### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file incom	ne tax retur	ns.	•				
Type or	Name of exempt organization or other filer, see instru		Taxpayer identification number (TIN					
print	WISCONSIN LAW FOUNDATION,	**-***3515						
File by the due date for filing your return. See  Number, street, and room or suite no. If a P.O. box, see instructions.  5302 EASTPARK BOULEVARD								
instructions.	City, town or post office, state, and ZIP code. For a form MADISON, WI 53718	oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1 <u> </u>		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990		04	Form 5227			10		
	-T (sec. 401(a) or 408(a) trust) -T (trust other than above)	05 06	Form 6069 Form 8870			11		
Teleph If the c If this box	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or	s in the Uni Group Exe and atta MAN anization's	Fax No.   ited States, check this box imption Number (GEN)	f this is for all membe	r the whole groupers the extension  opt organization r	is for.		
any <b>b</b> If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overgone.	), enter any	refundable credits and	3a 3b	\$	0.		
c Ba	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	ayment witl	h this form, if required, by	3c	<u> </u>	0.		
	If you are going to make an electronic funds withdrawal				T			
instructio	ns.							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

### EXTENDED TO MAY 16, 2022

# **Return of Organization Exempt From Income Tax**

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

<u> </u>	or the	2020 calendar year, or tax year beginning $JUL 1$ , $2020$ and	ل ending	<u>UN 30, 2021</u>	
<b>B</b> c	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address change	WISCONSIN LAW FOUNDATION, INC.			
	Name change	Doing business as		**-***35	<u> 15                                     </u>
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) 5302 EASTPARK BOULEVARD	Room/suite	E Telephone number (608) 25	r 7-3838
	⊒return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	245,184.
	∏Amende				
$\vdash$	_lreturn _Applica- _tion	F Name and address of principal officer: LARRY J. MARTIN		H(a) Is this a group re	? Yes X No
	tion pending				
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 4947(a)(1)$		1	list. See instructions
		:▶ WWW.WISBAR.ORG/ABOUTUS/WISCONSINLAWFOU		H(c) Group exemptio	
		rganization: X Corporation Trust Association Other ►  Summary	<b>L</b> Year	of formation: 1951 N	■ State of legal domicile: WI
1 6		<u> </u>	AT COON	CINI I NW DOID	TD A M T C T C
ø		riefly describe the organization's mission or most significant activities: THE V			
Governance	-	CHARITABLE AND EDUCATIONAL ORGANIZATION			
ern	l	heck this box  if the organization discontinued its operations or dispos			
Š	ı			3	16
		umber of independent voting members of the governing body (Part VI, line 1b)			16
es	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
Activities &	6 T	otal number of volunteers (estimate if necessary)		6	25
댱	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<b>b</b> N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			$ \Box$	Prior Year	Current Year
an an	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		230,426.	182,049.
ž		rogram service revenue (Part VIII, line 2g)		0.	0.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		43,617.	63,135.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		274,043.	245,184.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		52,274.	54,148.
	l	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	ı	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa F	otal fundraising expenses (Part IX, column (D), line 25)   36, 29	<u> </u>	•	<u> </u>
Ä				89,221.	59,085.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,495.	113,233.
	l	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		132,548.	131,951.
		evenue less expenses. Subtract line 18 from line 12			
Assets or			Ве	ginning of Current Year	End of Year
sset	<b>20</b> T	otal assets (Part X, line 16)		2,193,616.	2,750,431.
Net A	ł	otal liabilities (Part X, line 26)		0.	3,745.
		et assets or fund balances. Subtract line 21 from line 20		2,193,616.	2,746,686.
	irt II				
		es of perjury, I declare that I have examined this return, including accompanying schedules		· · ·	knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Data	
Sig	ו ו			Date	
Her	е	LARRY J. MARTIN, SECRETARY			
		Type or print name and title	1 -	Data I F	T DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check if	PTIN
Paid		ROY MARINE, CPA TROY MARINE, CPA	<i>y</i> 0	4/21/22 self-employ	
Prep		Firm's name BAKER TILLY US, LLP		Firm's EIN ▶	<u>**-***9910</u>
Use	Only	Firm's address 777 E. WISCONSIN AVENUE, FLOOR 3	2		
		MILWAUKEE, WI 53202		Phone no. 41	4.777.5500
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2020) WISCONSIN LAW FOUNDATION, INC.	**-***3515	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		··· <u> </u>
•	TO PROMOTE PUBLIC UNDERSTANDING OF THE LAW, IMPROVEMENT	OF THE	
	ADMINISTRATION OF JUSTICE AND OTHER LAW-RELATED PUBLIC S		CH
	FUNDING OF INNOVATIVE AND CREATIVE PROGRAMS THAT IMPROVE		
		I THE ATSTOM	OI <sup>-</sup>
	THE AMERICAN JUSTICE SYSTEM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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 othe		nd
		ers, trie total experises, al	iu
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 18,835. including grants of \$ 18,835. ) (Rever		
		O CHARITABLE	
	EDUCATIONAL PROGRAMS THAT PROMOTE PUBLIC UNDERSTANDING O		<u>R</u>
	IMPROVE THE ADMINISTRATION OF JUSTICE, OR ARE A LAW-RELA	TED PUBLIC	
	SERVICE PROJECT. THE RECIPIENTS OF THE FY2021 GRANTS AR	E: ABC FOR	
	HEALTH; BOYS & GIRLS CLUB OF PORTAGE COUNTY; BRIARPATCH		ES.
	INC.; CATHOLIC MULTICULTURAL CENTER; CENTRO LEGAL; CRAWF		
	COURT; BUFFALO/PEPIN COUNTY TEEN COURT; MILWAUKEE JUSTIC		
	WISCONSIN TEEN COURT ASSOCIATION; WISCONSIN JUSTICE INIT	TATIVE.	
4b	(Code:) (Expenses \$ 14,196. including grants of \$ 14,196.) (Rever	2	250.
TD	STATE BAR LAW-RELATED EDUCATION PROGRAMS: THE STATE BAR		
			NT/TI
	EDUCATION PROGRAM GRANTS SUPPORT THE HIGH SCHOOL MOCK TR		
	WHICH PROMOTE AWARENESS OF THE LAW AND CITIZENSHIP THROU		VE
	EDUCATIONAL EXPERIENCES. THE HIGH SCHOOL MOCK TRIAL TOU		
	FAMILIARIZES STUDENTS WITH THE AMERICAN LEGAL SYSTEM WIT	H STUDENTS	
	PARTICIPATING IN A TRIAL SIMULATION AS LAWYERS AND WITNE	SSES.	
4c	(Code:) (Expenses \$11,072. including grants of \$11,072. ) (Rever	nue $\$$ 2 ,	755.
	1. 2021 ANNUAL MEETING AND CONFERENCE DIVERSITY AND INCL	USION OVERSI	GHT
	COMMITTEE'S CLE SPEAKER FEE.		
	2. 2021 ANNUAL MEETING AND CONFERENCE REGISTRATION FOR F	OUR DIVERSIT	Y
	CLERKSHIP PROGRAM PARTICIPANTS.	OUL DIVERBEE	
	3. 2021 SOLO AND SMALL FIRM CONFERENCE REGISTRATION FOR	MIDEE DIVERC	T M37
		THREE DIVERS	T.T.X
	CLERKSHIP PROGRAM PARTICIPANTS.		
	4.EXCLUSIVE SPONSOR OF THE 2021 DIVERSITY CLERKSHIP RECE		
	HONORS BOTH THE LAW CLERKS AND EMPLOYERS FOR THIS YEAR'S	DIVERSITY	
	CLERKSHIP PROGRAM. LEADERS FROM ACROSS THE PROFESSION C		ТО
	PARTICIPATE IN THIS ANNUAL GATHERING.		
4d	Other program services (Describe on Schedule O.)		
		177,044.)	
4e	Total program service expenses ► 57,804.		

032002 12-23-20

Form **990** (2020)

# Form 990 (2020) WISCONSIN LAW FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- <del>"</del>		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

032003 12-23-20

Part IV	<b>Checklist of Required Schedules</b>	(continued)
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	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 40	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes." complete			
		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	230		
26	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		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28		21		1
20	Was the organization a party to a business transaction with one of the following parties (see 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	200		x
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"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		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b> </b> ₩
	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	١.,	v	
05 -	Part V, line 1	34	X	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
~~	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			v
20	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 in Schedule O for Part VI, lines 11b and 19?	00	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
. u				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Ia 3  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
b	Enter the number of Fernie W Zermoldece in line fat. Enter of infect applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(2022)
URSONO.	1 12 23 20	⊢Orm	・ンンい	こしいけいい

# Form 990 (2020) WISCONSIN LAW FOUNDATION, INC. Part 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	,	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	31	)	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48	1	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5t	<b>)</b>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	61	)	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	72	1	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	<b>)</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	70	;	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	98		1
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	)	
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	$\dashv$		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	$\dashv$		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	а	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	5	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	) 	X
	If "Yes," complete Form 4720, Schedule O.			
		Εn	<sub>rm</sub> 990	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b				
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		114		
12a		12a	х	
b		12b	X	
		120	21	
С	• • • • • • • • • • • • • • • • • • • •	12c	х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		Х
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		-22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
Ioa		16-		Х
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 72
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	406		
202	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VI			h.l.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
••	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PAUL MARSHALL - 608-250-6116			
	5302 EASTPARK BLVD, MADISON, WI 53718			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

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

(A)  Name and title	(B) Average hours per week	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ATTY. DEAN R. DIETRICH TREASURER	1.00	x		x				0.	0.	0.
(2) MR. LARRY J MARTIN	1.00									
SECRETARY		х		x	Λ		н	0.	0.	0.
(3) ATTY. FRANCIS W. DEISINGER MEMBER	1.00	X					П	0.	0.	0.
(4) ATTY. JOSEPH M. CARDAMONE III	1.00			7						
MEMBER		Х						0.	0.	0.
(5) ATTY. KEVIN LONERGAN	2.00	ļ		l						
PAST PRESIDENT	1 00	Х		Х		-		0.	0.	0.
(6) ATTY. ROBERT R. GAGAN MEMBER	1.00	х						0.	0.	0.
(7) ATTY. JOHN F. O'MELIA, JR.	1.00	^						1	0.	<b>U•</b>
MEMBER	1100	x						0.	0.	0.
(8) ATTY. BRADLEY W. RAATHS MEMBER	1.00	x						0.	0.	0.
(9) ATTY. LOUIS B. BUTLER, JR. MEMBER	1.00	x						0.	0.	0.
(10) ATTY. MEGAN A. KUEHL	1.00	X						0.	0.	0.
(11) ATTY. MARGARET AHNE HERLITZKA	1.00									
PRESIDENT	1	Х		Х				0.	0.	0.
(12) ATTY. KEVIN J. LYONS MEMBER	1.00	х						0.	0.	0.
(13) ATTY. JOSEPH M. TROY	1.00									
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(14) ATTY. HOWARD J. BICHLER	1.00	<b>.</b> ,						0.	_	0
VICE PRESIDENT (15) ATTY. KATHLEEN E. GRANT	1.00	Х	_		_	$\vdash$	-	1 0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(16) ATTY. DEANNE M. KOLL	1.00	1						1		3.
MEMBER		Х						0.	0.	0.
		-								

. u	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C				(D)	(E)		(	(F)
	Name and title	Average	(do		Posi			ne	Reportable	Reportable		Esti	mated
		hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				an	compensation	compensation		amo	unt of
		week	offi	cer an	d a di	irecto	r/trust	ee)	from	from related		of	ther
		(list any	Individual trustee or director						the	organization		compe	ensatio
		hours for	rdire				ted		organization	(W-2/1099-MIS	SC)	fror	n the
		related	teeo	uste			eusa		(W-2/1099-MISC)			orgar	nization
		organizations	Itrus	nal tr		oyee	dwo					and i	related
		below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				organ	izations
		line)	Indi	Inst	Officer	Key	High	퉏					
								п					
41:	Outhors					A		+	0.		0.		0
10	Subtotal	l Continu					1000		0.		0.		0
	Total from continuation sheets to Part VI								0.		0.		0
	Total (add lines 1b and 1c)						\ \le	2		200 - 6			
2	Total number of individuals (including but n	ot limited to th	ose	iiste	a ab	ove	) wn	o re	eceived more than \$100,	JUU of reportable	)		
	compensation from the organization											Τ.	'es N
3	Did the organization list any former officer	director truct	00 l		mnl	0)/0	0 0r	hia	boot componented ampl	0,400 00	1		00 11
3	Did the organization list any <b>former</b> officer,	•		•	•	•		_	·	•		3	X
4	line 1a? If "Yes," complete Schedule J for s											3	
4	For any individual listed on line 1a, is the su											4	Х
_	and related organizations greater than \$150											4	
5	Did any person listed on line 1a receive or a	•				•			•			_	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J to	or su	ich ŗ	oers	on .					5	2
		mnonostad inc	lono	- dor		+		o +h	nat received mare than t	100 000 of comm		ion from	
1	Complete this table for your five highest co										ensa	ion from	1
	the organization. Report compensation for	tne calendar ye	ear e	nair	ig w	ith C	or wit	nin T		ear.		(0)	
	<b>(A)</b> Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	C	(C) ompens	
			147	)IA I				$\dashv$	2 2 2 2 3 7 1 2 1 2	5. 1.000			
								$\dashv$					
								$\dashv$					
								$\dashv$					
								$\dashv$					
								- 1					
2	Total number of independent contractors (iii	ncludina but no	ot lin	nited	l to t	thos	e list	ed	above) who received mo	ore than			
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati		ot lin	nitec	l to t	thos		ed	above) who received mo	ore than			

		Check if Schedule O contains a response or note to	any line in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
				function revenue	business revenue	sections 512 - 514
10.10	4.	Fodovated compaigns				
nts Ints	1 6	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ľ	Membership dues 1b				
S, (	C	Fundraising events 1c				
ij je	C	Related organizations1d				
s, (	•	Government grants (contributions)				
Sigi	f	All other contributions, gifts, grants, and				
he bt		similar amounts not included above 1f 182, 0	049.			
걸		Noncash contributions included in lines 1a-1f				
Σp	ŀ	Total. Add lines 1a-1f	▶ 182,049			
<u> </u>		Busines				
	_		s code			
<u>:</u>	2 8					
Program Service Revenue	k					
S	C	;				
am	c	I				
Бg	6					
Pr	f	All other program service revenue				
		Total. Add lines 2a-2f	<b>N</b>			
	3	Investment income (including dividends, interest, and				
	Ü	other similar amounts)	▶ 35,258			35,258.
			55,250	•		33,230.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	<b>•</b>			
		(i) Real (ii) Per	sonal			
	6 a	Gross rents 6a	<u> </u>			
	k	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) O	ther			
		assets other than inventory 7a 27,877.				
	L	Less: cost or other basis				
•	L					
ther Revenue						
Š	C	Gain or (loss) 7c 27,877.	. 00.000			0.7.07.7
æ	C	Net gain or (loss)	<u></u> ▶ 27,877	•		27,877.
Je	8 8	Gross income from fundraising events (not				
ᅗ		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 188a				
	ŀ	Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
	9 8	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	k	Less: direct expenses9b				
	C	Net income or (loss) from gaming activities	▶			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	k	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory	<b>•</b>			
$\overline{}$		Busines	s Code			
Sn	44 .					
e e	11 a			+		
lan en	k	·				
Miscellaneous Revenue	C					
Alis	C	All other revenue				
_	•	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	<b>▶</b> 245,184	. 0.	0.	63,135.

# Form 990 (2020) WISCONSIN LAW FOUNDATION, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	47,248.	47,248.		
2	Grants and other assistance to domestic	•	,		
	individuals. See Part IV, line 22	6,900.	6,900.		
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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,585.		4,585.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	16,706.			16,706.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-750.			-750.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE BAR ADMIN FEES	38,063.	3,656.	14,064.	20,343.
b	MISCELLANEOUS	481.		481.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	113,233.	57,804.	19,130.	36,299.
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)				5 QQQ (0000)

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	77,774.	1	92,518.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	200,273.	3	184,097.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	1 600	9	2,463.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,907,464.	11	2,471,353.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,750,431. 3,745.
	17	Accounts payable and accrued expenses		17	3,745.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	06	of Schedule D	0.	25 26	3,745.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here		20	3,743.
S		and complete lines 27, 28, 32, and 33.			
ű	27		1,066,499.	27	1,526,803.
sala	28	Net assets without donor restrictions  Net assets with donor restrictions	1 107 117	28	1,219,883.
Δ	20	Organizations that do not follow FASB ASC 958, check here		20	2,223,0001
Ē		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
٩ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	0 400 545	32	2,746,686.
Z					2,750,431.
	33	Total liabilities and net assets/fund balances	2,193,616.	33	2,750 p

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,19	3,6	16.
5	Net unrealized gains (losses) on investments	5	42	1,1	<u> 19.</u>
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	2,74	6,6	86.
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>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*3515 WISCONSIN LAW FOUNDATION, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. \_\_\_\_\_ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations								
g Provide the following information about the supported organization(s).								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions		
Total								
THAT IS DOWN THE DESIGNATION AS A M		:			0	000 000 E7\ 0000		

## 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	293,033.	183,365.	215,864.	230,426.	182,049.	1104737.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	293,033.	183,365.	215,864.	230,426.	182,049.	1104737.	
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)							
	Public support. Subtract line 5 from line 4.						1104737.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	293,033.	183,365.	215,864.	230,426.	182,049.	1104737.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	28,619.	37,488.	33,275.	37,200.	35,258.	171,840.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						1276577.	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the							
_	organization, check this box and stor						<b>.</b>	
	ction C. Computation of Publi						06.54	
	Public support percentage for 2020 (I					14	86.54 %	
	Public support percentage from 2019					15	86.77 %	
16a	33 1/3% support test - 2020. If the							
	stop here. The organization qualifies							
k	33 1/3% support test - 2019. If the o	•		•		•		
	and stop here. The organization qual							
17a	17a 10% -facts-and-circumstances test - 2020. 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 fact			-	•	VI how the organiz	ation	
	meets the facts-and-circumstances te	_	•	*	-			
k	10% -facts-and-circumstances test	ū				•	10% or	
	more, and if the organization meets the				-		<b>.</b> —	
40	organization meets the facts-and-circu							
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b				
					Sche	edule A (Form 990	or 990-EZ) 2020	

# Schedule A (Form 990 or 990-EZ) 2020 WISCONSIN LAW FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business 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						
6	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
	3 received from disqualified persons						
t	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.)	<del>- )                                   </del>	$\prec$ $+$	$\overline{}$	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)		and an annual state to the	iada aee.		01(5)(0) 5	<u> </u>
14	First 5 years. If the Form 990 is for the	-		•			
Sec	check this box and stop here ction C. Computation of Publi	c Support Per					<b>P</b>
	Public support percentage for 2020 (I	• • • • • • • • • • • • • • • • • • • •		nolumn (f)\		15	20
	Public support percentage from 2019					16	<u>%</u> %
16 Sec	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	us box and see ins	tructions	▶Ш

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		11a		
b		11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		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		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
_	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		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	and the state of t	I	Yes	No
4	Wars a majority of the arganization's directors or tructors during the tay year also a majority of the directors		162	INO
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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	' '		
			Vac	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	INO
1				
	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 in 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 instru	ıction	·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the 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 definition constitutes described and the constitution	2a		
b	Did the activities described in 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			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	iii i oo oo ii oo pichaa aataa iii	3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on 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				
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	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	T			
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	on 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-functional	ly integrate	d Type III supporting orga	nization (see		
	instructions).	. •		•		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

**2020** 

Name of the organization

WISCONSIN LAW FOUNDATION,

**Employer identification number** 

\*\*-\*\*\*3515

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF)						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# WISCONSIN LAW FOUNDATION, INC.

\*\*-\*\*\*3515

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREATER MILWAUKEE FOUNDATION - KEVIN & ROSEANN LYONS FUND  101 W PLEASANT ST SUITE 210  MILWAUKEE, WI 53212	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DRAF	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# WISCONSIN LAW FOUNDATION, INC.

\*\*-\*\*\*3515

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990 990.EZ or 990.PE\/2020\

Name of organization **Employer identification number** \*\*-\*\*\*3515 WISCONSIN LAW FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WISCONSIN LAW FOUNDATION, INC.

Employer identification number \*\*-\*\*\*3515

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Sir	milar Funds (	or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor adv	ised	funds	(b	) Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets	helo	l in donor advise	ed funds	- S
	are the organization's property, subject to the organization's	exclusive legal control	?			Yes No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "`	Yes'	on Form 990, P	art IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).			
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of	a histor	ically important land area
	Protection of natural habitat			Preservation of	a certifi	ed historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation conti	ribut	ion in the form o	of a cons	servation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				[	2a
b						2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)			ı [	2c
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register	//\\			L	2d
3	Number of conservation easements modified, transferred, rele				organiza	ation during the tax
	year ▶					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspe	ectic	n, handling of		
	violations, and enforcement of the conservation easements it	holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservati	ion ease	ements during the year
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h	n)(4)(B)(i)	)
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its rev	venu	e and expense s	stateme	nt and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	nancial stateme	nts that	describes the
_	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	-	rea	sures, or Oth	ner Sii	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement ar	nd balar	nce sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in fur	therand	ce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesci	ribes these items	3.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue	statement and b	alance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or r	esearch in furthe	erance o	of public service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
						<b>&gt;</b> \$
2	If the organization received or held works of art, historical treater	asures, or other simila	r ass	ets for financial	gain, pr	rovide
	the following amounts required to be reported under FASB A	-				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			<u></u>		<b>▶</b> \$

032051 12-01-20

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 WISCONSI	IN LAW FOU	NDAT:	ION, II	NC.			**_**	*351	5 Pa	age 2
	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other Si	mila	r Assets	s (conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the t	following tha	t make signif	icant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	C		Loan or exc	hange progra	am					
b	Scholarly research	•	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explai	n how th	ey further th	ne organizatio	on's exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar ass	ets				
	to be sold to raise funds rather than to be mai	intained as part of t	he orgar	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements. <sub>Compl</sub>	ete if the	organizatio	n answered	"Yes" on For	m 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other as	sets not inclu	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					]
Par											
		(a) Current year		rior year	(c) Two yea		Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d											
е	Other expenditures for facilities										
	and programs			<b>\</b>							
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1d	ı, column (a	)) held as:						
а	Board designated or quasi-endowment	·	%	,, , , ,	•						
b	Permanent endowment	%	_								
С	Term endowment > 9	<del></del>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses		ation tha	t are held ar	nd administe	red for the o	rganiza	ation			
	by:	· ·					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered		D, Part IV	, line 11a. S	See Form 990	), Part X, line	10.				
	Description of property	(a) Cost or o			or other	(c) Accu		ed	(d) Boo	k valu	—— е
	=	basis (investi			(other)	depred			(=, =50		
1a	Land	<u> </u>	•								
		.									

Schedule D (Form 990) 2020

e Other

c Leasehold improvements d Equipment

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

Schedule D (Form 990) 2020 WISCONSIN LA	AW FOUNDATION	I. INC. *	**-***3515 Page
Part VII Investments - Other Securities.			rugo
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		111 O. F. Francisco Brat V. Frants	
Complete if the organization answered "Yes" (a)	Description	Tru. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line  Part X Other Liabilities.	15.)		<b>&gt;</b>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants			
d	(	•		
е	Add lines 2a through 2d	·	2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
		4a		
b				
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
		2a		
	Prior year adjustments			
c	Other losses			
d	(			
	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		4a		
	· · · · · · · · · · · · · · · · · · ·		40	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV lines 1h and 2h: P	eart V line 4: Part X line 2: Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•	art v, iiile 4, i art X, iiile 2, i art Xi,	
111103	20 and 45, and 1 at An, lines 20 and 45. Also complete this part to provide any a	dutional information.		
PAF	RT X, LINE 2:			
тнг	E FOUNDATION HAS RECEIVED A DETERMINATION	LETTER DATE	D AUGUST 19. 1963.	
			2 1100021 13, 13007	
STA	ATING THAT IT IS EXEMPT FROM INCOME TAX U	NDER SECTION	501(C)(3) OF THE	
INT	TERNAL REVENUE CODE AND, ACCORDINGLY, INC	OME TAXES ARI	E NOT REFLECTED IN	
	· · · · · · · · · · · · · · · · · · ·			
THE	E ACCOMPANYING FINANCIAL STATEMENTS. THE	FOUNDATION DO	DES NOT HAVE ANY	
UNC	CERTAIN TAX POSITIONS.			
_				
		<del></del>		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WISCONSIN	LAW FOUN	DATION, INC	•				**-***3515
Part I General Information on Grants a	and Assistance	-					
Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STATE BAR OF WISCONSIN							STATE BAR LAW-RELATED
5302 EASTPARK BLVD.							EDUCATION PROGRAM
MADISON, WI 53718	••*:***-*	<b>n</b> ≠ <b>x</b> 061	14,196.	0.			ASSISTANCE
STATE BAR OF WISCONSIN 5302 EASTPARK BLVD. MADISON, WI 53718	••*:* <u></u> **-	<i>₹</i> 77061	11,072.	0.	Τ		STATE BAR LAW-RELATED DIVERSITY EDUCATION AND PROGRAMMING
					_		
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table				<u>2.</u>
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b> 0.
LHA For Paperwork Reduction Act Notice	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

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.

Part III

(a) Type of grant or assistance	<b>(b)</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
BELLE CASE LAFOLLETTE		6,900.	0.		TO RECOGNIZE RECENT LAW SCHOOL GRADUATES WHO REPRESENT UNDER-SERVED POPULATIONS
DEBUG CADE DAPOUBLITE	3	0,300.	0.		ONDER SERVED FOR DEATHORS
				_	
		$\prec \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	\ <b>F</b>		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE WLF HAS AN ANNUALLY APPOINTED G	RANTS CC	MMITTEE WH	ICH FOLLOW	S A SET	
FISCAL CALENDAR. THE GRANTS COMMITT	TEE COLLE	CTS APPLIC	CATIONS; ME	ETS ANNUALLY	
TO SELECT GRANT REQUESTS THAT FALL	WITHIN T	HE WLF'S M	IISSION AND	GOALS;	
SUBMITS THEIR GRANT RECOMMENDATION	TO THE W	LF BOARD F	'OR APPROVA	L; COLLECTS	
AND MONITORS GRANTEES' ANNUAL REPOR	RTS. THE	WLF GRANTS	COMMITTEE	COLLECTS	
GRANT REPORTS FROM EACH GRANTEE ANN	UALLY IN	FEBRUARY.	THE WLF G	RANTS	

COMMITTEE MONITORS GRANTEE ANNUAL REPORTS AS PART OF THEIR ANNUAL FISCAL

CALENDAR. GRANTEES WHO DO NOT MEET THE GOALS LAID OUT IN THEIR ORIGINAL

Schedule I (Form 990)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

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

**2020**Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WISCONSIN LAW FOUNDATION, INC.

Employer identification number \*\*-\*\*3515

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

PUBLIC UNDERSTANDING OF THE LAW, IMPROVEMENT OF THE ADMINISTRATION OF

JUSTICE AND OTHER LAW-RELATED PUBLIC SERVICE THROUGH FUNDING OF

INNOVATIVE AND CREATIVE PROGRAMS THAT IMPROVE THE VISION OF THE

AMERICAN JUSTICE SYSTEM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO PROMOTE PUBLIC UNDERSTANDING OF THE LAW, IMPROVEMENT OF THE

ADMINISTRATION OF JUSTICE AND OTHER LAW-RELATED PUBLIC SERVICE THROUGH

FUNDING OF INNOVATIVE AND CREATIVE PROGRAMS THAT IMPROVE THE VISION OF

THE AMERICAN JUSTICE SYSTEM INCLUDING BUT NOT LIMITED TO THE FOLLOWING

PROGRAMS:

THE BELLE CASE LA FOLLETTE AWARDS RECOGNIZE THREE RECENT LAW SCHOOL

GRADUATES, WHO ARE STATE BAR OF WISCONSIN MEMBERS AND PRACTICING IN

WISCONSIN, AND WHO REPRESENT UNDER-SERVED POPULATIONS, SUCH AS PEOPLE

OF MODEST MEANS AND THOSE WHO LIVE IN RURAL AREAS. ONE AWARD IS GIVEN

TO A GRADUATE OF THE UNIVERSITY OF WISCONSIN LAW SCHOOL. ONE AWARD IS

GIVEN TO A GRADUATE OF MARQUETTE UNIVERSITY LAW SCHOOL. ONE AWARD IS

GIVEN TO A GRADUATE OF A LAW SCHOOL LOCATED OUTSIDE WISCONSIN WHO IS

PRACTICING IN WISCONSIN.

EXPENSES \$ 13,701. INCLUDING GRANTS OF \$ 10,045. REVENUE \$ 177,044.

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

WHEN THE 990 IS AVAILABLE, IT WILL BE PROVIDED TO THE WISCONSIN LAW

FOUNDATION GOVERNANCE.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

WISCONSIN LAW FOUNDATION, INC.	**-***3515
FORM 990, PART VI, SECTION B, LINE 12C:	
THE POLICY IS ONE OF SELF-REPORTING AND MONITORING. THE B	
IS RENEWED EVERY THREE YEARS. THE POLICY IS EXPLAINED TO	
WHEN THEIR TERM BEGINS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PAGE 12, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	
<b>DRAFI</b>	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

WISCONSIN LAW FOUNDATION, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

\*\*-\*\*\*3515

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	I	controlling ntity	9
	DR	AF					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled :ity?
		,,		501(c)(3))		Yes	No
STATE BAR OF WISCONSIN - 39-0807061	FOSTER AND MAINTAIN HIGH						
	STANDARDS OF CONDUCT IN						
MADISON, WI 53718	THE LEGAL PROFESSION	WISCONSIN	N/A	N/A	NONE		Х

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization treates as a partition product year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	<u></u>
-											
							₩				
											<del>                                     </del>
-											
-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				1c	X	
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related org				11		Х
m Performance of services or membership or fundraising solicitations by related org	janization(s)			1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	ation(s)			1n		Х
Sharing of paid employees with related organization(s)				10		Х
1 11	<b>T</b>					
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) STATE BAR OF WISCONSIN	P	66,756.	DIRECT REIMBURSEMENT			
GELEE DID OF HEGGOVERY	_ !	14 106				
2) STATE BAR OF WISCONSIN	В	14,196.	CASH VALUE			
3)						
4)						
4)						
<b>5</b> 1						
5)						
6)						
32163 10-28-20		I	Schedule	R (Form	n 990	2020
02 103 10-20-20			Scriedule	n (Full	いっつつし	<b>ZUZU</b>

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	<b>(f)</b> Share of total	(g) Share of end-of-year	Dispr tior alloca	opor- nate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag	(k) Percentage ownership
•		country)	excluded from tax under sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes	10
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#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
17	ARTWORK	12/30/10	SL	2.00		16	39,141.				39,141.	39,141.		0.	39,141.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						39,141.				39,141.	39,141.		0.	39,141.
	* GRAND TOTAL 990 PAGE 10 DEPR						39,141.				39,141.	39,141.		0.	39,141.
	DEFR						33,141.				33,141.	37,141.		0.	33,141.
								Λ							
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						/									

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone