Art, Historical</b> <b>of Art, Histori</b>	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement at tion, or research in fu describes these iten enue statement and n, or research in furth	tion easements of (h)(4)(B)(i) e statement and ents that describe ther Similar of put and balance sheet we balance sheet we herance of public	during the year Yes bes the Assets. et works blic orks of e service,	
7 8 9 1a b	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abore and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections o</b> Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of <b>Art, Historical</b> of <b>Art, Historic</b>	d enforcing conservation and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these iten enue statement and n, or research in furth	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar , and balance sheet we herance of public 	during the year Yes bes the Assets. et works blic orks of e service,	
7 8 9 Par 1a b	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li></ul>	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of <b>Art, Historical</b> of <b>Art, Histori</b>	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these iten enue statement and n, or research in furth ar assets for financia	tion easements of (h)(4)(B)(i) e statement and ents that describ ther Similar , and balance sheet we herance of public 	during the year Yes bes the Assets. et works blic orks of e service,	
7 8 9 1a b	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li></ul>	dling of violations, and ve satisfy the requirer ion easements in its re note to the organization of Art, Historical of Art, Hi	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these iten enue statement and n, or research in furth ar assets for financia ese items:	tion easements of $(h)(4)(B)(i)$ e statement and ents that describe ther Similar of the statement and balance sheet witherance of public statement of public statement $h = 1$ and balance sheet witherance of public statement $h = 1$ and $h = 1$ a	during the year Yes bes the Assets. et works blic orks of e service,	
7 8 9 <b>Dar</b> 1a b	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) abore and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>till</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 98 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its fina.</li> <li>If the organization elected, as permitted under FASB ASC 98 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treating to the reported under FASB ARE 98 arc.</li> </ul>	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of <b>Art, Historical</b> of <b>Art, Historic</b>	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these item enue statement and n, or research in furth ar assets for financia ese items:	tion easements of (h)(4)(B)(i) e statement and ents that describe ther Similar of public of the second of the	during the year Yes bes the Assets. et works blic orks of e service,	
7 8 9 1a b 2 a b	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> <li>\$</li></ul>	dling of violations, and ve satisfy the requirer ion easements in its m note to the organization of <b>Art, Historical</b> <b>of Art, Historic</b>	d enforcing conservation nents of section 170 evenue and expense on's financial statem <b>Treasures, or O</b> revenue statement a cion, or research in fu describes these item enue statement and n, or research in furth ar assets for financia ese items:	tion easements of (h)(4)(B)(i) e statement and ents that describe ther Similar and balance sheet we herance of public balance sheet we herance of public sheet we herance of public sheet we herance of public sheet we herance of sheet we herance of sheet we herance	during the year Yes bes the Assets. et works blic orks of e service,	

Sche	dule D (Form 990) 2		IN PARKINS						39-14			age <b>2</b>
Pa	t III   Organiza	tions Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Oth	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization	tion's acquisition, access	ion, and other record	ls, checl	k any of the	following that	at make :	significant	use of its			
	collection items (ch											
а	Public exhibi	tion	d			hange progra	am					
b	Scholarly res		e		Other							
С	Preservation	for future generations										
4	-	on of the organization's c	-		-	-			ose in Par	t XIII.		
5	0, 1, 1	d the organization solicit o								-		1
Dec		funds rather than to be m		<u> </u>						Yes		No
Pa		Ind Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 990	), Part IV,	line 9, o	r	
	-	amount on Form 990, Pa										
<b>1</b> a		an agent, trustee, custod								٦.,		٦
		X?							L	Yes		No
b	If "Yes," explain the	e arrangement in Part XIII	and complete the fo	llowing t	able:					•		
_	De sineria a la star e s									Amoun	t	
		e year										
e 4		g the year										
20		n include an amount on F								Yes		No
		e arrangement in Part XIII										]
		ent Funds. Complete i										_
			(a) Current year		rior year	(c) Two year			ears back	(e) Fou	r vears	back
1a	Beginning of year b	alance	(u) ourione your	(~) !	nor you	(0) 110 you	o such	(u)	ouro suom	(0) ! 0	Jouro	Juon
b												
c		nings, gains, and losses										
d		nips										
	Other expenditures											
f		enses										
g		е										
2		ted percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а		or quasi-endowment		%								
b	Permanent endowr	ment 🕨	%									
с	Term endowment	▶	%									
	The percentages of	n lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowme	ent funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	the organiz	ation			
	by:										Yes	No
	(i) Unrelated orga	nizations								3a(i)		
	(ii) Related organiz	zations								3a(ii)		
b	If "Yes" on line 3a(i	i), are the related organiza	ations listed as requi	red on S	chedule R?	) 				3b		
4		I the intended uses of the		owment	funds.							
Pai		ildings, and Equipn										
		the organization answere										
	Descriptio	on of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	d	(d) Boo	k value	e
1a	Land											
с	Leasehold improve	ments										
d	Equipment				1	.5,087.		7,1:	28.		7,9	59.
Tota	. Add lines 1a throu	gh 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)					7,9	59.

Schedule D (Form 990) 2019

932052 10-02-19

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part IV, line (b) Book value	<ul> <li>11b. See Form 990, Part X, line 12.</li> <li>(c) Method of valuation: Cost or end</li> </ul>	l-of-vear market value
1) Financial derivatives			
Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			·
(5)			·
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.	· · ···		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightly			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

WISCONSIN PARKINSON ASSOCIATION, INC.

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

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

Schedule D (Form 990) 2019

39-1492810 Page 3

932053 10-02-19

(9)

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WISCONSIN PARKINSON ASSOCI	ATIO	N, INC		39-14	92810	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Stateme		-				<u></u>
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	583,	490.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4 9 5 9			
a Net unrealized gains (losses) on investments			4,952.			
<b>b</b> Donated services and use of facilities			4,131.			
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)					10	002
e Add lines 2a through 2d				2e	564,	083.
3 Subtract line 2e from line 1				3	504,	407.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b			9,446.			
b Other (Describe in Part XIII.)	-		-	4-	_ <b>0</b>	446.
c Add lines 4a and 4b				4c	554,	961
5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) Part XII Reconciliation of Expenses per Audited Financial Statem				5 Return	,	901.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			chieco per	netum	-	
1 Total expenses and losses per audited financial statements				1	631	026.
<ul> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>				•	,	
a Donated services and use of facilities	2a		4,131.			
<ul> <li>b Prior year adjustments</li> </ul>						
c Other losses						
d Other (Describe in Part XIII.)			9,446.			
e Add lines <b>2a</b> through <b>2d</b>	-			2e	13,	577.
3 Subtract line 2e from line 1				3	617,	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a					
<b>b</b> Other (Describe in Part XIII.)						
c Add lines 4a and 4b	-			4c		Ο.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	617,	449.
Part XIII Supplemental Information.						
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part V, line 4	1; Part X,	line 2; Part >	<i, </i, 
PART XI, LINE 4B - OTHER ADJUSTMENTS:						
DIRECT EXPENSES REPORTED ON FORM 990, PART V	III,	LINE	8B		-9,	446.
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
DIRECT EXPENSES REPORTED ON FORM 990, PART V	III,	LINE	8B		9,	446.

932054 10-02-19

16290714 788028 12187.5AU01 2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

28

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2019					
Department of the Treasury		Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	I the latest informat	ion.		Inspection ntification number
	39-1492	810						
	complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
<ol> <li>Indicate whether the</li> <li>a Mail solicitate</li> <li>b Internet and</li> <li>c Phone solicitate</li> <li>d In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the followi e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
			contrib	No		lis	ted in col. (i)	organization
		n is registered or licensed to solicit		<b>D</b> ution:	s or has been notified	d it is	exempt from re	egistration
or licensing.								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

<sup>29</sup> 16290714 788028 12187.5AU01 2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

Schedule G (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING (event type)	(event type)	(total number)	- col. (c))
anue				(event type)	(total number)	
Revenue	1	Gross receipts	147,369.			147,369.
	2	Less: Contributions	124,765.			124,765.
	3	Gross income (line 1 minus line 2)	22,604.			22,604.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
chenses	6	Rent/facility costs	9,450.			9,450.
Ulrect Expenses	7	Food and beverages	16,535.			16,535.
<sup>ב</sup>	8	Entertainment				
	9	Other direct expenses				8,951.
		Direct expense summary. Add lines 4 through	. ,			34,936
_	<u>11</u> rt I	Net income summary. Subtract line 10 from I				-12,332
-a	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than	
<u>_</u>		+ · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
e c						
	1	Gross revenue				
	2	Cash prizes				
	2	Casir prizes				
Ulrect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	<b>Yes</b> %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		▶	
			, , , ,			•
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Ves L No
b	lf "l	No," explain:				
	We	re any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
0a		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
	lf "`					
	lf "`					
	lf "`					
b		p-11-19			Schedule G (Fo	orm 990 or 990-EZ) 201

2019.05094 WISCONSIN PARKINSON ASSOCIA 12187\_51

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 WISCONSIN PARKINSON ASSOCIATION, INC. 39-2	L <b>492810</b> Par
11	Does the organization conduct gaming activities with nonmembers?	Yes
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a
	An outside facility	13b
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$	
_	If "Yes," enter name and address of the third party:	
C	If Yes, entername and address of the third party.	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation  \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	🗀 Yes 📖
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
_	organization's own exempt activities during the tax year <b>&gt;</b> \$	
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9, 9b, 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
3208		n 990 or 990-EZ)
	31	-
		-

Schedule G	(Form 990 or 990-EZ)	WISCONSIN	PARKINSON	ASSOCIATION,	INC.	39-1492810	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continued)					
					S	chedule G (Form 990 or	990-EZ
932084 04-01-	19				-	-	,
				32			

SCHEDU (Form 990		Go	irants and Oth vernments, an ete if the organization	d Individua	<b>ls in the Ŭn</b> i ' on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2019</b> Open to Public
Internal Reve			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of t	he organization WISCONSI	N PARKINSO	N ASSOCIATI	ON, INC.				Employer identification number $39 - 1492810$
Part I	General Information on Grants	and Assistance						
	s the organization maintain records ria used to award the grants or as							
	cribe in Part IV the organization's p							
Part II	Grants and Other Assistance to	-				anization answered "א	′es" on Form 990, Pa	rt IV, line 21, for any
4 (-)	recipient that received more than					(f) Method of	(a) Decemination of	
1 (a) 1	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) er total number of other organizatio	•	•	le line 1 table				
	r Paperwork Reduction Act Notic							Schedule I (Form 990) (2019)

39-1492810

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR TEACHING EXERCISE CLASSES	11	5,197.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THERE ARE BASICALLY TWO TYPES OF R	ECIPIENT	S THROUGH	OUR GRANT	AWARD FUNDS,	

FACILITATORS OF OUR MOVEMENT AND MUSIC (M & M) EXERCISE CLASSES AND OTHERS

WHO SEEK FINANCIAL SUPPORT FOR EFFORTS WHICH WILL BENEFIT THE PARKINSON

COMMUNITY. M & M FACILITATORS RECEIVE AN AGREED UPON STIPEND BASED ON

NUMBER OF CLASSES THEY TEACH AND THEY ARE ELIGIBLE TO REQUEST FOR

REIMBURSEMENT FOR ADDITIONAL APPROVED EXPENSES RELATED TO LEADING THE

CLASS. FOR THOSE WHO SEEK FINANCIAL SUPPORT FOR EFFORTS WHICH WILL BENEFIT

THE PARKINSON COMMUNITY, THERE IS A MULTI-STEP PROCESS. FIRST THEY MUST

39-1492810 Page 2 WISCONSIN PARKINSON ASSOCIATION, INC. Schedule I (Form 990) Part IV | Supplemental Information COMPLETE A GRANT APPLICATION, WE HAVE ONE FOR INDIVIDUALS AND ANOTHER FOR ORGANIZATIONS. THE APPLICATION IS THEN REVIEWED BY OUR DIRECTOR OF GROUP ENGAGEMENT (DGE) WHO WILL GIVE HER RECOMMENDATION TO THE EXECUTIVE IF APPROVED, THE GRANTEE THEN MUST AGREE TO THE TERMS OUTLINED DIRECTOR. IN THE GRANT AWARD LETTER AND ADDENDUM. ONCE THESE ARE RECEIVED, WE SEND THE APPROVED REQUEST FOR PAYMENT TO OUR ACCOUNTANTS. THE EXECUTION OF THE GRANT AGREEMENT IS MONITORED AND TRACKED BY THE DGE THROUGH THE USE OF AN EXTERNAL GRANT DISBURSEMENT TRACKER AND ONGOING COMMUNICATION WITH THE RECIPIENT. AT THE DGE'S JUDGEMENT, SMALL GRANTS (TYPICALLY UNDER \$100) MAY BE APPROVED VIA E-MAIL AND WITH A RECEIPT FOR PURCHASE, WITH NO APPLICATION NECESSARY.

SCHEDULE O

(Form 990 or 990-EZ)

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



WISCONSIN PARKINSON ASSOCIATION, INC.

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

ONES.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT MCDONALD AND KATE MCDONALD HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

DURING FISCAL 2020, WPA AMENDED ITS GOVERNANCE DOCUMENTS (I.E., ARTICLES OF INCORPORATION AND BYLAWS) TO SIMPLIFY THE GOVERNANCE DOCUMENTS BY ELIMINATING THE NON-VOTING MEMBERSHIP CLASS (WHICH HAD NO SPECIFIED RESPONSIBILITIES OR AUTHORITY, AND ACCORDINGLY THERE HAS BEEN NO NEED FOR THIS SECOND CLASS OF MEMBERS). AFTER THE 2020 AMENDMENTS, WPA MEMBERS ORDINARILY ARE COMPRISED OF THE BOARD OF DIRECTORS. THE 2020 AMENDMENTS ALSO UPDATE COMMITTEE APPOINTMENT LANGUAGE TO MATCH CURRENT PRACTICES. IN ADDITION, THE 2020 BYLAW CHANGES IMPLEMENT LANGUAGE CONSISTENT WITH CURRENT BEST PRACTICES, INCLUDING: USE OF ELECTRONIC MEANS TO CONDUCT VIRTUAL MEETINGS; MODERN LANGUAGE WITH REGARD TO MEETING NOTICES; CONFLICT OF INTEREST LANGUAGE; INDEMNIFICATION AND HOLD HARMLESS FOR DIRECTORS; NONDISCRIMINATION LANGUAGE; AND TECHNICAL AND CONFORMING LANGUAGE CHANGES.

FORM 990, PART VI, SECTION B, LINE 11B: THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 36

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization WISCONSIN PARKINSON ASSOCIATION, INC.	Employer identification number 39-1492810
PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE	OF THEIR FAMILY
MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS O	F THE GOVERNING
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND	REVIEW ACTUAL
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM	PARTICIPATING IN
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE T	RANSACTION.

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

THE WISCONSIN PARKINSON ASSOCIATION UTILIZED MRA-THE MANAGEMENT ASSOCIATION TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. COMPENSATION PACKAGES ARE BASED ON JOB TITLE, DESCRIPTION AND GEOGRAPHIC LOCATION. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT WHICH THE GOVERNING BODY APPROVES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.