Form **990**

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 <u>'</u>3 Open to Public Inspection

Dep: Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/	Form990 for instructions and	the latest in	formation.		Inspection
-			ar year, or tax year beginning S	EP 1, 2023 an	d ending A	UG 31, 2024		
	Check if applicab	le: C Name o	forganization			D Employer id	entificat	tion number
	Addre	MAKE-A	A-WISH FOUNDATION OF WISCONS	STN INC				
F	Chang			, in inc.		39-1543	3541	
F	chang Initial		usiness as	livered to streat address)	Room/suite			
F	returr Final	11020	and street (or P.O. box if mail is not de W. PLANK COURT	ilvered to street address)	200	E Telephone nu 262-781-		
	⊥returr termii ated	n-	own, state or province, country, and	7IP or foreign postal code		G Gross receipts \$		13,279,596.
	Amer	ided wattwar	OSA, WI 53226			H(a) Is this a gro	nun retu	
F	returr Appli tion	· .	nd address of principal officer: PATT	I GORSKY POLLACK		for subordi		
	pendi	na	C ABOVE			H(b) Are all subordi		
1	Tax-ex	empt status:	x 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	1 . /		t. See instructions
	Websi		DRG/WISCONSIN	() -: <u> </u>	H(c) Group exer		
			X Corporation Trust A	ssociation Other	L Year	of formation: 1984		State of legal domicile: WI
	art I	Summary						
e	1		be the organization's mission or most		HER, WE CR	REATE		
Governance	2	Check this bo		ntinued its operations or dispo	osed of more	than 25% of its n	ot accat	\$
veri	3		ting members of the governing body				3	s. 24
ĝ	4		dependent voting members of the go				4	24
			of individuals employed in calendar				5	32
itie	6		of volunteers (estimate if necessary)				6	415
Activities &	7a		d business revenue from Part VIII, co				7a	0.
Ă	b		business taxable income from Form	()/			7b	0.
						Prior Year	·	Current Year
-	8	Contributions	and grants (Part VIII, line 1h)			9,529,8	387.	9,720,188.
Revenue	9	Program servi	· · · · · · · · · · · · · · · · · · ·			6,0	000.	5,250.
eve	10		come (Part VIII, column (A), lines 3, 4			619,9	964.	1,302,132.
ũ	11		e (Part VIII, column (A), lines 5, 6d, 8c			32,4	410.	-30,708.
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		10,188,2	261.	10,996,862.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		4,959,2	281.	8,069,667.
	14	Benefits paid	to or for members (Part IX, column (A	A), line 4)			٥.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,657,8	376.	2,931,961.
Expenses	16a	Professional f	undraising fees (Part IX, column (A),			10,0	572.	10,881.
xpe	b b		ing expenses (Part IX, column (D), lin					
ш	1 "		es (Part IX, column (A), lines 11a-11d			1,823,		2,061,693.
	18		es. Add lines 13-17 (must equal Part I			9,451,0		13,074,202.
	19	Revenue less	expenses. Subtract line 18 from line	12		736,0		-2,077,340.
Net Assets or					ве	ginning of Current		End of Year
Sset	20	Total assets (22,372,2		22,286,469.
etA	21		s (Part X, line 26)			1,976,8		2,222,280.
_	<u>22</u> art II	Signature	fund balances. Subtract line 21 from Block	line 20		20,395,2	221.	20,064,189.
		•	I declare that I have examined this return	including accompanying schedul	ac and stateme	ante and to the heet	of my kr	nowledge and belief it is
			egeviaration of preparer (other than offici				-	iowieuge and benef, it is
	,		Gorsky Pollack		men propurer	2/	/24/20)25
Sig	n	Signature of g	-			Date		
He			KY POLLACK, PRESIDENT & CEO					
110	C	Type or print n	1					
		Print/Type pre		Preparer's signature	[Date Ch	eck] PTIN
Pai	d	MELISSA HA	•	MELISSA HANGSLEBEN	0:	2/24/25 if sel	f-employed	P02087031
	- parer	Firm's name	CLIFTONLARSONALLEN LLP		I	Firm's El		-0746749
	Only	Firm's address		E 2300				
	-		PHOENIX, AZ 85012			Phone no).(602)	266-2248
Ma	v the I	RS discuss this	s return with the preparer shown abo	ve? See instructions				X Yes No

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions.

No

Form	1990 (2023) MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL	
	ILLNESSES.	
2	Did the organization undertake any significant program services during the year which were not listed of	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 s	ervices? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program ser	vices as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$10,210,776. including grants of \$8,069,667.	•) (Revenue \$ 5,250.)
	SEE SCHEDULE O.	
41.		
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
<u></u>		
4d	Other program services (Describe on Schedule O.)	`
مە	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 10,210,776.)
-10		Form 990 (2023)
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	3	

	990 (2		13541	P	age 3
Par	t IV	Checklist of Required Schedules			
				Yes	No
1	Is the	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes	s," complete Schedule A	1	Х	
2	Is the	organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did th	ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public	coffice? If "Yes," complete Schedule C, Part I	3		X
4	Section	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ect		
		g the tax year? If "Yes," complete Schedule C, Part II	4		X
5		organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
		r amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
		de advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pa	rt I <u>6</u>		X
7		e organization receive or hold a conservation easement, including easements to preserve open space,			
_		nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
-		dule D, Part III	8		X
9		ne organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
		nts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40		s," complete Schedule D, Part IV	9		
10		ne organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
44		quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		А	
11					
2		plicable. ie organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D,</i>			
a		· · · · · ·	11a	x	
h		// ne organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u> </u>
D.		s reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c		e organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ		s reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
		(, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		he organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
		e organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a		e organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		dule D, Parts XI and XII	12a	х	
b		he organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes	s," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a		e organization maintain an office, employees, or agents outside of the United States?	1		x
b		e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
		ment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		re? If "Yes," complete Schedule F, Parts I and IV	14b		X
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Ι.
		n organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16		e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
		foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17		ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18		e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40		d 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19		ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		v	
00		lete Schedule G, Part III		X	
		e organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
		s" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		<u> </u>
21		ne organization report more than \$5,000 of grants or other assistance to any domestic organization or stic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I. Parts I and II</i>	21	x	
332000	12-21-2				(2023)
002003	12-21-2		1 0/11		(2020)

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Form	990 (2023) MAKE-A-WISH FOUNDATION OF WISCONSIN INC. 39-1543	541	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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?			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		1	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	
		38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
332004	12-21-23	Forn	1 990	(2023)
	4			

Form		543541	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	ayor? 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		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		14a		x
			1	
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16		16		x
10	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
00000		Earr	990	(2023)
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	990 (2023) MAKE-A-WISH FOUNDATION OF WISCONSIN INC. 39-154354		F	Pa
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line % % or 10b below, describe the singurateness, processes, or observe on Schedula O. See instructions	"No" ı	respor	าร
	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			
Sect	tion A. Governing Body and Management			-
			Yes	ļ
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			l
	If there are material differences in voting rights among members of the governing body, or if the governing			l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			l
	Enter the number of voting members included on line 1a, above, who are independent 1b 24			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
_	officer, director, trustee, or key employee?	2		┨
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		-
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-
6 7-	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		1
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	х	1
	The governing body?	8a	X	-
	Each committee with authority to act on behalf of the governing body?	8b	А	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		
Sect	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		•
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	x	•
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		•
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		Ī
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	Ì
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	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	Х	
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			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		
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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	1
	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)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ISLARA LEINGANG - 262-781-4445			-
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		ו 990	-

Form 990 (2023)	MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employees		
 List all of the orga 	for all persons required to be listed. Report compensation for the calendar year er nization's current officers, directors, trustees (whether individuals or organization (E), and (F) if no compensation was paid.	8	,
0	nization's current key employees, if any. See the instructions for definition of "key on's five current highest compensated employees (other than an officer, director, t		

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per biller and stretchroutener week Description biller and stretchroutener biller and stretchrotener biller and stretchroutener biller and stretchroute	(A)	(B)			(C)			(D)	(E)	(F)
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Form 990 (2023)

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(19) GAVIN HATTERSLEY 1.00 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (20) KELLY KAUFFMAN 1.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. (21) DEVINA MISTRY 1.00 x 0. 0. 0. 0. 0. (22) CHRIS MCINTOSH 1.00 x 0. 0. 0. 0. 0. DIRECTOR x 0.	Form 990 (2023) MAKE-A-WISH H	FOUNDATION	OF	WIS	CON	SIN	I IN	IC.		39-154354	1	Page 8
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Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	(cl		Pos	ition that	app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensatior
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
27) LYNDA PATTERSON DIRECTOR	1.00	x						0.	0.	(
28) RICH THOMPSON	1.00									
DIRECTOR 29) DANA WORLD PATTERSON	1.00	Х						0.	0.	
DIRECTOR (THRU 6/11/24)		x						0.	0.	
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			2023) MAKE-A-WISH FOUNDAT	ION OF WISCON	NSIN INC.		39-154354	1 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1	2,078,788.				
Contribution and Other		g	similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		9,720,188.			
Program Service Revenue	2	a b c	WISH ASSIST FEES	Business Code 900099	5,250.	5,250.		
Program Reve			All other program service revenue Total. Add lines 2a-2f		5,250.			
	3 4 5	_	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	st, and roceeds	500,675.			500,675.
		b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ne	7	а	Net rental income or (loss)Gross amount from sales of assets other than inventory(i) Securities 2,419,564.Less: cost or other basis and sales expenses7b1,618,107.	(ii) Other				
. Revenue		d	Gain or (loss) 7c 801,457. Net gain or (loss)		801,457.			801,457.
Other Re			Gross income from fundraising events (not including \$ 2,078,788. of contributions reported on line 1c). See Part IV, line 18	564,066. 653,579.				
	9	c a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	64,520.	-89,513.			-89,513.
	10	c a	Less: direct expenses 9b Net income or (loss) from gaming activities 9b Gross sales of inventory, less returns 10a and allowances 10b Less: cost of goods sold 10b		53,472.			53,472.
sous			Net income or (loss) from sales of inventory OTHER INCOME	Business Code 900099	5,333.			5,333.
Miscellaneous Revenue			All other revenue		5,333.			
33200	12		Total revenue. See instructions		10,996,862.	5,250.	0.	1,271,424. Form 990 (2023)

10

MAKE-A-WISH FOUNDATION OF WISCONSIN INC. -1:

	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comple		r organizations must con	α	
ecuc	Check if Schedule O contains a respons			ipiele column (A).	
D		(A)	(B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,500,040.	2,500,040.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,569,627.	5,569,627.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	484,299.	195,034.	100,878.	188,38
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,855,583.	753,108.	384,319.	718,15
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	254,279.	102,401.	52,966.	98,91
9	Other employee benefits	188,790.	69,102.	42,752.	76,93
	Payroll taxes	149,010.	61,094.	29,802.	58,11
	Fees for services (nonemployees):				
а	Management	5,004.	2,663.	802.	1,53
	Legal				
	Accounting	87,084.		87,084.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	10,881.			10,88
	Investment management fees	70,381.		70,381.	,
	Other. (If line 11g amount exceeds 10% of line 25,	, -		, -	
-	column (A), amount, list line 11g expenses on Sch O.)	76,993.	1,196.	53,430.	22,36
	Advertising and promotion	3,153.	, -	, -	3,153
	Office expenses	527,017.	241,198.	95,412.	190,40'
	Information technology	36,210.	10,962.	10,524.	14,724
	Poveltion	,•			,
	· · · · · · · · · · · · · · · · · · ·	194,251.	78,155.	41,752.	74,344
7	Occupancy	18,953.	3,236.	4,548.	11,169
		10,555.	5,250.	1,010.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51,592.	8,182.	12,038.	31,37
	Conferences, conventions, and meetings	146.	0,102.	146.	51,577
	Interest	140.		140.	
	Payments to affiliates	00 700	40 070	10.040	20.00
2	Depreciation, depletion, and amortization	99,702.	40,878.	19,940.	38,884
	Insurance				
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	CHAPTER DUES	816,636.	571,645.	81,475.	163,510
~	BAD DEBT EXPENSE	56,225.			56,22
•	MEMBERSHIP DUES	14,345.	2,255.	6,626.	5,46
d	MERCHANT FEES	4,001.			4,00
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	13,074,202.	10,210,776.	1,094,875.	1,768,55
6	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)				

332010 12-21-23

09200224 131839 A195112

2023.05060 MAKE-A-WISH FOUNDATION OF A1951121

Form 990 (2023)

	rt X	2023) MAKE-A-WISH FOUNDATIC Balance Sheet	T OF WIDCO	MOTH THC.		79-1	543541 Page
		Check if Schedule O contains a response or note	e to any line ir	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,759.	1	329,285
	2	Savings and temporary cash investments			1,424,920.	2	506,372
	3	Pledges and grants receivable, net			998,110.	3	632,95
	4	Accounts receivable, net			524.	4	3
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial contribu	utor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualifi	ied persons (a	as defined			
		under section 4958(f)(1)), and persons described	in section 49	58(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			76,479.	8	79,23
As	9	B			398,943.	9	439,11
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,163,943.			
	b	Less: accumulated depreciation	10b	938,729.	294,288.	10c	225,21
	11	Investments - publicly traded securities			18,043,332.	11	18,973,69
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,118,790.	15	1,100,56		
	16	Total assets. Add lines 1 through 15 (must equa			22,372,145.	16	22,286,46
	17	Accounts payable and accrued expenses		787,928.	17	711,21	
	18	Grants payable		18			
	19	Deferred revenue		54,040.	19	430,74	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
2	22	Loans and other payables to any current or form	er officer, dire	ector,			
		trustee, key employee, creator or founder, substa	antial contribu	utor, or 35%			
LIADIIIUES		controlled entity or family member of any of thes	e persons			22	
Ĩ	23	Secured mortgages and notes payable to unrelate	ted third parti	es		23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to relat	ed third			
		parties, and other liabilities not included on lines	17-24). Comp	olete Part X			
		of Schedule D			1,134,926.	25	1,080,31
	26	Total liabilities. Add lines 17 through 25			1,976,894.	26	2,222,28
		Organizations that follow FASB ASC 958, chee	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			18,509,402.	27	18,341,91
ра	28	Net assets with donor restrictions			1,885,849.	28	1,722,27
na		Organizations that do not follow FASB ASC 95	58, check her	·e 🗌 🛛			
Ľ		and complete lines 29 through 33.					
so	29	Capital stock or trust principal, or current funds				29	
ser	30	Paid-in or capital surplus, or land, building, or eq	uipment fund			30	
AS	31	Retained earnings, endowment, accumulated inc	come, or othe	r funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,395,251.	32	20,064,18
-	33	Total liabilities and net assets/fund balances			22,372,145.	33	22,286,46

Form	990 (2023) MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	L	Pa	_{ae} 12
Pa	rt 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	10	,996,	862.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,074,	202.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 2	,077,	340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,395,	251.
5	Net unrealized gains (losses) on investments	5	1	,771,	008.
6	Donated services and use of facilities	6		-24,	730.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	,064,	189.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1		1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

SCHEDULE A		Public Cha	rity Status an	d Duk	lia Su	innort		OMB No. 1545-0047
(Form 990)	с		ization is a section 501					2023
		494	47(a)(1) nonexempt cha	ritable tru	st.			
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Open to Public Inspection
Name of the organiz							Employer	identification number
			N OF WISCONSIN INC					39-1543541
Part I Reaso	n for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
<u> </u>		•	For lines 1 through 12, cl		,			
			n of churches described		on 170(b)(1	l)(A)(i).		
			Attach Schedule E (Form		/L//4//A//::	:)		
	•		anization described in se njunction with a hospital			•)(iii) Enter	the hospital's name
city, and s	-		.j		ooollo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 An organi	ation operated f	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
section *	70(b)(1)(A)(iv).(Complete Part II.)						
	state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
0		,	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		Complete Part II.)	(1)(A)(ui) (Complete Dad					
	-		(1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i		ed in coniu	inction with a	land-grant	college
		-	ulture (see instructions).		-		-	-
university	-		, , , , , , , , , , , , , , , , , , ,			,		
10 🗌 An organi	ation that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
			t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
	on 509(a)(2). (Co vation organized		vely to test for public sat	aty See	section 50)Q(a)(4)		
E °	•	-	vely for the benefit of, to	•			rry out the	purposes of one or
0	•	-	d in section 509(a)(1) o				•	
-		-	f supporting organizatior					
a 🗌 Type I.	A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
-	-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		complete Part IV, Se					n (n) hu hau	
			or controlled in connect anization vested in the sa			0		•
	e	st complete Part IV,		ane perso			ge the supp	bonce
<u> </u>	()	• •	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
its supp	orted organizatio	on(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 📃 Type III	non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		•	ation generally must sati			•	l an attentiv	/eness
			nplete Part IV, Sections					
	•		written determination from nally integrated supportin			турет, туре	п, туре п	
	er of supported	•••	nany integrated supportin	ig organiz				
		n about the supporte	d organization(s).					
(i) Name of s organiza		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No	support (see ii		
Total								

Sch	edule A (Form 990) 2023 M2	AKE-A-WISH FOU	NDATION OF WIS	CONSIN INC.		39-15435	41 Page 2
	rt II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you checked	d the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part III	.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,871,982.	7,659,447.	9,593,772.	9,529,887.	9,720,188.	42,375,276.
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	5,871,982.	7,659,447.	9,593,772.	9,529,887.	9,720,188.	42,375,276.
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)						1,026,828.
6	Public support. Subtract line 5 from line 4.						41,348,448.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5,871,982.	7,659,447.	9,593,772.	9,529,887.	9,720,188.	42,375,276.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	286,331.	306,377.	348,872.	395,862.	500,675.	1,838,117.
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.)	356,520.	493,446.	444,420.	663,323.	633,919.	2,591,628.
11	Total support. Add lines 7 through 10						46,805,021.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	20,075.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	88.34 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	91.05 %
1 6a	33 1/3% support test - 2023. If the o						and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this l	box and stop here	e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	licly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qual	lifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

39-1543541	Page	з
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge		<u> </u>				
6 Total. Add lines 1 through 5				-		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) orgar	iization,
check this box and stop here	lie Cuppert De					·····
Section C. Computation of Pub		¥			11	
15 Public support percentage for 2023		,	.,,		15	<u>%</u>
16 Public support percentage from 202 Section D. Computation of Inve					16	%
					47	
17 Investment income percentage for 218 Investment income percentage from					17 18	<u>%</u>
18 Investment income percentage from19a 33 1/3% support tests - 2023. If th					· · · · ·	// %
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If th						
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati						
332023 12-21-23	and not oncon a	200 011 110 14, 10	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>			lule A (Form 990) 2023
		16	5		00100	

MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

Schedule A (Form 990) 2023 MAKE -. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

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 5b
 5c

 5c
 5c

 5c
 5c

 6
 5c

 7
 5c

 8
 5c

 9a
 5c

 9b
 5c

 9c
 5c

 10a
 5c

 10b
 5c

 Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supported organization of the trian the supported			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instructior	· ·	N
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the exemption was reappopulately (1) to which the ex			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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cnea	ule A (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCON:	-		39-1543541	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain ir</i>	Part VI). See inst	ructions
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	ections A through E.	-	
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Curren (option	
1 1	Net short-term capital gain	1			
2 F	Recoveries of prior-year distributions	2			
3 (Other gross income (see instructions)	3			
4 /	Add lines 1 through 3.	4			
<u>5</u> [Depreciation and depletion	5			
6 F	Portion of operating expenses paid or incurred for production or				
c	collection of gross income or for management, conservation, or				
	naintenance of property held for production of income (see instructions)	6			
7 (Other expenses (see instructions)	7			
8 /	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	n B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1 /	Aggregate fair market value of all non-exempt-use assets (see				
i	nstructions for short tax year or assets held for part of year):				
a /	Average monthly value of securities	1a			
b /	Average monthly cash balances	1b			
сF	air market value of other non-exempt-use assets	1c			
d 1	Fotal (add lines 1a, 1b, and 1c)	1d			
еľ	Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			
	Vinimum Asset Amount (add line 7 to line 6)	8			
	n C - Distributable Amount			Current `	Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1			
	Enter 0.85 of line 1.	2			
	Ainimum asset amount for prior year (from Section B, line 8, column A)	3			
	Enter greater of line 2 or line 3.	4			
	ncome tax imposed in prior year	5			
	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
	Check here if the current year is the organization's first as a non-function			/	

instructions).

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 MAKE-A-WISH FOUNDAT	ION OF WISCONSIN INC.			39-1543541	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)		
Sect	on D - Distributions		1		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 99 Part VI Suppl	emental Info	rmation. Provide th	UNDATION OF WISCONSIN	art II, line 10; Part II, line 17a	39-1543541 or 17b; Part III, line 12;	Page 8
Part IV, line 1; F Section	Section A, lines Part IV, Section D	1, 2, 3b, 3c, 4b, 4c, 5a), lines 2 and 3; Part IV	a, 6, 9a, 9b, 9c, 11a, 11b, and 7, Section E, lines 1c, 2a, 2b, 7 n E, lines 2, 5, and 6. Also cc	11c; Part IV, Section B, lines 8a, and 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section t V, Section B, line 1e; F	
SCHEDULE A, PAR	T II, LINE 10), EXPLANATION FC	OR OTHER INCOME:			
GROSS FUNDRAISI	NG REVENUE					
2019 AMOUNT: \$	356,520.					
2020 AMOUNT: \$	450,326.					
2021 AMOUNT: \$						
2022 AMOUNT: \$						
2023 AMOUNT: \$	564,066.					
GROSS GAMING RE	VENUE					
2019 AMOUNT: \$	0.					
2020 AMOUNT: \$	43,120.					
2021 AMOUNT: \$						
2022 AMOUNT: \$						
2023 AMOUNT: \$						
OTHER INCOME						
2019 AMOUNT: \$	0.					
2020 AMOUNT: \$	0.					
2021 AMOUNT: \$	75.					
2022 AMOUNT: \$	0.					
2023 AMOUNT: \$	5,333.					
332028 12-21-23			21		Schedule A (Form	990) 2023

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

2023

Name of the organizatio	Employer identification number	
	MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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	B (Form 990) (2023) organization		Page Employer identification number
Name of 0	rganization		
MAKE-A-V	WISH FOUNDATION OF WISCONSIN INC.		39-1543541
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1		\$1,517,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$945,	687. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$877,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$1,090,	020. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$307,	.000. Person X .000. Payroll .000. Noncash .000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6	Ndine, duuress, diiu Zir + 4		Person X Payroll 254. Noncash

noncash contributions.) Schedule B (Form 990) (2023)

(Complete Part II for

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23 2023.05060 MAKE-A-WISH FOUNDATION OF A1951121

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Schedule I	3 (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
MAKE-A-W	ISH FOUNDATION OF WISCONSIN INC.		39-1543541
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	TRAVEL, M&E, SUPPLIES	_	
		-	
		\$91	,988. 08/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
2	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	-	
2		\$945,	,687. 08/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - •	

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Page 3

Schedule B	8 (Form 990) (2023)			Page 4
Name of or	ganization			Employer identification number
MAKE-A-W	ISH FOUNDATION OF WISCONSIN INC.			39-1543541
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000	or less for the year. (Enter this inf	io. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
<u> </u>				
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	transferor to transferee
(a) No.			I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
-				
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	transferor to transferee
		[
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
			[
ŀ		(e) Transfer of	aift	
			girt	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		escription of how gift is held
Part I				
			[
-		(e) Transfer of	 gift	
	T		Delationality of	
F	Transferee's name, address, ar		Relationship of t	transferor to transferee
		·		

Schedule B (Form 990) (2023)

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Docusign Envelope ID: C7C68364-1810-4837-A668-2C4366E751BA

	HEDULE D n 990)		al Financial Statements nization answered "Yes" on Form 990,	5	OMB No. 1545-0047
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t .ttach to Form 990.		ZUZJ Open to Public
-	I Revenue Service e of the organization				· · ·
	e er ine er gumzuk		VISCONSIN INC.		
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.	Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds and	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		-		
6					Yes No
6	•		0 0		
	impermissible priva			-	Yes No
Pa					
1					
•		, ,	· · · · · · · · · · · · · · · · · · ·	a historically impor	tant land area
		f natural habitat			
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation ea	sement on the last
	day of the tax year			Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic struct	ture listed in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	the tax
	year				
4					
5					
~	,				
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	rianding of violations, and enforcing conse	ervation easements	during the year
7	Amount of expens	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservati	ion essements duri	ng the year
	Amount of expens	es meaned in morntoning, inspecting, name			ng the year
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)	(4)(B)(i)	
-					Yes No
9					
		-	-		he
		ounting for conservation easements.	-		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	her Similar Ass	ets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet w	orks
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public	
	· •				
b					
		· ·	exhibition, education, or research in furthe	erance of public se	rvice,
		ng amounts relating to these items.		*	
~	.,				
2	-			gain, provide	
~				¢	
			Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Co to www.irs.gov/Form990 for instructions and the latest information. A WISH FOUNDATION OF VISCONSIN INC. Training Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Ves' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (during year) (during year) (during year) (during vear) (during or on constructions in writing that the assets held in donor advised funds subject to the organization's exclusive legal control? Yes The banefit of the donor or donor advisors in writing that grant funds can be used only for the benefit of the donor or donor advisor, or for any other purpose conferring The donor advisors in writing that grant funds can be used only for the benefit of the organization answered "Yes" on Form 990, Part IV, line 7. Tements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Tements held by the organization (check all that apply). Devise (or example, recreation or education) Preservation of a correservation easements aervation assements 22 23 24 24 25 25 25 26 25 26 26 27 26 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29		
				····· ·	dule D (Form 990) 2023
	1 09-28-23			COLE	
		- / / / -	26		

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		FOUNDATION OF				9-1543		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar A	ssets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use	of its		
	collection items (check all that apply).			C C	C			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е		0 1 0				
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpose i	n Part X		
5	During the year, did the organization solicit or							
-	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang					rt IV lin		
	reported an amount on Form 990, Par		en trie organization		11 onn 000, 1 u	ierv, mi	00,01	
10	Is the organization an agent, trustee, custodia		iany for contribution	s or other assets no	tincluded			
Ia							Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					ட	165	
b		and complete the foll	owing table.				Amount	
-					4.		Amount	
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo				llity?		Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	TV Endowment Funds Complete if					a haali	(a) Four	waara baak
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		(e) Four	years back
	Beginning of year balance	173,722.	169,690.	207,990.	181,	,899.		150.000
	Contributions							150,000.
	Net investment earnings, gains, and losses	21,309.	4,032.	-38,300.	26,	,091.		31,899.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	195,031.	173,722.	169,690.	207,	990.		181,899.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 76.9100	%						
с	Term endowment 23.0900	%						
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated		(d) Bool	value
	,	basis (investm	• • •		epreciation		. ,	
1a	Land	<u>`</u>						
	Buildings							
	Leasehold improvements			773,216.	599,635	5.		173,581.
	Equipment			390,727.	339,094	_		51,633.
	Other			· , · _ · ·	,	-		,•
	Add lines 1a through 1e. (Column (d) must en		V line 10e human	(D))				225,214.
TOLD	. Aud intes ta through te. (Column (d) must ei	uuai Form 990, Part J	<u>, iirie i UC, Column</u>	<u>(ال</u>)				1 990) 2023
					301	ieuule I	חוטידן ש	1 3301 2023

Schedule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

Part VII Investments - Other Securities	n Form 990 Part IV line	11b See Form 000 Part V line 12	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives			or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Oal (b) must as well Form 000, Dart V, line 10, as L (D))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	· ·		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NATIONAL			16,989.
(3) DUE TO OTHER CHAPTERS			131,651.
(4) LEASE LIABILITY - OPERATING			931,678.
(5)			
(6)			
(7)			
(8)			
(9)			1,080,318.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<u>(B))</u>		±,000,310.

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

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN IN	с.		39-1543541	L Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1 Total revenue, gains, and other support per audited financial statements			1	13,763,042.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	1,771,008.		
b Donated services and use of facilities	2b	976,040.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	2,747,048.
3 Subtract line 2e from line 1			3	11,015,994.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,381.		
b Other (Describe in Part XIII.)	4b	-89,513.		
c Add lines 4a and 4b			4c	-19,132.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	10,996,862.
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1 Total expenses and losses per audited financial statements			1	14,094,104.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,000,770.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		89,513.		
e Add lines 2a through 2d			2e	1,090,283.
3 Subtract line 2e from line 1			3	13,003,821.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,381.		
b Other (Describe in Part XIII.)		· · · ·		
c Add lines 4a and 4b			4c	70,381.
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)				13,074,202.
Part XIII Supplemental Information				- •
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b a	and 2b: Part V. line 4	: Part X. line 2:	Part XI.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

AS	OF	AUGUST	31,	2024	AND	2023,	THE	FOUNDATION	HAD	А	BENEFICIAL	INTEREST
----	----	--------	-----	------	-----	-------	-----	------------	-----	---	------------	----------

IN ASSETS HELD BY OTHERS OF \$195,031 AND \$173,722, RESPECTIVELY. THIS

INTEREST CONSISTS OF A FUND CONTRIBUTED TO THE WISHES FOREVER ENDOWMENT

FUND AT THE NATIONAL OFFICE. AN ENDOWMENT AGREEMENT HAS BEEN SIGNED

BETWEEN THE CHAPTER AND NATIONAL OFFICE. DISTRIBUTIONS FROM THE NATIONAL

OFFICE ARE MADE IN ACCORDANCE WITH THE SPENDING POLICIES ADOPTED BY THE

NATIONAL OFFICE. THE NATIONAL OFFICE HAS VARIANCE POWER AS IT RELATES TO

THESE ASSETS. THE BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS CONSISTS OF

FUNDS CONTRIBUTED AND THE EARNINGS THEREON, NET OF DISTRIBUTIONS RECEIVED,

AND IS CLASSIFIED AS NET ASSETS WITH DONOR RESTRICTIONS IN THE STATEMENTS

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OF FINANCIAL POSITION.

332054 09-28-23

Schedule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC. 39-1543541 Part XIII Supplemental Information (continued) 39-1543541

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

WISCONSIN TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION

501(C)(3) AND CHAPTER 181 OF THE WISCONSIN REVENUE AND TAXATION CODE.

HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME

THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN

FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME

TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY

UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL

TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2024 AND 2023. THE FOUNDATION FILES INCOME TAX

RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE

JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSED FROM THE FUNCTIONAL EXPENSE STATEMENT

TO THE STATEMENT OF REVENUE

-89,513.

89,513.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSED FROM THE FUNCTIONAL EXPENSE STATEMENT

TO THE STATEMENT OF REVENUE

Schedule D (Form 990) 2023

Page 5

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)						r 19,	or if the	2023
Department of the Treasury Internal Revenue Service								Open to Public
Name of the organization		Ge to www.irs.gov/Form990 for instructions and the latest information. Inspection KE-A-WISH FOUNDATION OF WISCONSIN INC. Employer identification massered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not ete this part. inzation raised funds through any of the following activities. Check all that apply. Golicitation of non-government grants Special fundraising events a written or oral agreement with any individual (including officers, directors, trustees, or orm 990, Part VII) or entity in connection with professional fundraising services? Yes If and individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be .000 by the organization. dividual (ii) Activity (iii) Dot the control of control of control of from activity dividual (ii) Activity Yes If and individual (including officers, directors, trustees, or control of control o	·					
	Import of the organization Employer identification number of the decomposition of the decompositin decompositin the decompositient of the decompositin t							
		Z filers are not						
				•	•			
d 🗌 In-person so	licitations							
						tees,		- D
					U U	no fur		
	•	· / /		ugroor				0
			(iii)	Did		(v)	Amount paid	
.,		(ii) Activity	have c	ustody		to (c	or retained by)	to (or retained by)
			contrib	utions?	nonn dottvity			organization
			Yes	No				
						<u> </u>		
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Schedule G (Form 990) 2023

MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

39-1543541 Page 2

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING		(add col. (a) through
	WISH NIGHT	APPLETON	45	col. (c))
	(event type)	(event type)	(total number)	COI. (C)
1 Gross receipts	1,116,996.	351,714.	1,174,144.	2,642,854.
2 Less: Contributions	943,955.	272,723.	862,110.	2,078,788.
3 Gross income (line 1 minus line 2)	173,041.	78,991.	312,034.	564,066.
4 Cash prizes	7,500.	3,037.		10,537.
5 Noncash prizes	5,700.	0.	8,872.	14,572.
6 Rent/facility costs	0.	51,684.	79,636.	131,320.
7 Food and beverages	104,116.	22,501.	113,232.	239,849.
8 Entertainment	17,125.	200.	16,390.	33,715.
9 Other direct expenses	64,722.	5,304.	153,560.	223,586.
0 Direct expense summary. Add lines 4 through	9 in column (d)			653,579.
1 Net income summary. Subtract line 10 from li	ne 3, column (d)	<u></u>		-89,513.
1	 Gross receipts	I Gross receipts 1,116,996. 2 Less: Contributions 943,955. 3 Gross income (line 1 minus line 2) 173,041. 4 Cash prizes 7,500. 5 Noncash prizes 5,700. 6 Rent/facility costs 0. 7 Food and beverages 104,116. 8 Entertainment 17,125. 9 Other direct expenses 64,722. 10 Direct expense summary. Add lines 4 through 9 in column (d)	Image: Gold Fordunation of the system of	30LF OUTING 30LF OUTING 30LF OUTING 45 (event type) (event type) (event type) (event type) 1 Gross receipts 1,116,996. 2 Less: Contributions 943,955. 3 Gross income (line 1 minus line 2) 173,041. 7,500. 3,037. 5 Noncash prizes 5,700. 0. 51,684. 7 Food and beverages 104,116. 17,125. 200. 16,390. 9 Other direct expenses 17,125. 10 Direct expense summary. Add lines 4 through 9 in column (d)

\$15,000 on Form 990-FZ line 6a

Revenue	\$13,000 OH FOHH 990-EZ, IIIIE 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1 Gross revenue			64,520.	64,520.
S	2 Cash prizes			3,037.	3,037.
Direct Expenses	3 Noncash prizes			8,011.	8,011.
irect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 100 %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			11,048.
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			53,472.
	Enter the state(s) in which the organization conducts is the organization licensed to conduct gaming action of "No," explain:	tivities in each of these	states?		X Yes No
10a	Were any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y		Yes X No
33200	 			Scho	dule G (Form 990) 2023

Schedule G (Form 990) 2023

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12	edule G (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC. 3		Page 3
12	Does the organization conduct gaming activities with nonmembers?	Ye	
	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?	🗌 Ye	es X No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		
	An outside facility	13b	100.00
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ISLARA LEINGANG		
	Address 11020 W PLANK COURT, SUITE 200 - WAUWATOSA, WI 53226		
		Ye	es X No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L re	
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	ıt	
	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 KELSEY RICE		
	Gaming manager compensation \$0.		
	Description of services provided OVERSEES INTERNAL AND EXTERNAL EVENTS		
17	Director/officer Independent contractor Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$	e	
	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
	3 09-13-23 Sc	chedule G (Fo	

Schedule G (Form 990)	MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	Page 4
Part IV	Form 990) Supplemental Info r	rmation _(continued)		
			Schedule G (Form 990)
				-

332084 04-01-23

SCHEDULE I (Form 990)	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.							
Department of the Treasury Internal Revenue Service			Go to www.irs	attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization	MAKE-A-WISH F	OUNDATION OF W		-				Employer identification number 39-1543541
Part I General Inform	ation on Grants a	nd Assistance						
Does the organization criteria used to award Describe in Part IV the Part II Grants and Oth	the grants or assist organization's pro	stance?	oring the use of grant	funds in the United	States.			X Yes No
		-	be duplicated if addit					,
1 (a) Name and address or governm		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATIC 1702 E. HIGHLAND AVE PHOENIX, AZ 85016		86-0481941	501(C)(3)	2,500,040.	0.			WISH FULFILLMENT FUND
2 Enter total number of3 Enter total number of			•	l le line 1 table			I	1.

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

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

Schedule | (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

CONSIN INC. 39-1543541

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
ISHES GRANTED	451	860,117.	4,709,510.	FMV	TRAVEL, M&E, AND SUPPLIES

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

PART I, LINE 2:

AS PART OF THE NATIONAL ORGANIZATION'S WISH FULFILLMENT FUND, CHAPTERS MAY

APPLY FOR FUNDS THAT HAVE BEEN DONATED BY OTHER CHAPTERS TO UNDERWRITE THE

COST OF WISHES. UNDER THIS PROGRAM, THE FOUNDATION CONTRIBUTED \$2,500,040

DURING THE YEAR ENDED AUGUST 31, 2024.

FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A FILE IS ESTABLISHED IN

ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES. THE CHILD IS

INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTAND THE CHILD'S WISH

Page 2

Schedule I (Form 990) MAKE-A-WISH FOUNDATION OF WISCONSIN INC. Part IV Supplemental Information	39-1543541	Page 2
REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY WISH		
MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND		
REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE THAT COSTS ALIGN WITH		
THE WISH BUDGET. ONCE THE WISH HAS BEEN GRANTED AND ALL EXPENSES PAID, THE		
WISH FILE IS CLOSED.		
332291 04-01-23	Schedule I	Form 990)

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SC	HEDULE J	Compensation Information		1	OMB No.	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highe	est		ົງ	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, lin	- <u>-</u>		20	Z J)
Dena	rtment of the Treasury	Attach to Form 990.	e 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informati			Inspe		
Nam	ne of the organization			Employer i		on nu	mber
		MAKE-A-WISH FOUNDATION OF WISCONSIN INC.		39-1	543541		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on	Form 9	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	, in the second s	•				
	Travel for com						
	_	cation and gross-up payments Health or social club dues or initiati					
		spending account Personal services (such as maid, ch	nauffeui	r, chet)			
	If a second the second	and the second					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment			41.		
•		provision of all of the expenses described above? If "No," complete Part III to explain			<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all direct					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organiz	ation'a				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organized		n to			
		ation of the CEO/Executive Director, but explain in Part III.	anizatio				
	X Compensation						
		compensation consultant X Compensation survey or study					
		ther organizations X Approval by the board or compensation	ation co	mmittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	e payment or change-of-control payment?			4a		x
		eive payment from a supplemental nonqualified retirement plan?					X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			1.		Х
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensatior	ו			
	contingent on the r	evenues of:					
а	The organization?				5a		X
		ation?					X
	If "Yes" on line 5a c	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensatior	ו			
	contingent on the n	-					
а	The organization?				<u>6a</u>		X
	Any related organiz	ation?					X
		or 6b, describe in Part III.					
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay					
		nes 5 and 6? If "Yes," describe in Part III			7	X	<u> </u>
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subje-	ct to the	е			
					8		X
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>		9		
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.		Scheo	lule J (Forn	n 990) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATTI GORSKY POLLACK	(i)	227,985.	40,000.	0.	38,148.	0.	306,133.	0
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

39-1543541

hedule J (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	Page
art III Supplemental Information		
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, ar	nd for Part II. Also complete this part for any additional inform	nation.
RT I, LINE 7:		
NUSES ARE DETERMINED BY THE BOARD BASED ON GOALS MET DURING THE FISCAL		
AR.		

Noncash	Contributions

OMB No. 1545-0047

2023

Open to Public

Inspection

Employer identification number 39-1543541

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

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

Name of the organization

MAKE-A-WISH	FOUNDATION	OF	WISCONSIN	TNC
HARE A WIDH	FOUNDATION	OT.	MIDCOUDIN	THC.

Par	τι ιγ	pes of Property								
			(a)	(b)	(c)	hution	(c			
			Check if applicable	Number of contributions or	Noncash contri amounts report		Method of c noncash contrib		•	c .
			applicable		Form 990, Part VI		noncash contine	Jution a	nount	3
1	Art - Work	s of art								
2	Art - Histo	rical treasures								
3	Art - Fract	ional interests								
4		d publications								
5		ind household goods								
6		other vehicles								
7		I planes								
8		al property								
9		- Publicly traded	X	1		1,110.	FMV			
10		- Closely held stock								
11		- Partnership, LLC, or								
		ests								
12		- Miscellaneous								
13		conservation contribution -								
	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		es								
19		ntory								
20		medical supplies								
21		/								
22	Historical									
23		artifactsspecimens								
23 24										
25	Other	(WISH-RELATED)	x	948	1 4	07,464.	FMV			
25 26	Other	(SPECIAL EVENTS)	X	131	,	79,162.				
20	Other	(
28	Other	()								
29		f Forms 8283 received by the organi	I zation during	the tax year for co	ontributions					
25		the organization completed Form 82		•		29			0	
		the organization completed form of	00,1 art v, E	once Acknowledge	ement l	25			Yes	No
30a	During the	e year, did the organization receive b	v contributio	n any property rep	orted in Part L line	a 1 throug	nh 28 that it		103	
000		for at least 3 years from the date of								
		urposes for the entire holding period	•		•			30a		х
h		escribe the arrangement in Part II.	•					504		
31							х			
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							- 51		
JZa	contributions?							32a		x
h		lescribe in Part II.						JZd		
ы 33	,	nization didn't report an amount in c	olumn (a) fai	rature of property	for which column	(a) is obo	cked			
00	describe i	•					uncu,			
For P		Reduction Act Notice, see the Ins	tructions for	Form 990			Schedule	M (For	n 990)	2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information.	3 33, and whether the organi combination of both. Also co	zation
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF THE CONTRIBUTIONS		
RECEIVED.		
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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	•		r identification number 543541
FORM 990, PART III	, LINE 4A:		
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY		
ELIGIBLE CHILD BET	WEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST		
THE ACT OF MAKING	THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO		
COMPLY WITH THEIR	MEDICAL TREATMENTS. WITH OUR WISH-MAKING PROCESS, WE		
STRIVE TO BRING A	SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY		
DIFFICULT TIMES AN	D DELIVER A JOYFUL, LIFE-CHANGING EXPERIENCE, WHETHER		
THE WISH IS A PRIN	CESS PARTY, SWIM WITH THE DOLPHINS, OR ANY OF THE		
COUNTLESS OTHER PO	SSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A		
CHILD. THE MAKE-A-	WISH FOUNDATION OF WISCONSIN GRANTED 451		
LIFE-CHANGING WISH	ES IN THE FISCAL YEAR ENDING AUGUST 31, 2024. THE		
TOTAL COST OF WISH	ES GRANTED FOR THE FISCAL YEAR WAS \$11,152,929. OF		
THIS AMOUNT, \$939,	987 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED		
IN-KIND CONTRIBUTI	ONS SUCH AS TRAVEL AND TRAVEL SERVICES,		
TRANSPORTATION, LO	DGING, AND OTHER SERVICES AND USE OF FACILITIES TO		
COMPLETE A CHILD'S	WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE		
AMOUNTS ARE INCLU	ED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE.		
FOR FORM 990, HOWE	VER, THE IRS REQUIRES THIS AMOUNT TO BE EXCLUDED FROM		
BOTH REVENUE AND E	XPENSE.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE BOAR	D SHALL CONSIST OF THE BOARD CHAIR, VICE CHAIR,		
FUNDRAISING CHAIR,	WISH GRANTING CHAIR, LEGAL CHAIR, SECRETARY, TREASURER		
AND THE IMMEDIATE	PAST BOARD CHAIR AS AN EX-OFFICIO MEMBER FOR THE YEAR		
	ER BOARD CHAIRPERSON-SHIP. EXECUTIVE BOARD MEMBERS MUST		
For Paperwork Reduct LHA 332211 11-14-23	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023
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Schedule O (Form 990) 2023 Name of the organization	Page : Employer identification number
MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	39-1543541
BE MEMBERS OF THE BOARD OF DIRECTORS AND SHALL BE ELECTED ANNUALLY BY THE	
BOARD OF DIRECTORS. THE EXECUTIVE BOARD MAY ACT ON BEHALF OF THE	
CORPORATION IN DAY TO DAY BUSINESS OPERATIONS WHEN THE BOARD OF DIRECTORS	
IS NOT IN SESSION, REPORTING ACTIONS TO THE BOARD OF DIRECTORS AT THE NEXT	
SUCCEEDING MEETING FOR RATIFICATION. THE EXECUTIVE BOARD SHALL BE CHARGED	
WITH SUBMITTING TO THE BOARD OF DIRECTORS FOR CONSIDERATION RESOLUTIONS	
CONCERNING UNUSUAL OR EXTRAORDINARY MATTERS AFFECTING THE OPERATION OF THE	
CORPORATION AND REVIEWING AND APPROVING STATE AND FEDERAL INCOME TAX OR	
INFORMATIONAL RETURNS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS	
REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE	
THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO	
THE EXECUTIVE COMMITTEE FOR THEIR REVIEW. ONCE IT IS REVIEWED AND QUESTIONS	
ARE ASKED, THE EXECUTIVE COMMITTEE VOTES TO APPROVE THE 990. THE 990 IS	
THEN SENT TO THE FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL VOLUNTEERS, STAFF, AND BOARD MEMBERS ARE COVERED IN THIS POLICY. THE	
DIRECTOR OF VOLUNTEERS MANAGES THE ANNUAL CONFLICT OF INTEREST POLICY. IF	
THERE IS AN ISSUE, IT IS BROUGHT TO THE ATTENTION OF THE PRESIDENT & CEO.	
IF IT NEEDS ADDITIONAL REVIEW, IT WOULD BE BROUGHT TO THE LEGAL CHAIR, AND	
IF NEEDED, THE EXECUTIVE COMMITTEE. DEPENDING ON THE SITUATION, IT COULD	
INCLUDE ANYTHING FROM A DISCUSSION TO A TERMINATION, DEPENDING ON THE	
CONFLICT. DOCUMENTATION INCLUDES MINUTES FROM THE MEETING.	
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Schedule O (Form 990) 2023	Page
Name of the organization MAKE-A-WISH FOUNDATION OF WISCONSIN INC.	Employer identification number 39–1543541
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD CHAIR AND EXECUTIVE COMMITTEE REVIEW AND DECIDE THE COMPENSATION	
OF THE PRESIDENT & CEO. THIS IS DONE AFTER AN ANNUAL ASSESSMENT IS	
SUBMITTED BY THE PRESIDENT & CEO AND THE FULL BOARD HAS THE OPPORTUNITY TO	
GIVE FEEDBACK ON PERFORMANCE. THE CHAPTER HIRED PRICEWATERHOUSECOOPERS, LLC	
TO CONDUCT A COMPENSATION STUDY. IN ADDITION, MAKE-A-WISH FOUNDATION OF	
AMERICA ALSO CONDUCTED A COMPENSATION STUDY. THE EXECUTIVE COMMITTEE MEETS,	
DISCUSSION ENSUES AND A MOTION IS MADE AND VOTE TAKEN, MINUTES ARE TAKEN	
AND SUBMITTED TO THE VICE PRESIDENT OF FINANCE & OPERATIONS FOR	
IMPLEMENTATION.	
FOR ALL OTHER POSITIONS, THE VICE PRESIDENT OF FINANCE & OPERATIONS AND	
PRESIDENT & CEO WORK WITH EACH SUPERVISOR TO DETERMINE COMPENSATION BASED	
ON SALARY RANGES FOR EACH POSITION BASED ON COMPENSATION STUDIES. ALL	
COMPENSATION DECISIONS ARE DOCUMENTED.	
THESE PROCESSES LAST TOOK PLACE IN FISCAL 2024.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	

Schedule O (Form 990) 2023

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