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

WISCONSIN PARKINSON ASSOCIATION, INC. 16655 W. BLUEMOUND ROAD, 330 BROOKFIELD, WI 53005

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2307-800

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

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

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning SEP 1, 2021 and ending AUG 31, Check if applicable: C Name of organization D Employer identification number Address change WISCONSIN PARKINSON ASSOCIATION, INC. Name change 39-1492810 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 414-312-6990 16655 W. BLUEMOUND ROAD 330 799,106. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 53005 BROOKFIELD, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KELLY CIESLAK for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or 527) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.WIPARKINSON.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1983 M State of legal domicile: WI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDING HOPE, COMMUNITY **Activities & Governance** SUPPORT AND RESOURCES FOR PEOPLE WITH PARKINSON'S AND THEIR LOVED if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 577,598. $733,8\overline{73}$. Contributions and grants (Part VIII, line 1h) 8 Revenue 95,275. 19,500. Program service revenue (Part VIII, line 2g) 3,502. 5.196. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,440. 731. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 759,300. 683,815. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,736. 10,882. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 420,413. 283,030. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 221,003. 236,263. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 644,152. 530,175. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 229,125. 39,663. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 413,008. 539,712. 20 Total assets (Part X, line 16) 172,169.92,976. 21 Total liabilities (Part X, line 26) 三年 240,839. 446,736 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KELLY CIESLAK, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JENNY TARKOWSKI, CPA 07/10/23 self-employed JENNY TARKOWSKI, CPA P00634290 Paid Firm's name WEGNER CPAS LLP Firm's EIN ▶ 39-0974031 Preparer Firm's address 2921 LANDMARK PL STE 300 Use Only Phone no. (608) 274-4020MADISON, WI 53713-4236

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form	1990 (2021) WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDING HOPE, COMMUNITY, SUPPORT AND RESOURCES FOR PEOPLE WITH
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	EDUCATION-WPA PROVIDES EDUCATIONAL OPPORTUNITIES FOR PEOPLE WITH
	PARKINSON'S DISEASE AND THE PUBLIC THROUGH COMMUNITY-BASED PROGRAMS AND
	HEALTH FAIRS. THESE WORKSHOPS INCLUDE HALF-DAY EVENTS AROUND THE STATE
	OF WISCONSIN, AS WELL AS AN ANNUAL FULL-DAY SYMPOSIUM.
4b	
	PARKINSON RESEARCH INSTITUTE-WPA PROVIDES MEDICAL EDUCATION TO
	COMMUNICATE EXISTING AND NEW MEDICAL KNOWLEDGE RELATED TO TREATMENT
	ALTERNATIVES AND PURSUIT OF A CURE FOR PARKINSON'S DISEASE. PARKINSON RESEARCH INSTITUTE ALSO INCLUDES WPA SUPPORT FOR PARKINSON'S RESEARCH
	EFFORTS SEEKING A CURE FOR PARKINSON'S DISEASE, AS WELL AS IMPROVING
	THE LIVES OF THOSE AFFECTED.
	THE BIVES OF THOSE AFFECTED:
4c	(Code:) (Expenses \$
	/ (Littling grants of the control of
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 378,156.
	Form 990 (2021)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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		х
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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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
20 a	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		X

Pa	rt IV Checklist of Required Schedules (continued)			agc		
	· (containded)		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23		X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		<u> </u>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l		
	"Yes," complete Schedule L, Part IV	28a		X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			٠.,		
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,		
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ 		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.		
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝≏		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051				
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├		
36	, , , , , , , , , , , , , , , , , , , ,					
07	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х			
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ			
	Check if Schedule O contains a response or note to any line in this Part V					
	Oncon il Conedule O containo a response di note to any line in tris Fart v		Yes	No		
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	}	res	140		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-				

132004 12-09-21

(gambling) winnings to prize winners?

Form 990 (2021) WISCONSIN PARKINSON ASSOCIATION, INC.

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

	o o i (continued)			г –		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7					
		OI.	X			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ			
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		Х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30				
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x		
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				
D	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).					
5 0		5a		х		
b	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?	5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30				
ou	any contributions that were not tax deductible as charitable contributions?	6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou				
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7с		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.					
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					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Ves." complete Form 6069					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 18							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer director trustee or key employee?	2	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
	5.11	5 6	х	X				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0	-25					
7a		7-		Х				
	more members of the governing body?	7a		Λ_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х				
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37					
a	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶WI							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availab	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	O'LEARY & ANICK LLC - 414-774-0300							
	13400 BISHOPS LANE, BROOKFIELD, WI 53005							

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

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

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

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

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

The street	Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
Name and time	(A)	(B)			_ (0	C)			(D)	(E)	(F)
Note Processing Note Processing Note No	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Very Nours for related organizations below line) Very Nours for related organizations below line) Very Nours for related organizations below line) Very Nours for related organizations (W-2/1099-MEC) Very Nours for related organizations Very Nours for related or		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
C2			-	Cerar	la a a	recio	T	lee)			
C2		1 '	recto							_	•
C2			or di	e e			sated		1	,	
C2			ustee	trust		99	ubeu		1 '	1099-NEC)	•
C2		1 -	dual tr	tional	١.	nploy	st con	_	1099-1120)		
C2			ndivic	nstitu	Officer	(ey er	Highe:	-orme			organizations
The street	(2) KELLY CIESLAK	40.00									
RESIDENT	EXECUTIVE DIRECTOR (FROM 11/2021)				Х				14,423.	0.	288.
ANGELA PECORARO	(3) ROB MCDONALD	1.00									
VICE PRESIDENT	PRESIDENT		Х		Х				0.	0.	0.
SECRETARY	(4) ANGELA PECORARO	1.00									
SECRETARY X	VICE PRESIDENT		Х		X				0.	0.	0.
Color	(5) RON MOHOREK	1.00									
TREASURER			X		X				0.	0.	0.
The content of the	(6) GINGER WOOSTER	1.00							_		
DIRECTOR			X		X				0.	0.	0.
(8) DICK COSENTINO		1.00	l								
DIRECTOR		1 00	X						0.	0.	0.
1.00		1.00	٠,								•
DIRECTOR		1 00	X						0.	0.	0.
1.00 X		1.00								_	0
DIRECTOR X		1 00	Λ						· ·	0.	0.
Column		1.00	v						0	0	0
DIRECTOR X		1 00	^						0.	0.	0.
1.00		1.00	x						0.	0.	0.
DIRECTOR X		1.00	22						•	•	•
1.00		1100	x						0.	0.	0.
DIRECTOR X	(13) GARY ROSS	1.00	1								
1.00	DIRECTOR		х						0.	0.	0.
DIRECTOR X	(14) LISA KOKONTIS, MD	1.00								-	-
1.00			Х						0.	0.	0.
1.00	(15) KATE MCDONALD	1.00									
1.00	DIRECTOR		Х	L	L		L	L	0.	0.	0.
1.00	(16) FRED MOSELEY	1.00									
1.00	DIRECTOR		Х						0.	0.	0.
(18) CHRISTOPHER PIERCE DIRECTOR 1.00 X 0. 0.	(17) BOB NORMAN	1.00									
DIRECTOR X 0. 0.			Х						0.	0.	0.
	(18) CHRISTOPHER PIERCE	1.00	1							_	_
	DIRECTOR		X						0.	0.	0 • Form 990 (2021)

Form 990 (2021)	WISCONSIN	PARKIN	ISC	N	AS	SO	CI	ΑT	TION, INC.	39-14	92	810	Pa	age 8
	ers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	' '				
(A) Name and t	itle	(B) Average hours per week	box	not c , unle:	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	า	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		com fr organo	pensa om the anizati d relate	e ion ed
(19) CHERYL PRESCOTT		1.00												
DIRECTOR		1 00	Х						0.		0.			0.
(20) ERIKA SMITH DIRECTOR		1.00	х						0.		0.			0.
dh Cubhadal									14,423.		0.		29	88.
1b Subtotal c Total from continuation	on sheets to Part VII								0.		0.			0.
d Total (add lines 1b and								<u> </u>	14,423.		0.		28	88.
2 Total number of individ compensation from the	,	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable				0
compensation from the	e organization												Yes	No
3 Did the organization list	•	·	-	•	•	•		•		•				х
Ine 1a? If "Yes," complete 4 For any individual listed									ner compensation from t			3		
									for such individual			4		Х
									ed organization or indivi					
		plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Co 1 Complete this table for		mnensated ind	lene	nde	nt cc	ntrs	actor	e th	nat received more than	\$100,000 of comp	encat	ion fro	m	
									the organization's tax					
	(A) Name and business	address	NO	ONE	S				(B) Description of s	services	С	(C omper		า
								_						

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 152,581. 1c d Related organizations 1d 222,464. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 358,828. 1f g Noncash contributions included in lines 1a-1f 733,873. h Total. Add lines 1a-1f **Business Code** 19,500. 19,500. 611430 2 a WEBINARS Program Service f All other program service revenue 19,500. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 5,196. 5,196. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 152,581. of contributions reported on line 1c). See 39,942. Part IV, line 18 **b** Less: direct expenses 136. 136. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 595. Part IV, line 19 0. **b** Less: direct expenses 9b 595. 595. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 759,300. 19,500. 5,927. **12 Total revenue.** See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 5,075. 5,075. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,807. 5,807. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9,889. 98,893. 76,148. 12,856. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 151,091. 113,774. 17,771. 19,546. Other salaries and wages 7 Pension plan accruals and contributions (include 4,143. 3,117. 491 535. section 401(k) and 403(b) employer contributions) 10,542. 8,499. 839. 1,204. Other employee benefits 9 18,361. 14,072. 2,175. 2.114. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,394. 5,394. Legal 22,978. 22,978. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 91,987. 80,987. 9,000. 2,000. column (A), amount, list line 11g expenses on Sch O.) 2,841. 2,546. 295. Advertising and promotion 12 60,036. 26,997. 6,464. 26,575. 13 Office expenses 4,303. 3,269. 526. 508. Information technology 14 15 Royalties 32,121.24,399. 3,788. 3,934. 16 Occupancy 5,590. 4,608. 527. 455. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,516. 4,516. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,769. 1,344. 216. 209. Depreciation, depletion, and amortization 22 3,412. 2,798. 273. 341. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,316. 200. 75. 1,041 All other expenses 530,175. 378,156. 83,814. 68,205. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Fai	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			145,861.	1	122,652.
	2	Savings and temporary cash investments			5,114.	2	5,102.
	3	Pledges and grants receivable, net	17,340.	3	25,000.		
	4	Accounts receivable, net		4,000.	4	11,429.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	•				
	•	under section 4958(f)(1)), and persons describ	•	,		6	
10	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,938.	9	11,865.
		Land, buildings, and equipment: cost or other			•	_	•
		basis. Complete Part VI of Schedule D		15,087.			
	Ь	Less: accumulated depreciation		10,665.	6,191.	10c	4,422.
	11	Investments - publicly traded securities		140,449.	11	126,790.	
	12	Investments - other securities. See Part IV, lin			92,115.	12	93,024.
	13	Investments - program-related. See Part IV, lir		•	13	•	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	139,428.		
	16	Total assets. Add lines 1 through 15 (must e			413,008.	16	539,712.
	17	Accounts payable and accrued expenses		34,988.	17	41,360.	
	18	Grants payable		-	18		
	19	Deferred revenue		54,145.	19	48,325.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
G	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	nese perso	ons		22	
<u>"</u>	23	Secured mortgages and notes payable to unr	elated thin	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			83,036.	25	3,291.
	26	Total liabilities. Add lines 17 through 25			172,169.	26	92,976.
		Organizations that follow FASB ASC 958, o					
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			240,186.	27	421,736.
Bal	28	Net assets with donor restrictions			653.	28	25,000.
nd		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			240,839.	32	446,736.
	33	Total liabilities and net assets/fund balances			413,008.	33	539,712.

Par	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
				_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,3	00. 75.				
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	Net unrealized gains (losses) on investments	5	-2:	3,2	28.				
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,								
	coluṃn (B))	10	44	5,7	<u>36.</u>				
Pai	Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Щ				
			\Box	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	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	audit,		х					
	review, or compilation of its financial statements and selection of an independent accountant?								
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization WISCONSIN PARKINSON ASSOCIATION, 39-1492810 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	403,424.	452,650.	511,793.	577,598.	733,873.	2679338.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	403,424.	452,650.	511,793.	577,598.	733,873.	2679338.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10,761.
	Public support. Subtract line 5 from line 4.						2668577.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	403,424.	452,650.	511,793.	577,598.	733,873.	2679338.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,537.	8,443.	3,923.	3,502.	5,196.	32,601.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2711939.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	414,904.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						>
	tion C. Computation of Publi						00.40
	Public support percentage for 2021 (li					14	98.40 %
	Public support percentage from 2020					15	97.38 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts			-	•		▶ □
	meets the facts-and-circumstances te	_	•	• • •	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	······· P

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 G	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	mounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(1)	127=2	(2)	(1) = = =	(7)	(1)
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)]	1	L		
	irst 5 years. If the Form 990 is for the	•			•		. —
	heck this box and stop here						_
	ion C. Computation of Public			. (6)		Tarl	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020 ion D. Computation of Invest	·	•			16	%
	•			10 (n)		147	0/
	nvestment income percentage for 202					17	%
	nvestment income percentage from 2			on line 14 and line		18	% 7 is not
	3 1/3% support tests - 2021. If the					41	▶ □
b 3	nore than 33 1/3%, check this box and 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	ne 18 is not more than 33 1/3%, chec		•	•		-	
20 P	Private foundation. If the organization	a did not check a	hay on line 14 19	a or 10h check th	nie hov and see in	etructions	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
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- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
0		
7		
•		
8		
9a		
9b		
9с		
33		
10a		
10b	- 000\	

Par	t IV St	pporting Organizations (continued)			
		·		Yes	No
11	Has the or	ganization accepted a gift or contribution from any of the following persons?			
а	A person v	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below	, the governing body of a supported organization?	11a		
b	A family m	nember of a person described on line 11a above?	11b		
С	A 35% cor	ntrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in P	art VI.	11c		
Sect	tion B. T	ype I Supporting Organizations			
				Yes	No
1	Did the go	verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	•	on, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the or	ganization operate for the benefit of any supported organization other than the supported			
	organizati	on(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI ho	w providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised	d, or controlled the supporting organization.	2		
Sect	tion C. T	ype II Supporting Organizations			
				Yes	No
1	Were a ma	ajority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	s of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or manage	ement of the supporting organization was vested in the same persons that controlled or managed			
	the suppo	rted organization(s).	1		
Sect	tion D. A	Il Type III Supporting Organizations			
		·		Yes	No
1	Did the or	ganization provide to each of its supported organizations, by the last day of the fifth month of the			
	organizati	on'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			
	organizati	on'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			
	organizati	on(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	Ū	zation maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason	of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	voice in the organization's investment policies and in directing the use of the organization's			
	income or	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		organizations played in this regard.	3		
Seci	·	ype III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		organization satisfied the Activities Test. Complete line 2 below.			
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
C		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI.
2		Test. Answer lines 2a and 2b below.		Yes	No
а		antially all of the organization's activities during the tax year directly further the exempt purposes of			
		rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		rganization was responsive to those supported organizations, and how the organization determined activities constituted substantially all of its activities.	2a		
b		tivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		re of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		e reasons for the organization's position that its supported organization(s) would have engaged in			
		vities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		Supported Organizations. Answer lines 3a and 3b below.			
		ganization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		f each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ganization exercise a substantial degree of direction over the policies, programs, and activities of each			
		ported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

1

2

3

<u>4</u> 5

6

Schedule	Δ	(Form	990)	202

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

2021

Name of the organization

WISCONSIN PARKINSON ASSOCIATION,

Employer identification number

39-1492810

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

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

WISCONSIN PARKINSON ASSOCIATION, INC.

39-1492810

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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		\$83,036.	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		\$ 23,325.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 17,417.	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
5		\$ 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
6		\$139,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

WISCONSIN PARKINSON ASSOCIATION, INC.

39-1492810

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		<u> </u>	
		\$	
(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
—			
		\$	

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** WISCONSIN PARKINSON ASSOCIATION, INC. 39-1492810 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

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

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not on a	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located 🕨 🔃		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	•	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			. .
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

4,422

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Cabadala D (Farra 200) 2001 WTCCONCTN D	ARKINSON ASSOC	ארדית ארדית מדית מדית מדית	-1492810 Page 3
Schedule D (Form 990) 2021 WISCONSIN PA	JOSCH MOCHIANE	CIATION, INC. 39	-1492010 Page 3
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	()	()	, , , , , , , , , , , , , , , , , , , ,
(2) Closely held equity interests			
(3) Other			
(A) CASH EQUIVALENTS HELD BY			
(B) INVESTMENT MANAGERS	93,024.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	00.004		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	93,024.		
Part VIII Investments - Program Related.	F 000 D+ N/ E	Ida Oas Farra 000 Bart V Pas 40	
Complete if the organization answered "Yes" (d of voor more of volve
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) EMPLOYEE RETENTION CREDITS	RECEIVABLE		139,428.
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		139,428.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		133,420.
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,,
(2) DEFERRED RENT			3,291.
(3)			,
(4)			
(5)			

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) 2021

(6) (7) (8)

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Par	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1				1	749,721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	02 000		
а	Net unrealized gains (losses) on investments		-23,228. 3,150.		
b	Donated services and use of facilities		3,150.		
С.	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				20 079
e	Add lines 2a through 2d			2e 3	-20,078. 769,799.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	100,100.
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a b	Other (Describe in Part XIII.)		-10,499.		
			•	4c	-10.499.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	$\frac{-10,499.}{759,300.}$
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		.027000
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	543,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u>, </u>
а	Donated services and use of facilities	2a	3,150.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		10,499.		
е	Add lines 2a through 2d			2e	13,649.
3	Subtract line 2e from line 1			3	13,649. 530,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>3.)</u>		5	530,175.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	ation.		
ם אם	om vi iine /p omued adiicomenoc.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
חדו	PECT EYDENCEC DEDODTED ON FORM GGO DADT	ד.ד דדעי	ME QD		_10 /00
דדם	RECT EXPENSES REPORTED ON FORM 990, PART		NE OD		-10,499.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	ti mii, min ab ommi mboobimmib.				
DIE	RECT EXPENSES REPORTED ON FORM 990, PART	VIII. LI	NE 8B		10.499.
===					

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule G (Form 990) 2021

Name of the organization

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

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

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 gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING			col. (c))
ø.			(event type)	(event type)	(total number)	(-1)
Revenue	1	Gross receipts	181,888.			181,888.
	2	Less: Contributions	152,581.			152,581.
	3	Gross income (line 1 minus line 2)	29,307.			29,307.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	18,149.			18,149.
О	8	Entertainment	3,648.			3,648.
	9	Other direct expenses				3,648. 11,158.
	10	Direct expense summary. Add lines 4 through			>	32,955.
		Net income summary. Subtract line 10 from li				-3,648.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(a.) Doublaha faratant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8				>	
		y many many case and mo	(4)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac No," explain:				Yes No
	<u></u>					
		ere any of the organization's gaming licenses re 'Yes," explain:			ear?	Yes No
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 WISCONSIN PARKINSON ASSOCIATION, INC. 39-	1492810	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			/ 0 %
	An outside facility	13b	<u> </u>
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	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name 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:		
	•		
a	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
			-

Schedule G	i (Form 990)	WISCONSIN	PARKINSON	ASSOCIATION,	INC.	39-1492810	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued))				
		<u> </u>	<u> </u>				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection

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

				3.90%	I THE INTEST HINDING	anon:			1
Nam	Name of the organization WISCONSIN	WISCONSIN PARKINSON	N ASSOCIATION	ON, INC.				Employer ider	Employer identification number $39-1492810$
Part I	t I General Information on Grants and Assistance	and Assistance							
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th€	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectic	•	[
•	criteria used to award the grants or assistance?	stance?						×	X Yes No
N	ŝ	ocedures for moni	toring the use of grant	funds in the United	States.				
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	izations and Domestic	c Governments. Conal space is need	Somplete if the organd.	anization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any additional space is needed.	IV, line 21, for a	any
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purp or a	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organizations I	and government or	ganizations listed in the	isted in the line 1 table				A	
က	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A	
ΕĦ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule	Schedule I (Form 990) 2021

Page 2

39-1492810

Schedule I (Form 990) 2021 WISCONSIN PARKINSON ASSOCIATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR TEACHING EXERCISE CLASSES	3	5,807.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
M & M FACILITATORS RECEIVE AN AGREED UP	NO	STIPEND BASED	ED ON NUMBER OF	ER OF	
CLASSES THEY TEACH AND THEY ARE ELIGIBL	闰	TO REQUEST F	FOR REIMBURSEMENT FOR	SEMENT FOR	
ADDITIONAL APPROVED EXPENSES RELATED TO	_	LEADING THE C	CLASS.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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 6:
THE CORPORATION SHALL HAVE ONE (1) CLASS OF MEMBER. MEMBERS ARE EACH
ENTITLED TO ONE (1) VOTE IN ANY MATTERS SUBMITTED TO THE VOTE OF THE
MEMBERSHIP.
MEMBERS SHALL BE COMPRISED SOLELY OF PERSONS ELECTED TO, AND SERVING ON,
THE BOARD OF DIRECTORS OF THE CORPORATION. UNDER THE CURRENT BYLAWS
(EFFECTIVE 2020), THE BOARD MEMBERS ARE THE MEMBERS AND ONLY BOARD MEMBERS
ARE ELIGIBLE TO BE MEMBERS.
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
PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY
MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 39-1492810 WISCONSIN PARKINSON ASSOCIATION, INC. THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION. 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. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 80,987. MANAGEMENT AND GENERAL EXPENSES 9,000. FUNDRAISING EXPENSES 2,000. TOTAL EXPENSES 91,987. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 91,987.