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.



Department of the Treasury Internal Revenue Service

		a 2022 calendar year, or tax year beginning and	ending		
В с ар	heck if plicabl	c Name of organization		D Employer identifie	cation number
	Addre	WISCONSIN TRUST ACCOUNT FOUNDATION INC			
	Name chang			39-15554	65
	Initial		Room/suite	E Telephone number	
	Final return/	4600 AMERICAN PKWY NO 104	nooni, ouno	608-257-	
	termin			G Gross receipts \$	5,317,112.
	Ameno return			H(a) Is this a group re	
	Applic tion			for subordinates	
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 🗌 527		list. See instructions
JΝ	/ebsit			H(c) Group exemption	n number
ΚF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 1986 N	State of legal domicile: WI
Pa		Summary			
		Briefly describe the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{}}$			
Governance		FOUNDATION WORKS WITH CIVIL LEGAL AID ORG	ANIZAT	IONS IN WIS	CONSIN TO
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
o ve					15
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			15
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4
viti		Total number of volunteers (estimate if necessary)			18
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
~	I -	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	d		· · · · · · · · · · · · · · · · · · ·		
				Prior Year	Current Year
le	8	Contributions and grants (Part VIII, line 1h)		Prior Year 489,614.	Current Year 1,820,049.
enne	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		Prior Year 489,614. 2,296,398.	Current Year 1,820,049. 1,943,334.
Sevenue	8 9 10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	······	Prior Year 489,614. 2,296,398. 82,947.	Current Year 1,820,049. 1,943,334. 37,773.
Revenue	8 9 10 11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year 489,614. 2,296,398. 82,947. 144.	Current Year 1,820,049. 1,943,334. 37,773. 6.
Revenue	8 9 10 11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162.
Revenue	8 9 10 11 12 13	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944.
Revenue	8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0.
	8 9 10 11 12 13 14 15	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506.
	8 9 10 11 12 13 14 15 16a	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0.
	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 7,19	93.	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0.
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 2g) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93.	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559.
	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93.	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 2g) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93.	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year 4,833,705.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year 3,979,939.
Assets or Balances Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year 4,833,705. 107,345.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year 3,979,939. 375,950.
Und Balances Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year 4,833,705.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year 3,979,939.
Unt Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year 4,833,705. 107,345. 4,726,360.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year 3,979,939. 375,950. 3,603,989.
PD D Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 ct II r pena	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	93. Be	Prior Year 489,614. 2,296,398. 82,947. 144. 2,869,103. 2,982,464. 0. 364,962. 0. 110,224. 3,457,650. -588,547. ginning of Current Year 4,833,705. 107,345. 4,726,360.	Current Year 1,820,049. 1,943,334. 37,773. 6. 3,801,162. 4,075,944. 0. 395,506. 0. 249,559. 4,721,009. -919,847. End of Year 3,979,939. 375,950. 3,603,989.

	Cignoture of officer			Data	
Sign	Signature of officer			Date	
Here	MICHELLE KNUTSON, TREASUR	ER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	KARL ECK, CPA	KARL ECK, CPA		/23 self-employed P014548	
Preparer	Firm's name WIPFLI LLP			Firm's EIN 39-0758449	
Use Only	Firm's address PO BOX 8700				
	MADISON, WI 53708	-8700		Phone no.608.274.198	0
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 99	0 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WISCONSIN TRUST ACCOUNT FOUNDATION WORKS WITH CIVIL LEGAL AID
	ORGANIZATIONS IN WISCONSIN TO INCREASE ACCESS TO JUSTICE. WE OVERSEE
	FUNDS AND INVEST IN SERVICES AND PROJECTS TO HELP PEOPLE RESOLVE LEGAL
	PROBLEMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,778,335. including grants of \$1,652,038.) (Revenue \$1,943,334.)
	DIRECT LEGAL SERVICES GRANTS IN 2022, THE FOUNDATION MADE "DIRECT
	LEGAL SERVICES/FOUNDATION" GRANT AWARDS (PILSF, PRO HAC VICE, IOLTA) TO
	SEVENTEEN LEGAL SERVICES AGENCIES TO ASSIST LOW-INCOME INDIVIDUALS AND
	FAMILIES WITH CIVIL LEGAL NEEDS, IN AREAS SUCH AS FAMILY, HOUSING,
	EMPLOYMENT, DISABILITY, AND CONSUMER LAW. NO REVENUES ARE DERIVED
	DIRECTLY FROM THESE ACTIVITIES. ADMINISTRATIVE COSTS TO ADMINISTER THE
	FOUNDATION'S GRANT PROGRAMS ARE FUNDED BY THE INTEREST ON LAWYERS TRUST
	ACCOUNTS (IOLTA) PROGRAM (IN ACCORDANCE WITH WISCONSIN SUPREME COURT
	RULES CHAPTER 13), AND PORTIONS OF OTHER REVENUE SOURCES BASED ON A
	WRITTEN COST ALLOCATION POLICY/CALCULATION.
4b	(Code:) (Expenses \$ 749,308 · including grants of \$ 725,000 ·) (Revenue \$ 0 ·)
15	FORECLOSURE PREVENTION/COMMUNITY REDEVELOPMENT GRANTS - IN 2022, THE
	FOUNDATION GRANTED \$725,000 TO SIX LEGAL SERVICES AGENCIES PROVIDING
	FORECLOSURE PREVENTION AND/OR COMMUNITY REDEVELOPMENT LEGAL ASSISTANCE
	TO WISCONSIN RESIDENTS. THE SOURCE OF THESE GRANTS WERE U.S. DEPT. OF
	JUSTICE VS. BANK OF AMERICA NATIONAL SETTLEMENT FUNDS RECEIVED BY THE
	FOUNDATION IN 2015 AND 2016.
4c	(Code:) (Expenses \$1,857,413. including grants of \$1,698,906.) (Revenue \$0.)
	CIVIL LEGAL SERVICES (STATE/FEDERAL) - WISTAF CONTRACTED WITH
	WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AND/OR WISCONSIN
	DEPARTMENT OF ADMINISTRATION/WISCAP TO ADMINISTER SUBCONTRACTS WITH
	CIVIL LEGAL SERVICES PROVIDERS TO: ASSIST TANF-ELIGIBLE CLIENTS WITH
	CIVIL LEGAL SERVICES RELATED TO DOMESTIC VIOLENCE AND/OR SEXUAL ABUSE;
	PROVIDE LEGAL SERVICES IN CIVIL MATTERS FOR LOW-INCOME INDIVIDUALS WHO
	NEED LEGAL ASSISTANCE TO RECOVER FROM THE COVID-19 PANDEMIC; PROVIDE
	IMMIGRATION-RELATED LEGAL ASSISTANCE FOR ELIGIBLE AFGHAN EVACUEE
	POPULATIONS; AND/OR PROVIDE LEGAL SERVICES TARGETED TO ELIGIBLE
	HOUSEHOLDS IN CIVIL MATTERS FOR THE PURPOSE OF PREVENTING HOMEOWNER
	MORTGAGE DELINQUENCIES AND DEFAULTS, FORECLOSURES, AND DISPLACEMENTS OF
	HOMEOWNERS EXPERIENCING FINANCIAL HARDSHIP RESULTING FROM COVID-19.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,385,056.
	Form 990 (2022)
232002	12-13-22
	2

Form 990 (2022)			ACCOUNT	FOUNDATION	INC
Part IV Checklist of	Required Schedu	les			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	3 12-13-22	Form	330 ((2022)

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Form 990 (2022				FOUNDATION	INC
Part IV Ch	ecklist of Required Sched	ules _{(contin}	nued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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 non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
30	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	50		
57	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?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)

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Form	990 (2022) WISCONSIN TRUST ACCOUNT FOUNDATION IN(C 39-1555	465	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	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	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5</u> c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			37
	•		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions or gifts			
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X
			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders	11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	1 4 h			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104 1?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
~	Enter the amount of reserves on hand	13c	1		
		••	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				<u> </u>
15	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	t income?			
17		tivities			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				
222005	12-13-22		Form	990	(2022)
232005			1011		(LULL)

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Form	990 ((2022)
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WISCONSIN TRUST ACCOUNT FOUNDATION INC

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

It there are natural differences in voting rights among members of the governing body, of the governing body delegided tread atthority to an execute committee or sinilar committee, replain on Schedule 0.							Yes	No
body delgated troat authority to an executive committee or similar committee, option in Schodule 0. Inter the number of voling members included on line 1, above, who are independent of officer, director, trustee, or key employee have a family relationship or a business relationship with any other of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management company or other person? If the organization make any significant changes to the governing documents since the prior Form 990 was filed? If the organization make any significant changes to the governing documents since the prior Form 990 was filed? If the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? If the organization contemporaeously document the meetings held or writen actions undertaken during the year by the following: The governing body? If the organization contemporaeously document the meetings held or writen actions undertaken during the year by the following: The governing body? If the organization contemporaeously document the meetings held or writen actions undertaken during the year by the following: The governing body? If the organization action structure or key employee listed in Part VI, Section A, who cannot be reached at the organization's mailing address? If 'Ves, 'id dive organization neave written policies and procedures governing the activities of such chapters, affiliates, and branches to consistent written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent written policy? If 'Ves,'' did the organization have written policy? If 'Ves,'' did the organization have written policies and procedures or key written policy? If 'Ves,'' did the organization have a written orolicies and procedures ore surface that the organization to revi	1a		1 a		15			
Enter the number of voting members included on line 1a, above, who are independent.								
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Officer, director, trustee, or key employees to a management dudies customarily performed by or under the direct supervision 3 X Of the organization bake any significant charges to its governing documents since the prior Form 990 was filed? 4 X 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? 5 X 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? 7 X A carry governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 X Each committee with authority to act on behalf of the governing body? 8 X Did the organization have members of the governing body? 8 X Did the organization is a provide the names and addresses on Schedule O 9 X Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to consistent if more negrups information about policies and addresses on Schedule O 9 X Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and br								
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Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? To X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ba X Each committee writh authority to act on behalf of the governing body? Ba X Bb X Each committee writh authority to act on behalf of the governing body? Ba X Bb X is there any officer, director, runstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 X Did the organization have local chapters, branches, or affiliates? 10a X Yes, 'id the organization provided a complete copy of this Form 990 to all members of tis governing body before filing the form? 11a X Did the organization nave a written conflict of interest policy? If 'Nes,' did the organization have a written onclices repains and order compliance with the policy? 12a X Did the organization nave a written document releated to disclose annually interests that could give rest conflict? 12b X Did the organization have a written whittebiblower policy? 11a X 12a X Did the organization nave a written whittebiblower policy? 13 <td>7a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	7a							
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List the states with which a copy of this Form 990 is required to be filed						16b		
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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 <u>REBECCA MURRAY - 608-257-6845</u> <u>4600 AMERICAN PKWY NO 104, MADISON, WI 53718</u>								
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 financial 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 REBECCA MURRAY - 608-257-6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718								
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 financial 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 REBECCA MURRAY - 608 - 257 - 6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718	3		nd 990-T	(section 5	01(c)(3)s	only)	availat	ole
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 REBECCA MURRAY - 608-257-6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718								
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 REBECCA MURRAY - 608-257-6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718		Own website Another's website X Upon request Other (explain	on Sch	edule O)				
State the name, address, and telephone number of the person who possesses the organization's books and records REBECCA MURRAY - 608-257-6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest po	licy, and	finano	cial	
REBECCA MURRAY - 608-257-6845 4600 AMERICAN PKWY NO 104, MADISON, WI 53718		statements available to the public during the tax year.						
4600 AMERICAN PKWY NO 104, MADISON, WI 53718			ks and	records				
	006	12-13-22				Form	990	(202
6 24 147695 531606 2022.04010 WISCONSIN TRUST ACCOUNT F 531		6	N TR	UST AC	COUN			`

Form 990 (2022)	WISCONSIN	TRUST ACCOUN	T FOUNDATION	INC	39-1555465	Page 7
Part VII Compens	ation of Officers, Di	rectors, Trustees, k	Key Employees, Hig	phest Compen	sated	
Employe	es, and Independent	Contractors				
Check if Scl	nedule O contains a respon	se or note to any line in t	his Part VII			
Section A. Officers, D	irectors, Trustees, Key Er	mployees, and Highest	Compensated Employee	es		
•	or all persons required to b nization's current officers,	· · ·		•	•	

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		l	mzu			ipen	Juic		· · · · · · · · · · · · · · · · · · ·	(5)
(A)	(B)			(C Posi	ر) ition			(D)	(E)	(F)
Name and title	Average		not c	heck ı	more	than c		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation from related	amount of other
	(list any	tor						from the	organizations	compensation
	hours for	direct				q		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	ln sti	Officer	Key	High emp	Former			
(1) REBECCA MURRAY	40.00									
EXECUTIVE DIRECTOR	0.00			Х				137,542.	0.	0.
(2) APRIL BARKER	1.00									
CHAIRPERSON	0.00	х		Х				0.	0.	0.
(3) HON. JOANNE KLOPPENBURG	1.00									
CHAIRPERSON	0.00	х		х				0.	0.	0.
(4) JERRY VANG	1.00									
VICE CHAIRPERSON	0.00	х		х				0.	0.	0.
(5) MICHELLE KNUTSON	1.00									
TREASURER	0.00	x		х				0.	0.	0.
(6) ERIC ANDREWS	1.00									
SECRETARY (THRU JUNE)	0.00	x		х				0.	0.	0.
(7) GLENN DAHL	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(8) HON. SANDRA GIERNOTH	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(9) ANNE HLAVACKA	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(10) HON. THOMAS HRUZ	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) JOSHUA KINDKEPPEL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) DEANNE KOLL	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) DEANGELA MONIQUE LUNA	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(14) TIMOTHY RADELET	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(15) JAMIE SCHAEFER	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(16) HON. CAROLINA MARIA STARK	1.00									
DIRECTOR (THRU JUNE)	0.00	х						0.	0.	0.
(17) CHUCK STERTZ	1.00									
DIRECTOR	0.00	x						0.	0.	0.
	•							•		Form 990 (2022)

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Form 990 (2022)

. _ _ _ . . . _ _

07010724 147695 531606

		CONSIN TRUST	AC	CO	UN	Т	FO	UN	NDATION INC	39-15	<u>55/</u>	465	Pa	age 8
Part	VII Section A. Officers, Direct	tors, Trustees, Key Em	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C	;)			(D)	(E)			(F)	
	Name and title	Average	(1)		Posi				Reportable	Reportable		Es	timate	ed
		hours per	box	not ch , unles	s per	son is	s both	an	compensation	compensation	n	an	nount	of
		week	offic	cer and	d a dii	rector	r/trust	ee)	from	from related			other	
		(list any	actor						the	organizations	3	com	pensa	tion
		hours for	or dir				ted		organization	(W-2/1099-MIS	.C/	fr	om th	е
		related	steed	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	al tru	onal t		loyee	com l		1099-NEC)				d relat	
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18)	ATTY APRIL TOY	1.00	Ē	Ë	đ	Ke	en Hi	ß						
DIREC		0.00	x						0.		0.			0.
			-						-		_			
			-											
			_											
			-											
			-											
			<u> </u>											
			-											
1b :	Subtotal	I			1				137,542.		0.			0.
	Total from continuation sheets								0.		0.			0.
	Total (add lines 1b and 1c)								137,542.		0.			0.
	Total number of individuals (inclue									000 of reportable				
	compensation from the organizati	-								•				1
											ſ		Yes	No
3	Did the organization list any form	ner officer, director, trust	ee, k	key ei	mplo	oyee	e, or	hig	hest compensated emp	loyee on				
I	line 1a? If "Yes," complete Sched	lule J for such individual										3		<u> </u>
4	For any individual listed on line 1a	a, is the sum of reportab	le co	mpe	nsat	tion	and	oth	ner compensation from t	he organization				
ä	and related organizations greater	than \$150,000? If "Yes	," со	mple	te S	che	dule	Jf	for such individual			4		<u> </u>
5	Did any person listed on line 1a re	eceive or accrue comper	nsati	on fro	om a	any	unre	late	ed organization or individ	lual for services				
I	rendered to the organization? <i>If</i> "	Yes." complete Schedul	e J f	or su	ch p	berso	on .					5		Х
Secti	ion B. Independent Contractors	i												
	Complete this table for your five h the organization. Report compens										ensat	tion fro	om	
	the organization. Report compens	(A)	eare		y wi	110			(B)			(0	2)	
	Name and	l business address	NC	ONE					Description of s	ervices	С	ompe		n
								_						
	Total number of independent con		ot lir	nited	to t	-		ted	above) who received me	ore than				
	\$100,000 of compensation from t	the organization				0	1						000	

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Ра	rt V	/111									
			Check if Schedule O o	conta	ins a respo	onse	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ς, γ	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues								
, G			Fundraising events								
iifts ar A			B I I I I I I I I I I I I I I I I I I I								
s, G mila			Government grants (contr				1,819,777.				
ion		f	All other contributions, gifts,	grants	s, and						
but			similar amounts not included	labove	9 1 f		272.				
d O		g	Noncash contributions included in	lines 1a	a-1f 1g	\$					
an Co		h	Total. Add lines 1a-1f					1,820,049.			
							Business Code				
e	2	а	TRUST ACCOUNT INTERE		INCOME		541100	908,767.	908,767.		
Program Service Revenue		b	ATTORNEY ASSESSMENTS	S			541100	908,450.	908,450.		
ר Se enu		С	PRO HAC VICE FEES				541100	85,100.	85,100.		
ran 3ev		d	CY PRES AWARDS				541100	41,017.	41,017.		
rog		е									
Ъ			All other program service					1 042 224			
	-		Total. Add lines 2a-2f					1,943,334.			
	3		Investment income (includ	Ũ				69,951.			69,951.
								09,951.			09,951.
	4 5		Income from investment o		•		loceeds				
	5		Royalties		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	(.)		(
	U		Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Securit	ties	(ii) Other				
			assets other than inventory	7a	1,483,7	772.					
		b	Less: cost or other basis								
ne			and sales expenses	7b	1,515,9	950.					
Revenue		с	Gain or (loss)	7c	-32,2	178.					
Rev			Net gain or (loss)			<u></u>		-32,178.			-32,178.
Jer	8	а	Gross income from fundraisir	ng eve	nts (not						
Oth			including \$		of						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundra	aising ever	nts					
	9	а	Gross income from gamin			•					
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from	0	0	s					
	10	а	Gross sales of inventory, I			10-					
			and allowances								
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	or invento	ry	Business Code				
sn	44	~					Eddineds Code				
neo Ue	11	a b									
evenue:											
Miscellaneous Revenue		c d	All other revenue				900099	6.			6.
Σ			Total. Add lines 11a-11d					6.			5.
	12		Total revenue. See instruction					3,801,162.	1,943,334.	0.	37,779.
23200								· •		·	Form 990 (2022)

WISCONSIN TRUST ACCOUNT FOUNDATION INC

Form 990 (2022)

Page **9**

39-1555465

Form 990 (2022)

WISCONSIN TRUST ACCOUNT FOUNDATION INC Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response		(=)		L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,075,944.	4,075,944.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 200	TO 200	65 006	1 800
	trustees, and key employees	139,328.	72,306.	65,236.	1,786.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	107 200	07.045	08 826	0 401
7	Other salaries and wages	187,382.	97,245.	87,736.	2,401.
8	Pension plan accruals and contributions (include		10.000	14 000	41 2
_	section 401(k) and 403(b) employer contributions)	32,247.	16,906.	14,928.	<u>413</u> 123.
9	Other employee benefits	9,603.	5,035.	4,445.	
10	Payroll taxes	26,946.	14,216.	12,372.	358.
11	Fees for services (nonemployees):				
	Management		0 (24	F2 002	
	Legal	62,527.	8,634.	53,893.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	7 0 6 2		7 0 6 0	
f	e	7,962.		7,962.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	86,666.	45,301.	40,286.	1 070
12	Advertising and promotion	4,176.	1,834.	2,297.	<u>1,079</u> . 45.
13		15,113.	7,894.	7,046.	173.
14	Information technology	13,113.	7,094.	7,040.	1/5.
15	Royalties	46,038.	24,076.	21,361.	601.
16 17		901.	128.	773.	001.
17	Travel	901.	120.	115.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	13,821.	10,363.	3,363.	95.
19 20	-	15,021.	10,505.	5,505.	
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23	Insurance	3,164.	1,658.	1,461.	45.
23 24	Other expenses. Itemize expenses not covered	5,101.	1,000.	-,	1.5
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	6,290.	2,913.	3,310.	67.
b					
c					
d					
	All other expenses	2,901.	603.	2,291.	7.
25	Total functional expenses. Add lines 1 through 24e	4,721,009.	4,385,056.	328,760.	7,193.
26	Joint costs. Complete this line only if the organization	- •			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

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Form 990 (2022)

33

Total liabilities and net assets/fund balances

11

WISCONSIN TRUST ACCOUNT FOUNDATION INC

	Offeck in Schedule O contains a response of hot	c to an	y mic mic mic arc			· · · · · · · · · · · · · · · · · · ·
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			1,998,246		1,939,403.
3	Pledges and grants receivable, net			33,979		493,400.
4	Accounts receivable, net			64,815	4	0.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
	controlled entity or family member of any of thes	se pers	ons		5	
6	Loans and other receivables from other disqualif					
	under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				26,384	9	15,645.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a				
b	Less: accumulated depreciation	401			10c	:
11	Investments - publicly traded securities			2,710,281	11	1,499,281.
12	Investments - other securities. See Part IV, line 1			· · ·	12	
13	Investments - program-related. See Part IV, line -				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			0		
16	Total assets. Add lines 1 through 15 (must equa			4,833,705		
17	Accounts payable and accrued expenses			23,366		
18	Grants payable			83,979		
19	Deferred revenue			· · · ·	19	
20					20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, par					
	parties, and other liabilities not included on lines					
	of Cohodula D		,	0	25	32,402.
26	T • • • • • • • • • • • • • • • • • • •			107,345		
	Organizations that follow FASB ASC 958, che					
	and complete lines 27, 28, 32, and 33.					
27				4,726,360	27	1,951,712.
28	Net assets with donor restrictions			0		4 650 000
	Organizations that do not follow FASB ASC 9					,,
	and complete lines 29 through 33.	, ••••				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc				31	
32	Total net assets or fund balances	,		4,726,360		0 600 000
-						2,070,020

3,979,939. Form **990** (2022)

4,833,705.

33

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2022) WISCONSIN TRUST ACCOUNT FOUNDATION INC	39-155	5465	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,801		
2	Total expenses (must equal Part IX, column (A), line 25)		4,723		
3	Revenue less expenses. Subtract line 2 from line 1	3	-919		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,720		
5	Net unrealized gains (losses) on investments	5	-202	2,5	24.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ ~
	column (B))	10	3,603	3,98	89.
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.			77
2a			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			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHE	DULE A		Dublic Cha	rity Status an	d Duk	lia Qu	innort		OMB No. 1545-0047
(Form 99	90)			•					2022
				ization is a section 501 47(a)(1) nonexempt cha					
	of the Treasury		At	ttach to Form 990 or Fo	rm 990-E	Z.			Open to Public
Internal Reve			Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspection
Name of	the organizati								identification number
Dort	Decem	WISC	ONSIN TRUS	T ACCOUNT FOU	JNDAT	ION IN		30	9-1555465
Part I				(All organizations must c			ee instruction	IS.	
. –		•		For lines 1 through 12, c	•	,			
				n of churches described		on 170(b)(1	l)(A)(i).		
2				Attach Schedule E (Forn					
3	-	-		anization described in so			-		
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(d)(1)(A)(III). Enter t	ne nospital s name,
-	city, and state		ar the henefit of a col	llege or university owned	or oporat		vornmontal u	nit docoribo	
5 🔛	0	•		lege of university owned	or operation	eu by a gu	veninentai u		
e 🗔			Complete Part II.)	nental unit described in	nantion 17	70/6//4//4/	(.)		
6 🛄 7 X			e e	ntial part of its support fi			. ,	no gonoral p	ublic described in
1 [23]	•		omplete Part II.)	Initial part of its support if	on a gove	ennentai		ie general p	
8	-			(1)(A)(vi). (Complete Par	+ II)				
9	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant o	college
•	-	-	-	ulture (see instructions).		-		-	-
	university:	in a normana g	grant conogo or agrio			name, eny	, and state of	the conege	
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from
				t to certain exceptions; a					
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization af	ter June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the p	ourposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). C	heck the box on
	lines 12a thro	ugh 12d that (describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by g	jiving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	upporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by havi	ng
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted
	_ ~	. ,	t complete Part IV,						
c				g organization operated				ly integrated	d with,
	- ··	•). You must complete I			•		
d 🗌		-	•	oorting organization oper				•	
			v	ation generally must sat			-	I an attentive	eness
	- ·	-	-	nplete Part IV, Sections					
e		•		written determination fro			Type I, Type	II, Type III	
f Fat				nally integrated supportion	ng organiz	ation.			
	er the number (n about the supporte	d organization(a)					
	(i) Name of suppo	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Total

.

Schedule A (Form 990) 2022 WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

260	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	589,136.	525,330.	509,331.	489,614.	1820049.	3933460.			
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	500 100		F00 221	400 614	1000040	2022460			
	Total. Add lines 1 through 3	589,136.	525,330.	509,331.	489,614.	1820049.	3933460.			
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)						3933460.			
	Public support. Subtract line 5 from line 4.						3933400.			
	ndar year (or fiscal year beginning in)	(a) 2018	(1-) 2010	(a) 2020	(4) 2021	(a) 2022				
	Amounts from line 4	(a) 2018 589,136.	(b) 2019 525,330.	(c) 2020 509,331.	(d) 2021 489,614.	(e) 2022 1820049.	(f) Total 3933460.			
	Gross income from interest,	505,150.	525,550.	505,551.	105,0110	1020049.	33334000			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	127,970.	144,902.	97,501.	62,105.	69,951.	502,429.			
9	Net income from unrelated business	12//5/01	111,5020	5775010	02/1031	00,0010	502/1250			
3	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						4435889.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12 10	,665,423.			
	First 5 years. If the Form 990 is for th	,	,	fourth, or fifth tax y	/ear as a section 5		<u> </u>			
	organization, check this box and stor	-		-						
Sec	ction C. Computation of Publi									
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.67 %			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	84.33 %			
	33 1/3% support test - 2022. If the o					ore, check this bo>	and			
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2022			

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Schedule A (Form 990) 2022 WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		· · · · · · · · · · · · · · · · · · ·
800	check this box and stop here ction C. Computation of Public	o Support Do					<u></u>
	Public support percentage for 2022 (I			(f)		45	0/
	Public support percentage from 2022 (Public support percentage from 2021					15 16	<u>%</u> %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
23202	23 12-09-22		15			Sche	dule A (Form 990) 2022

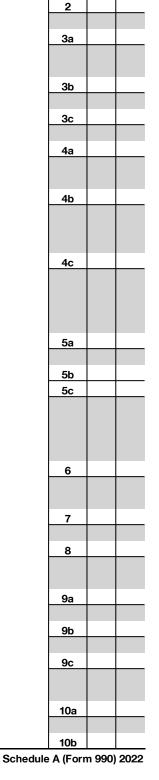
Part IV Supporting Organizations

(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.)

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Yes No

1

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Schedule A (Form 990) 2022 WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
0	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	

Section C. Type II Supporting Organizations	

 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
 1

Sec	tion D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations	by the last day o

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes No

Yes No

07010724 147695 531606

Sche	dule A (Form 990) 2022 WISCONSIN TRUST ACCOUNT			39-1555465 Page 6					
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
_7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
_3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
_7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functiona	Ily integrat	ted Type III supporting o	organization (see					

instructions).

Schedule A (Form 990) 2022

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WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 7

		ST ACCOUNT FOU			9-1555465 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	1
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt 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 organization	S	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	e organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>					

chedule A	(Form 990) 2022	WISCON	SIN 7	RUST	ACCOU	NT I	OUNE	ATIO	N INC	: 39	-15554	165 Pag
Part VI	Supplemental Infe Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar	s 1, 2, 3b, 3c, 4b D, lines 2 and 3;	, 4c, 5a, 6 Part IV, S	5, 9a, 9b, Section E,	9c, 11a, 11 lines 1c, 2a	b, and a, 2b, 3	11c; Par a, and 3l	t IV, Sect o; Part V,	line 1; Pa	es 1 and : art V, Sec	2; Part IV, S tion B, line	ection C,
	(See instructions.)								,			
28 12-09-2	2									Sc	hedule A (F	orm 990) 2
					20							

SCHEDULE C	Po	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Ora	anizations Exempt From Incom	- Tax Under costion F	-	,	2022
	_	if the organization is described				
Department of the Treasury Internal Revenue Service		Open to Public Inspection				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Campai	ign Activ	ities), then
-		plete Parts I-A and B. Do not com			0	
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I	-В.	
 Section 527 organization 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or For				
	•	nave filed Form 5768 (election und		•	•	
		nave NOT filed Form 5768 (election				
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	(See separate in	istructions) or Form s	90-EZ, F	Part V, line 35C (Proxy
	••	ions: Complete Part III.				
Name of organization		1		E	mployer	identification number
		IN TRUST ACCOUNT				9-1555465
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 527	organ	ization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	Part IV.		
2 Political campaign	activity expendit	ures			\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ata if the ora	anization is exempt unde	r section 501(c)(3	8		
		incurred by the organization unde		-	¢	
	•	incurred by organization manager				
		n 4955 tax, did it file Form 4720 f				Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 50)1(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$	
2 Enter the amount o		ization's funds contributed to oth	-			
exempt function ac					\$	
-	-	. Add lines 1 and 2. Enter here an			•	
		1120-POL for this year?				Yes No
		ployer identification number (EIN		tical organizations to w		
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a				-
political action com	mittee (PAC). If a	additional space is needed, provid	de information in Part l	V.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro	om (e) Amount of political
				filing organization funds. If none, enter		ntributions received and promptly and directly
				iulius. Il none, enter		elivered to a separate
						political organization. If none, enter -0
For Paporwork Poducti	ion Act Notice	see the Instructions for Form 90)0 or 990-E7	1	Scho	dule C (Form 990) 2022

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

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022	ISCONSI	N T	RUST ACCOUN	FOUNDATION	N INC 39-1	555465 Page 2
Part II-A Complete if the orga	nization is	exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).	ion holongo to	on off	iliated group (and list in	Dart IV aaab affiliatad	aroun mombor's nome	
expenses, and share				Part IV each annialeu	group member s name	e, address, Elin,
		, 0	nd "limited control" pro			
Limits	s on Lobbying	Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence nublic on	inion (arassroots lobbying)		23.	
 b Total lobbying expenditures to influe 		``	o , o,		86.	
c Total lobbying expenditures (add lin					109.	
d Other exempt purpose expenditures					4,712,938.	
e Total exempt purpose expenditures					4,713,047.	
f Lobbying nontaxable amount. Enter					385,652.	
If the amount on line 1e, column (a) or			bying nontaxable amo			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000,			00 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0	-		00 plus 5% of the exces			
Over \$17,000,000		1,000,				
· · · ·						
g Grassroots nontaxable amount (enter	er 25% of line [.]	1 f)			96,413.	
h Subtract line 1g from line 1a. If zero	or less, enter	,			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -	0-			0.	
j If there is an amount other than zero	on either line	1h or				
reporting section 4911 tax for this y	ear?					Yes No
	4-Ye	ear Av	eraging Period Under	Section 501(h)		
(Some organizations the			• •		of the five columns be	low.
			ate instructions for lin			
	Lobbying	Expe	nditures During 4-Yea	r Averaging Period		I
Calendar year (or fiscal year beginning in)	(a) 2019		(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount			317,321.	322,883.	385,652.	1,025,856.
b Lobbying ceiling amount						1 520 504
(150% of line 2a, column(e))						1,538,784.
a Tatal lable in a super diture			2,867.	2,139.	109.	5,115.
c Total lobbying expenditures			2,007.	2,139.	109.	5,115.
d Grassroots nontaxable amount			79,330.	80,721.	96,413.	256,464.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						384,696.
f Grassroots lobbying expenditures				663.	23.	686.

23. 686. Schedule C (Form 990) 2022

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WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (I	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

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SCHEDULE D (Form 990)	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest informat
Name of the organization	on
	WISCONSIN TRUST ACCOUNT FOUNDATION INC
Part I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds o
organizatior	n answered "Yes" on Form 990, Part IV, line 6.

	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A Go to www.irs.gov/Form99	Open to Public					
	I Revenue Service		Inspection					
Nam	e of the organizati		COLINE FOUNDATION THE	Emplo	yer identification number			
Da	rt I Organiza		COUNT FOUNDATION INC d Funds or Other Similar Funds or A		39-1555465			
Fai		n answered "Yes" on Form 990, Part IV, lin		counts	Complete if the			
	organizatio			(b) Eurodo	and other accounts			
				(b) Funds				
1		nd of year						
2	00 0	f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-		writing that the assets held in donor advised fun					
_			exclusive legal control?		Yes No			
6	•	•	dvisors in writing that grant funds can be used o					
			r donor advisor, or for any other purpose confer	U				
Pa					Yes No			
			ganization answered "Yes" on Form 990, Part IV	, line 7.				
1		servation easements held by the organization						
		of land for public use (for example, recrea			•			
		f natural habitat	Preservation of a cert	ified histo	ric structure			
-		of open space						
2		.	fied conservation contribution in the form of a co		n easement on the last eld at the End of the Tax Year			
	day of the tax year				eiu al life citu of life tax teat			
a				2a				
b	•			2b				
C			ucture included in (a)	2c				
d		vation easements included in (c) acquired a						
-				2d				
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization du	ring the tax			
	year							
4		where property subject to conservation eas						
5								
_	violations, and enforcement of the conservation easements it holds?							
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easeme	ents during the year			
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements o	during the year			

OMB No. 1545-0047

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?							
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
	organization's accounting for conservation easements.							
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Povonuo included on Form 000 Part VIII line 1 ¢

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

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	-		-	

		IN TRUST A						39-15			age 2
Par	t III Organizations Maintaining C								contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	t make sigr	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🛄 I	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ey further th	ne organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o								_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		lete if the	organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diarv for c	contribution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fe						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).		-		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held ar	nd administer	red for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	ŭ	owment fi	unds.							
Par	t VI Land, Buildings, and Equipm			. line 11 - C							
	Complete if the organization answere			-				.	<i></i> –		
	Description of property	(a) Cost or o basis (invest		• •	t or other (other)		cumulate reciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B). line 1	0c.)						0.
								Schedule	D (Earr	- 000	2022

Schedule	e D (Form 990) 2022	WISCONSIN T	RUST	ACCOUNT	FOUNDATION	INC	39-1555465	Page 3
Part V	III Investments -	Other Securities.						
	Complete if the org	anization answered "Yes"	on Form	990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Des	cription of security or categ	JOTY (including name of security)	(b)	Book value	(c) Method of v	aluation: Cost or	r end-of-year market v	alue
(1) Finar	ncial derivatives							
(2) Clos	ely held equity interests							
(3) Othe	r							
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	l. (b) must equal Form 990							
Part V	III Investments -	-						
		anization answered "Yes"						
	(a) Description of	investment	(b)	Book value	(c) Method of v	aluation: Cost or	r end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	l. (b) must equal Form 990), Part X, col. (B) line 13.)						
Part I			_					
	Complete if the org	anization answered "Yes"			11d. See Form 990,	Part X, line 15.	(1) D	
		(a)	Descripti	ion			(b) Book va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (C Part X		orm 990, Part X, col. (B) line	e 15.)					
FartA				000 Davit IV/ line	11	- 000 Davit V line	- 05	
		anization answered "Yes"	on Form	990, Part IV, line	The or Th. See Forn	n 990, Part X, Ilne		
<u>1.</u>		escription of liability					(b) Book va	lue
	ederal income taxes							400
	DPERATING LEA	ASE LIABILITY						,402.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								400
		orm 990, Part X, col. (B) line						,402.
		sitions. In Part XIII, provide						·
orga	nization's liability for und	certain tax positions under	FASB AS	SC 740. Check h	ere if the text of the f	ootnote has beer	n provided in Part XIII	X

Schedule D (Form 990) 2022

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Sche	edule D (Form 990) 2022 WISCONSIN TRUST ACCOUNT FOUNDATION INC	39-	1555465 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With 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	3,590,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a202,524.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	<u>-202,524.</u> 3,793,200.
3	Subtract line 2e from line 1	3	3,793,200.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,962.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	7,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	3,801,162.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,713,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,713,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,962.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	7,962.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,721,009.
Pa	rt 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 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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Schedule D (Form 990) 2022 Part XIII Supplemental Ir	WISCONSIN	TRUST	ACCOUNT	FOUNDATION	INC	39-1555465	Page 5
Part XIII Supplemental In	formation (continued)						
						Schedule D (Form 9	90) 2022

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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.									
Department of the Treasury Attach to Form 990. Op										
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection			
Name of the organization WISCONSI	Iame of the organization Employer identification number WISCONSIN TRUST ACCOUNT FOUNDATION INC 39-1555465									
Part I General Information on Grants	s and Assistance									
criteria used to award the grants or as	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
2 Describe in Part IV the organization's										
Part II Grants and Other Assistance recipient that received more that	•				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
LEGAL ACTION OF WISCONSIN 633 W WISCONSIN AVE, SUITE 2000 MILWAUKEE, WI 53203	39-1077192	501(C)(3)	1,558,712.	0.			CIVIL LEGAL SERVICES			
WISCONSIN JUDICARE, INC. DBA JUDICARE LEGAL AID - 401 N 5TH ST #200 - WAUSAU, WI 54403	9, 39-1170880	501(C)(3)	989,177.	0.			CIVIL LEGAL SERVICES			
LEGAL AID SOCIETY OF MILWAUKEE 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	39-0806284	501(C)(3)	385,731.	0.			CIVIL LEGAL SERVICES			
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE - 731 W WASHINGTON ST - MILWAUKEE, WI 53204	39-0806321	501(C)(3)	165,995.	0.			CIVIL LEGAL SERVICES			
DISABILITY RIGHTS WISCONSIN 1502 W BROADWAY MONONA, WI 53713	39-1279037	501(C)(3)	135,000.	0.			CIVIL LEGAL SERVICES			
CENTER AGAINST SEXUAL & DOMESTIC ABUSE - 318 21ST AVE E - SUPERIOR WI 54880	39-1478768	501(C)(3)	100,163.	0.			CIVIL LEGAL SERVICES			
2 Enter total number of section 501(c)(3) and government or	ganizations listed in the	e line 1 table							
3 Enter total number of other organizations listed in the line 1 table										

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

Schedule I (Form 990) WISCONSIN TRUST ACCOUNT FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LEGAL DOR DERECHOS HUMANOS							
CENTRO LEGAL POR DERECHOS HUMANOS 611 W NATIONAL AVE, SUITE 103							
MILWAUKEE, WI 53204	39-1710549	501(C)(3)	97,314.	0.			CIVIL LEGAL SERVICES
	55 1,10515	301(0)(3)	57,511.	••			
KIDS MATTER INC.							
1850 N DR MARTIN LUTHER KING, # 202							
MILWAUKEE, WI 53212	39-1988488	501(C)(3)	96,453.	0.			CIVIL LEGAL SERVICES
ABC FOR HEALTH							
32 N BASSETT ST							
MADISON, WI 53703	39-1783748	501(C)(3)	69,300.	0.			CIVIL LEGAL SERVICES
INDIANHEAD COMMUNITY ACTION AGENCY							
1000 COLLEGE AVE W							
LADYSMITH, WI 54848	39-1086966	501(C)(3)	60,932.	0.			CIVIL LEGAL SERVICES
COMMUNITY JUSTICE, INC.							
214 N HAMILTON ST, #101	20 1220751	F01(0)(2)	E0 070	0.			CIVIL LEGAL SERVICES
MADISON, WI 53703	20-1228751	501(C)(3)	50,270.	0.			CIVIL LEGAL SERVICES
GOLDEN HOUSE							
1120 UNIVERSITY AVE							
GREEN BAY, WI 54302	39-1342659	501(C)(3)	46,904.	0.			CIVIL LEGAL SERVICES
/							
PORTAGE COUNTY LEGAL AID SOCIETY							
1578 STRONGS AVE							
STEVENS POINT, WI 54481	39-1785895	501(C)(3)	38,000.	0.			CIVIL LEGAL SERVICES
END DOMESTIC ABUSE WISCONSIN							
1400 E WASHINTON AVE, #227							
MADISON, WI 53703	39-1380437	501(C)(3)	34,975.	0.			CIVIL LEGAL SERVICES
OUR LADY QUEEN OF PEACE PARISH DBA							
CATHOLIC MULTICULTURAL CENTER -							
1862 BELD ST - MADISON, WI 53713	39-0824008	501(C)(3)	33,223.	0.			CIVIL LEGAL SERVICES

WISCONSIN TRUST ACCOUNT FOUNDATION INC Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO MILWAUKEE MEDIATION SERVICES, INC 1915 N DOCTOR							
M.L.K. JR DR - MILWAUKEE, WI 53212	45-4194546	501(C)(3)	29,087.	0.			CIVIL LEGAL SERVICES
RAINBOW HOUSE DOMESTIC ABUSE SVCS 1530 MAIN ST MARINETTE, WI 54143	39-1747810	501(C)(3)	25,456.	0.			CIVIL LEGAL SERVICES
VIVENT HEALTH 820 N PLANKINTON AVE							
MILWAUKEE, WI 53203	39-1534049	501(C)(3)	25,000.	0.			CIVIL LEGAL SERVICES
LOTUS LEGAL CLINIC, INC. 130 W BRUCE ST, SUITE 450 MILWAUKEE, WI 53204	47-5156371	501(C)(3)	22,000.	0.			CIVIL LEGAL SERVICES
AILWADREE, WI 55204	47-3130371	501(0)(5)	22,000.	0.			CIVIL LEGAL SERVICES
HAVEN, INC. 1106 E 8TH ST MERRILL, WI 54452	39-1422096	501(C)(3)	20,000.	0.			CIVIL LEGAL SERVICES
ECONOMIC JUSTICE INSTITUTE 975 BASCOM MALL							
MADISON, WI 53706	39-1200952	501(C)(3)	19,102.	0.			CIVIL LEGAL SERVICES
CATHOLIC CHARITIES OF THE DIOCESE DF LA CROSSE - 3710 EAST AVE S -							
LA CROSSE, WI 54601	39-1896823	501(C)(3)	16,500.	0.			CIVIL LEGAL SERVICES
WOMEN AND CHILDREN'S HORIZONS 2525 63RD ST							
KENOSHA, WI 53143	39-1278299	501(C)(3)	14,653.	٥.			CIVIL LEGAL SERVICES
WINNEBAGO CONFLICT RESOLUTION CENTER - 415 JACKSON ST, #417 -							
OSHKOSH, WI 54901	39-1677314	501(C)(3)	14,544.	0.			CIVIL LEGAL SERVICES

Schedule I (Form 990) WISCONSIN TRUST ACCOUNT FOUNDATION INC

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EGAL AID SOCIETY OF DOOR COUNTY 31 S 3RD AVE							
TURGEON BAY, WI 54235	39-1649959	501(C)(3)	12,100.	0.			CIVIL LEGAL SERVICES
HE WOMENS CENTER 05 N EAST AVE							
AUKESHA, WI 53186	39-1269698	501(C)(3)	11,176.	0.			CIVIL LEGAL SERVICES

Schedule I (Form 990) 2022 WISCONSIN TRUST ACCOUNT FOUNDATION INC

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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

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:

WISTAF USES A VARIETY OF METHODS TO MONITOR USAGE OF GRANT FUNDS

(PERFORMANCE AND RISK ASSESSMENT). GRANTEES ARE REQUIRED TO SUBMIT

QUARTERLY, MIDYEAR AND/OR ANNUAL REPORT OF ACTIVITIES, FINANCES, ETC.

RELATED TO THE GRANTS THEY RECEIVE. IN ADDITION, WISTAF CONDUCTS MONITORING

VISITS WITH GRANTEES, AS DICTATED BY THE FOUNDATION'S SUBRECIPIENT RISK

ASSESSMENT AND MONITORING POLICIES AND PROCEDURES. AS THE ADMINISTRATOR OF

FEDERAL FUNDING VIA THE WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES,

WISTAF HAS AN OBLIGATION TO IDENTIFY AND ASSESS RISKS ASSOCIATED WITH THE

 Schedule (Form 990)
 WISCONSIN TRUST ACCOUNT FOUNDATION INC
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 Part IV
 Supplemental Information
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 USAGE AND ADMINISTRATION OF GRANT FUNDS FOR EACH OF THE SUBRECIPIENT
 AGENCIES ("PROVIDERS") RECEIVING FUNDING. WISTAF HAS CHOSEN TO USE THE

 RISK-BASED APPROACH IN EVALUATING AND MONITORING PROVIDERS' ADMINISTRATION
 OF FUNDS. WISTAF ASSESSES RISK AND MONITORS PERFORMANCE USING A VARIETY OF

 METHODS INCLUDING: PROVIDER SITE VISITS REGULAR PROVIDER REPORTING AND
 REVIEW OF ADDITIONAL DOCUMENTATION AND RELEVANT MATERIALS. RISK ASSESSMENTS

 ARE PERFORMED IN A SYSTEMATIC AND RATIONAL MANNER. ALL RESULTS ARE
 DOCUMENTED.

Schedule I (Form 990)

232291 04-01-22 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



39-1555465

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

INCREASE ACCESS TO JUSTICE. WE OVERSEE FUNDS AND INVEST IN SERVICES AND

WISCONSIN TRUST ACCOUNT FOUNDATION INC

PROJECTS TO HELP PEOPLE RESOLVE LEGAL PROBLEMS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2022, WISTAF BEGAN ADMINISTERING NEW SOURCES OF FEDERAL PASS-THROUGH

FUNDING ON BEHALF OF THE STATE OF WISCONSIN. NEW GRANT PROGRAMS WERE

CREATED TO FUND CIVIL LEGAL SERVICES RESPONSIVE TO COVID-19 RECOVERY,

AFGHAN EVACUEE IMMIGRATION, AND FORECLOSURE PREVENTION.

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

THE PRESIDENT OF THE STATE BAR OF WISCONSIN SHALL APPOINT, WITH THE

APPROVAL OF THE STATE BAR OF WISCONSIN BOARD OF GOVERNORS, 9 ATTORNEY

DIRECTORS AND 3 NONATTORNEY DIRECTORS. THE CHIEF JUSTICE OF THE WISCONSIN

SUPREME COURT SHALL APPOINT 3 DIRECTORS FROM THE WISCONSIN JUDICIARY.

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

THE EXECUTIVE DIRECTOR AND TREASURER WILL REVIEW THE REPORTS PRIOR TO

FILING THEM TO ENSURE THAT THEY ARE ACCURATE AND DO NOT INDICATE ANY

POTENTIAL PROBLEMS WITH THE FOUNDATION'S TAX STATUS OR FUNDRAISING LICENSE.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

 AND
 MEMBERS
 OF
 COMMITTEES
 WITH
 GOVERNING
 BOARD
 DELEGATED
 POWERS
 CONSIDERING

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
WISCONSIN TRUST ACCOUNT FOUNDATION INC	39-1555465
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE	OF THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	WITH THE
INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD	OR COMMITTEE
MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST	IS DISCUSSED AND
VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHAL	L DECIDE IF A
CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAK	E A PRESENTATION
AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER TH	E PRESENTATION,
HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, 2	AND THE VOTE ON,
THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CON	FLICT OF INTEREST.
THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL	, IF APPROPRIATE,
APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGAT	E ALTERNATIVES TO
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING	DUE DILIGENCE,
THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER	THE CORPORATION
CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TR	ANSACTION OR
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE R	ISE TO A CONFLICT
OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANG	EMENT IS NOT
REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CO	ONFLICT OF
INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMIN	E BY A MAJORITY
VOTE OF THE DISINTERESTED DIRECTORS OR MEMBERS WHETHER TH	E TRANSACTION OR
ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR IT	S OWN BENEFIT, AND
WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE	ABOVE
DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO	ENTER INTO THE
TRANSACTION OR ARRANGEMENT. IF THE GOVERNING BOARD OR COM	MITTEE HAS
REASONABLE CAUSE TO BELIEVE A MEMBER OR EMPLOYEE HAS FAIL	ED TO DISCLOSE
ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM	THE MEMBER OR
EMPLOYEE OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMB	ER AN OPPORTUNITY
TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEAD	RING THE MEMBER'S
OR EMPLOYEE'S RESPONSE AND AFTER MAKING FURTHER INVESTIGA	TION AS WARRANTED
$\begin{array}{c} 232212 & 10-28-22 \\ 40 \\ 0.10724 & 147605 \\ F = 21606 \\ 0.10724 & 0.022 \\ 0.0010 \\ WT GOONGTN \\ WT WT \\ WT GOONGTN \\ WT GOONGTN \\ WT WT \\ WT WT \\ WT WT \\ WT WT \\ WT WT$	Schedule O (Form 990) 2022

07010724 147695 531606

INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

EXECUTIVE DIRECTOR COMPENSATION IS COMPARED TO AVAILABLE DATA FROM THE

NATIONAL ASSOCIATION OF IOLTA PROGRAMS (NAIP) TO BEST DETERMINE

COMPENSATION LEVELS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.