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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning**

, 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Wisconsin Correctional Professional Association Inc. PO Box 8671 Madison, WI 53708	D Employer identification number 39-1388846
			E Telephone number 608-833-6506
			F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 88,511.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	17,650.
	2	Program service revenue including government fees and contracts	2	62,364.
	3	Membership dues and assessments	3	3,701.
	4	Investment income	4	62.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	3,378.	
6b	Less: direct expenses other than fundraising expenses	670.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		2,708.	
7a	Gross sales of inventory, less returns and allowances	1,356.		
7b	Less: cost of goods sold			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1,356.	
8	Other revenue (describe ▶)			
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		87,841.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	2,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	330.
	15	Printing, publications, postage, and shipping	15	4,310.
	16	Other expenses (describe ▶ See Statement 2)	16	71,030.
17	Total expenses (add lines 10 through 16)	17	77,670.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,171.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,021.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	65,192.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,021.	65,127.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3)		65.
25 Total assets	55,021.	65,192.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,021.	65,192.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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P

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **See Statement 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	<u>Conference and workshop provided to 700-800 individuals working in the field of criminal justice and corrections</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	68,570.
29	<u>Publish a quarterly newsletter providing information to approximately 1200 members</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,263.
30	<u>Provide two \$750 and one \$500 scholarship to students pursuing a career in the field of criminal justice</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,000.
31	Other program services (attach schedule) See Statement 5		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	400.
32	Total program service expenses (add lines 28a through 31a)	32	75,233.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Audrian Brown 4200 N Holton Street Milwaukee, WI 53212	Past President 2.00	0.	0.	0.
Carol Christensen 273 S 17th Avenue West Bend, WI 53095	President 3.00	0.	0.	0.
Susan Ross PO Box 128 Winnebago, WI 54985	Treasurer 4.00	0.	0.	0.
Bonnie Utech PO Box 7925 Madison, WI 53707	Recording Secy 2.00	0.	0.	0.
Judy Baldwin 2001 W Beltline Hwy Ste 102 Madison, WI 53713	Private Sector 1.00	0.	0.	0.
Trina Kroening PO Box 1000 Boscobel, WI 53305	President Elect 3.00	0.	0.	0.
Sara Fry PO Box 351 Waupun, WI 53704	State Rep 1.00	0.	0.	0.
Jim Brace 216 W Center Juneau, WI 53039	County Rep 1.00	0.	0.	0.
Vicki Bartz PO Box 900 Oxford, WI 53952	Federal Rep 1.00	0.	0.	0.
Glen Link PO Box 900 Wales, WI 53183	Juvenile Rep 1.00	0.	0.	0.

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VII Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

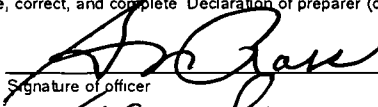

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  Date <u>8/5/11</u>		Type or print name and title <u>Susan Ross Treasurer</u>	
Paid Preparer's Use Only	Preparer's signature 	Date <u>7-29-11</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Lindgren, Lester, & Company, Inc.</u> <u>971 South Main Street</u> <u>Fond Du Lac, WI 54935</u>		EIN <u>N/A</u> Phone no <u>(920) 921-7940</u>	

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

☒ Yes ☐ No

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Federal Statements

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Client 123

Wisconsin Correctional
Professional Association Inc.

39-1388846

7/29/11

09.11AM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Wanda Schmidt		
Cash Amount Given:		\$	750.
Donee's Name:	Samantha Kraft		
Cash Amount Given:		\$	750.
Donee's Name:	Chad Vossekuil		
Cash Amount Given:		\$	500.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank & Merchant Fees	\$	591.
Conferences, Conventions, and Meetings		68,570.
Donations to B & G Club		400.
License & Domestic Report		110.
Office Expenses		422.
Refunds		204.
Sales Tax		283.
Tax Prep		450.
Total	\$	<u>71,030.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 65.
Total	\$ <u>0.</u>	\$ <u>65.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Provide conferences, workshops and educational material via newsletters for those working in the corrections field to promote high skill levels, safety, and quality protection for the public.

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Federal Statements

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Client 123

Wisconsin Correctional
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39-1388846

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09 11AM

Statement 5
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	0. Grants	Program Service Expenses
Contribute to Boys and Girls Club to Promote Corrections Science		400.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 400.