

#1952

FINANCIAL REPORT

Email:

DFICharitableOrgs@dfi.wisconsin.gov

Mailing Address:
PO Box 7879

Madison, WI 53707-7879

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WI Char	itable Org	ganization Nu	mber:	-	156	5				800	
Federal I	Employer	Identification	n Number	:		23-73	3774	4			
Provide 1 irst Name: URTIS treet Addre		and contact in	ST Cir	ANG ty:		ial the D	epartn		State:	act abou	t this i
1440 EAST NORTH AVENUE				MILWAUKEE WI							
Cip Code: 3202		Phone: 414-906-46			STANC	@UWI	M.FO	JNDA	TION		
counsel	during th	ation use a pro ne fiscal year ntact informati	in Wiscor	isin?		ınd raisin	g coun	sel(s), o		Attach ad	ditions
Name:						Fundra	iser:	Fundr	aising Cou	unsel:	
vanie.	ress:				City:				State:		10
Street Add		ne Number:	Dogs this fo	ndraiser/fu	ndraising co	unsel/person	have cus	tody of co	ntributions at	any	

articles, by-laws, etc.)
If YES, attach an explanation and a copy of the amended document.

the division changed? (i.e. name of the organization, address of the

principal office, address of any Wisconsin branch officers, accounting period,

FINANCIAL INFORMATION - SECTION B

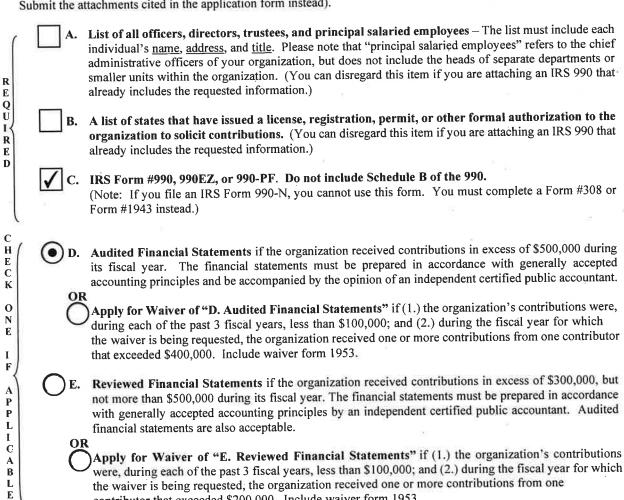
7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.

06	mm	30	dd	2023	уууу
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1.	Contributions	1	23,874,266
	 ("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include: Income from bingo or raffles conducted under ch. 563, Wis. Stats. Government grants Bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.) 		Ř
2.	Other Revenues	2	2,863,671
3.	Total Revenue (line 1 plus line 2)	3	26,737,937
4.	Expenses:		
	a. Expenses Allocated to Program Services4a 22,939,543		
	b. Expenses Allocated to Management and General4b 2,162,970		
	c. Expenses Allocated to Fundraising		
	d. Expenses Allocated to Payments to Affiliates		341
	e. Total Expenses	4e	26,120,842
5.	Excess or Deficit (line 3 minus line 4e)	5	617,095
6.	Net Assets at Beginning of Year	6	206,710,359
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI)	7	12,617,904
8.	Net Assets at End of Year	8	219945358

ATT	ACHN	MENTS
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Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).



contributor that exceeded \$200,000. Include waiver form 1953.

CERTIFICATION - SECTION C

This document MUST be signed by the chief fiscal officer and another officer. Two <u>different</u> officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

David H_Gilbert	
Name (Print)	SIGN HERE
Signature of Officer	
Date 6/11/2 U	
Date	
AND	
Cours A. Spare	
Name (Print)	SIGN HERE
Signature of Chief Fiscal Officer	
Date	

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address: WDFI/ Charitable Orgs Section PO Box 7879 Madison, Wisconsin 53707-7879

E-Mail: DFICharitableOrgs@dfi.wisconsin.gov

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

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