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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
33 NOB HILL RD

City or town, state or country, and ZIP + 4
MADISON, WI 53713-2195

D Employer identification number
39-1169160

E Telephone number
608-276-7711

G Gross receipts $ 27,260,492.

F Name and address of principal officer MARY BELL
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WEAC.ORG

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1972 M State of legal domicile WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE WISCONSIN EDUCATION ASSOCIATION COUNCIL REPRESENTS THE PUBLIC POLICY, LABOR, AND		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	73
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	70
5	Total number of employees (Part V, line 2a)	5	147
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	25,113,491.	25,059,969.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	367,482.	42,256.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,480,973.	25,102,225.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,292,900.	1,308,112.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,382,812.	15,314,553.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,707,900.	7,976,648.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	24,383,612.	24,599,313.
19	Revenue less expenses Subtract line 18 from line 12	1,097,361.	502,912.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,856,102.	27,626,615.
21	Total liabilities (Part X, line 26)	10,554,666.	11,484,290.
22	Net assets or fund balances Subtract line 21 from line 20	15,301,436.	16,142,325.

Part II Signature Block

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

Sign Here

Mary Bell — 7-12-11
Signature of officer — Date

MARY BELL, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 7/7/2011 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
WEGNER LLP
2110 LUANN LN
MADISON, WI 53713-3098

EIN ▶

Phone no. ▶ 608-274-4020

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OUR UNION WILL ADVOCATE THE IDEALS OF A DIVERSE, DEMOCRATIC SOCIETY AND QUALITY PUBLIC EDUCATION. OUR UNION WILL PROMOTE AND ADVANCE PROFESSIONAL PRACTICE, PERSONAL GROWTH, AS WELL AS ECONOMIC WELFARE AND RIGHTS OF OUR MEMBERS.

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

WEAC POLICY IS ADOPTED BY AN ANNUAL REPRESENTATIVE ASSEMBLY AND AT REGULAR MEETINGS OF THE BOARD OF DIRECTORS. A FULL-TIME ELECTED PRESIDENT OVERSEES IMPLEMENTATION OF ADOPTED POLICIES, AND AN EXECUTIVE DIRECTOR OVERSEES ALL STAFF. WEAC WORKS WITH UNISERV OFFICES THROUGHOUT THE STATE AND IS AN AFFILIATE OF THE NATIONAL EDUCATION ASSOCIATION.

4b (Code) (Expenses $ including grants of $) (Revenue $)

WEAC IN PRINT IS AN ALL-MEMBER NEWSPAPER WITH A CIRCULATION OF ABOUT 89,000. THE NEWSPAPER IS PUBLISHED SEVEN TIMES EACH YEAR. WEAC'S ELECTRONIC PUBLICATIONS INCLUDE THE WEAC WEBSITE AT WWW.WEAC.ORG; WEAC DIRECT, WHICH IS E-MAILED TO ABOUT 40,000 MEMBERS ON A WEEKLY BASIS; A FACEBOOK PAGE AT WWW.FACEBOOK.COM/MYWEAC; AND A TWITTER PAGE AT WWW.TWITTER.COM/WEAC. PUBLICATIONS INCLUDE INFORMATION ON UNION AND MEMBERSHIP ACTIVITIES, POLICIES AND SERVICES, COMMUNITY RELATIONS, AND CURRENT EVENTS.

4c (Code) (Expenses $ including grants of $) (Revenue $)

WEAC SPONSORS AN ANNUAL CONVENTION, A SUMMER ACADEMY, AND A WINTER CONFERENCE FOR ITS MEMBERS. IN ADDITION TO OTHER WORKSHOPS AND TRAININGS, THE BOARD OF DIRECTORS MEETS EIGHT TIMES EACH YEAR, AND A REPRESENTATIVE ASSEMBLY OF ELECTED DELEGATES MEETS ONCE EACH YEAR.

4d Other program services. (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $**

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? *If "Yes," complete Schedule C, Part II*	4	N/A	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes: X) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a	N/A	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? *If "Yes," complete Schedule L, Part I*	25b	N/A	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	101		
b	Enter the number of Forms W 2G included in line 1a Enter -0 if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	73		
b	Enter the number of voting members that are independent	1b	70		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	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 in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JANE OBERDORF - 608-276-7711
33 NOB HILL RD, MADISON, WI 53713-2195

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

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 Use Schedule J 2 if additional space is needed

- 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 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY BELL PRESIDENT	40.00	X		X				131,811.	0.	54,894.
GUY COSTELLO VICE PRESIDENT	40.00	X		X				79,274.	0.	41,276.
BETSY KIPPERS SECRETARY/TREASURER	40.00	X		X				79,274.	0.	41,276.
DAN BURKHALTER EXECUTIVE DIRECTOR	40.00	X		X				180,944.	0.	83,114.
JEFFREY JOHNSON DIRECTOR	1.30	X						0.	0.	0.
LAURA VERNON DIRECTOR	1.30	X						0.	0.	0.
HEDY EISCHEID DIRECTOR	1.30	X						0.	0.	0.
BOB FITZSIMMONS DIRECTOR	1.30	X						0.	0.	0.
SHELLY MOORE DIRECTOR	1.30	X						0.	0.	0.
BRAD LUTES ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
KAY HANSEN DIRECTOR	1.30	X						0.	0.	0.
MARIE KNUTSON DIRECTOR	1.30	X						0.	0.	0.
DEAN DEBROUX DIRECTOR	1.30	X						0.	0.	0.
KATHY ROMSOS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
CONNIE MARTIN DIRECTOR	1.30	X						0.	0.	0.
KIM PALLIN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JAMIE KLUND DIRECTOR	1.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLI VIKEN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
THOMAS BINDL DIRECTOR	1.30	X						0.	0.	0.
KRISTEN WOHLERS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
STEPHANIE CALL DIRECTOR	1.30	X						0.	0.	0.
MONIKA BROWN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
SUE TINKER DIRECTOR	1.30	X						0.	0.	0.
KATY MULLEN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JANE WEIDNER DIRECTOR	1.30	X						0.	0.	0.
CAREYANN KUTZ VOGT DIRECTOR	1.30	X						0.	0.	0.
JOHN KOSZAREK ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
1b Total ▶								1,303,472.	0.	621,948.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 35

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BELDEN RUSSONELLO & STEWART LLC, 1320 19TH ST NW STE 700, WASHINGTON, DC 20036-1631	VOTER SURVEY/POLLING	110,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a 1f ▶				
Program Service Revenue		Business Code			
	2a MEMBERSHIP DUES	900099	23322957.	23322957.	
	b NEA REVENUE	900099	1,543,455.	1,543,455.	
	c ANNUAL CONVENTION	561000	87,400.	87,400.	
	d INTEREST ON NOTES RECE	900099	73,135.	73,135.	
	e LEGAL FEES/SETTLEMENTS	541100	31,512.	31,512.	
	f All other program service revenue	900099	1,510.	1,510.	
	g Total. Add lines 2a-2f ▶		25059969.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		33,523.		33,523.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 2167000.	(ii) Other		
	b Less cost or other basis and sales expenses	2158267.			
	c Gain or (loss)	8,733.			
	d Net gain or (loss) ▶	8,733.			8,733.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
	12 Total revenue See instructions. ▶	25102225.	25059969.	0.	42,256.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	1,287,812.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	20,300.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	966,610.			
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	8,510,382.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	5,837,561.			
10 Payroll taxes				
11 Fees for services (non employees)				
a Management				
b Legal	908,741.			
c Accounting	68,335.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,154,794.			
12 Advertising and promotion				
13 Office expenses	1,392,419.			
14 Information technology				
15 Royalties				
16 Occupancy	742,534.			
17 Travel	1,781,555.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,184.			
20 Interest	1,730.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,682.			
23 Insurance	64,757.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSES	363,726.			
b SUBSIDIES	183,387.			
c RECRUITMENT EXPENSES	20,804.			
d				
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	24,599,313.			
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash non interest-bearing	2,052,145.	1	718,907.
	2	Savings and temporary cash investments	16,971,970.	2	19,854,543.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,061,794.	4	1,303,268.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	153,532.	9	193,430.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,483,292.			
	b	Less accumulated depreciation — 10b: 1,694,401.	835,469.	10c	788,891.
	11	Investments - publicly traded securities	1,078,793.	11	1,393,095.
	12	Investments - other securities See Part IV, line 11	1,463,691.	12	1,463,691.
	13	Investments - program related See Part IV, line 11	2,238,707.	13	1,910,789.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1.	15	1.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	25,856,102.	16	27,626,615.
Liabilities	17	Accounts payable and accrued expenses	2,681,663.	17	3,101,256.
	18	Grants payable		18	
	19	Deferred revenue	343,957.	19	428,706.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,466.	23	40,479.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	7,510,580.	25	7,913,849.
	26	**Total liabilities.** Add lines 17 through 25	10,554,666.	26	11,484,290.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	15,301,436.	27	16,142,325.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,301,436.	33	16,142,325.
	34	Total liabilities and net assets/fund balances	25,856,102.	34	27,626,615.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
WISCONSIN EDUCATION ASSOCIATION COUNCIL	39-1169160

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter 0		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,470,306.	1,683,940.	786,366.
e Other		12,986.	10,461.	2,525.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				788,891.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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 end-of-year market value
Financial derivatives		
Closely-held equity interests	1,463,691.	COST
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	1,463,691.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
NOTES RECEIVABLE	1,910,789.	COST
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	1,910,789.	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION OBLIGATION	774,630.
POST-RETIREMENT HEALTH CARE OBLIGATION	7,139,219.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,913,849.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number 39-1169160

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) 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 non-cash assistance	(h) Purpose of grant or assistance
COULEE REGION UNITED EDUCATORS 2020 CAROLINE ST LA CROSSE, WI 54603-1386	39-1170009	501(C)(5)	26,359.	0.			OPERATING ASSISTANCE
KENOSHA EDUCATION ASSOCIATION 5610 55TH ST KENOSHA, WI 53144-2206	39-1089325	501(C)(5)	13,192.	0.			OPERATING ASSISTANCE
MILWAUKEE TEACHERS EDUCATION ASSOCIAITON - 5130 W VLIET ST - MILWAUKEE, WI 53208-2624	39-0478280	501(C)(6)	48,356.	0.			OPERATING ASSISTANCE
BAYLAND EDUCATORS 1136 N MILITARY AVE GREEN BAY, WI 54303-4414	39-1207982	501(C)(5)	18,949.	0.			OPERATING ASSISTANCE
CAPITAL AREA UNISERV-NORTH 4800 IVYWOOD TRL MCFARLAND, WI 53558-9433	39-1182330	501(C)(5)	18,777.	0.			OPERATING ASSISTANCE
CAPITAL AREA UNISERV-SOUTH 4800 IVYWOOD TRL MCFARLAND, WI 53558-9433	39-1211213	501(C)(5)	14,286.	0.			OPERATING ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶ 30.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	14	20,300.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: WISCONSIN EDUCATION ASSOCIATION COUNCIL (WEAC) DISBURSES GRANT FUNDS TO REGIONAL UNISERV UNITS ON A MONTHLY BASIS. THESE GRANTS ARE INTENDED TO PROVIDE FINANCIAL OPERATING ASSISTANCE TO THE UNISERV UNITS. WEAC'S ONGOING INTERACTION WITH THE STAFF AND GOVERNANCE MEMBERS OF THE UNISERV UNITS THROUGHOUT THE FISCAL YEAR INFORMS WEAC THAT THE UNISERVS CONTINUE TO EMPLOY STAFF AND ALLOWS WEAC TO MONITOR UNISERV OPERATIONS. ADDITIONALLY, WEAC SURVEYS UNISERV GOVERNANCE MEMBERS ON AN ANNUAL BASIS IN ACCORDANCE WITH POLICY GUIDELINES.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR LAKE UNITED EDUCATORS 411 N RIVER RD WEST BEND, WI 53090-2600	39-1197435	501(C)(5)	18,664.	0.			OPERATING ASSISTANCE
CENTRAL WISCONSIN UNISERV COUNCIL 370 ORBITING DR MOSINEE, WI 54455-1763	39-1174457	501(C)(5)	45,046.	0.			OPERATING ASSISTANCE
COUNCIL #10 13805 W BURLEIGH RD BROOKFIELD, WI 53005-3058	39-1202395	501(C)(5)	13,014.	0.			OPERATING ASSISTANCE
EAU CLAIRE ASSOCIATION OF EDUCATORS - 2004 HIGHLAND AVE STE L - EAU CLAIRE, WI 54701-4389	39-1490803	501(C)(5)	10,791.	0.			OPERATING ASSISTANCE
GREEN BAY EDUCATION ASSOCIATION 2256 MAIN ST GREEN BAY, WI 54311-5330	39-1182321	501(C)(5)	11,859.	0.			OPERATING ASSISTANCE
KETTLE MORAINE UNISERV COUNCIL N7778 RANGELINE RD SHEBOYGAN, WI 53083-5283	39-1188646	501(C)(5)	16,681.	0.			OPERATING ASSISTANCE
LAKEWOOD UNISERV COUNCIL 13805 W BURLEIGH RD BROOKFIELD, WI 53005-3058	39-1175604	501(C)(5)	15,495.	0.			OPERATING ASSISTANCE
MADISON TEACHERS, INC. 821 WILLIAMSON ST MADISON, WI 53703-3547	39-6060613	501(C)(6)	20,854.	0.			OPERATING ASSISTANCE

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
NORTH SHORE UNITED EDUCATORS 13805 W BURLEIGH RD BROOKFIELD, WI 53005-3058	39-1206918	501(C)(5)	11,453.	0.			OPERATING ASSISTANCE
NORTHERN TIER UNISERV 1901 W RIVER ST RHINELANDER, WI 54501-2457	39-1230694	501(C)(5)	361,770.	0.			OPERATING ASSISTANCE
NORTHWEST UNITED EDUCATORS 16 W JOHN ST RICE LAKE, WI 54868-2903	39-1168745	501(C)(5)	60,051.	0.			OPERATING ASSISTANCE
RACINE EDUCATION ASSOCIATION 1201 WEST BLVD RACINE, WI 53405-3021	39-0813424	501(C)(5)	11,909.	0.			OPERATING ASSISTANCE
ROCK VALLEY EDUCATION PROFESSIONALS - 1215 SUFFOLK DR - JANESVILLE, WI 53546-1606	39-1175651	501(C)(5)	14,111.	0.			OPERATING ASSISTANCE
SOUTH CENTRAL EDUCATION ASSOCIATION - 135 3RD AVE - BARABOO, WI 53913-2421	39-1956866	501(C)(5)	7,776.	0.			OPERATING ASSISTANCE
SOUTH WEST EDUCATION ASSOCIATION 960 WASHINGTON ST PLATTEVILLE, WI 53818-1169	39-1169160	501(C)(5)	93,656.	0.			OPERATING ASSISTANCE
SOUTHERN LAKES UNITED EDUCATORS 616 DROSTER AVE BURLINGTON, WI 53105-9463	39-1169160	501(C)(5)	17,261.	0.			OPERATING ASSISTANCE

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIWAUK UNISERV COUNCIL 13805 W BURLEIGH RD BROOKFIELD, WI 53005-3058	39-1172779	501(C)(5)	12,831.	0.			OPERATING ASSISTANCE
THREE RIVERS UNITED EDUCATORS 104 W COOK ST STE 103 PORTAGE, WI 53901-2187	39-1169160	501(C)(5)	8,127.	0.			OPERATING ASSISTANCE
UNITED NORTHEAST EDUCATORS 1136 N MILITARY AVE GREEN BAY, WI 54303-4414	39-1197570	501(C)(5)	20,926.	0.			OPERATING ASSISTANCE
UNITED TECHNICAL COLLEGE COUNCIL 520 HARTWIG BLVD STE A JOHNSON CREEK, WI 53038-9419	39-2026886	501(C)(5)	195,296.	0.			OPERATING ASSISTANCE
WEST CENTRAL EDUCATION ASSOCIATION 105 21ST ST N MENOMONIE, WI 54751-2225	39-1179506	501(C)(5)	18,054.	0.			OPERATING ASSISTANCE
WEST SUBURBAN COUNCIL 13805 W BURLEIGH RD BROOKFIELD, WI 53005-3058	39-1210368	501(C)(5)	8,800.	0.			OPERATING ASSISTANCE
WEAC-FOX VALLEY 921 W ASSOCIATION DR APPLETON, WI 54914-7250	39-1198893	501(C)(5)	18,717.	0.			OPERATING ASSISTANCE
WINNEBAGOLAND UNISERV 325 TROWBRIDGE DR FOND DU LAC, WI 54937-9180	39-1199892	501(C)(5)	22,931.	0.			OPERATING ASSISTANCE

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE PROFESSIONAL EDUCATION AND INFORMATION COUNCIL #1 - 152 W JOHNSON ST STE 202 - MADISON, WI 53703-2296	39-1653931	501(C)(5)	111,820.	0.			OPERATING ASSISTANCE

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

Schedule I-1 (Form 990) 2009

932241 02-01-10

Part IV Supplemental Information

WEAC DISBURSES SCHOLARSHIP FUNDS ON AN ANNUAL BASIS JOINTLY TO THE RECIPIENT AND THE RECIPIENT'S UNIVERSITY. WEAC REQUIRES A LETTER FROM THE UNIVERSITY INDICATING THE RECIPIENT IS CONTINUING IN AN ELIGIBLE MAJOR PROGRAM.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number

39-1169160

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990 EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	131,811.	0.	0.	0.	54,894.	186,705.	0.
MARY BELL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,944.	0.	0.	0.	83,114.	264,058.	0.
DAN BURKHALTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139,826.	0.	0.	0.	71,170.	210,996.	0.
JANE OBERDORF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	136,563.	0.	0.	0.	71,111.	207,674.	0.
ROBERT BAXTER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	142,987.	0.	0.	0.	61,869.	204,856.	0.
ROBERT BURKE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	133,791.	0.	0.	0.	70,262.	204,053.	0.
DANIEL HOLUB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139,089.	0.	0.	0.	70,945.	210,034.	0.
NATHAN HARPER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139,913.	0.	0.	0.	56,031.	195,944.	0.
CHARLENE GEARING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

PART I, LINE 1A: THE PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER, AND EXECUTIVE DIRECTOR MAY BE REIMBURSED UP TO $1,500 PER FISCAL YEAR FOR COMPANION/SPOUSAL BUSINESS TRAVEL EXPENSES. ALSO, IF RELOCATION IS NECESSARY, THE ASSOCIATION WILL PAY UP TO 20% OF THE PRESIDENT'S SALARY, PLUS ALL UTILITIES, TO A RENTAL AGENCY FOR HOUSING IN THE MADISON AREA. SIMILARLY, IF A RELEASED OFFICER (VICE PRESIDENT AND SECRETARY/TREASURER) CHOOSES TEMPORARY RESIDENCE, THE ASSOCIATION WILL PAY UP TO 25% OF A RELEASED OFFICER'S SALARY TO SECURE SUCH A RESIDENCE.

PART I, LINE 4A: DAVE O'CONNELL AND CHAR GEARING RECEIVED SEVERANCE PAYMENTS OF $105,390 AND $96,838, RESPECTIVELY.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the Organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number
39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATY HEITING DIRECTOR	1.30	X						0.	0.	0.
TINA SPIEGEL ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
TJ PHARO-KOZAK DIRECTOR	1.30	X						0.	0.	0.
PAULA HASE ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
CATHY ORDEMANN DIRECTOR	1.30	X						0.	0.	0.
TESS KAISER DIRECTOR	1.30	X						0.	0.	0.
JULIE BRATINA DIRECTOR	1.30	X						0.	0.	0.
TANA FROST ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
KARL MARQUARDT DIRECTOR	1.30	X						0.	0.	0.
DAN LESNIAK ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
BARB SULLIVAN DIRECTOR	1.30	X						0.	0.	0.
MELINDA HANSEN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
LORI CHERF DIRECTOR	1.30	X						0.	0.	0.
DEANNA MATCHEY ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
LINDA HEAD DIRECTOR	1.30	X						0.	0.	0.
KRAIG BROWNELL ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
NANCY KOECKENBERG DIRECTOR	1.30	X						0.	0.	0.
DON ALBEE DIRECTOR	1.30	X						0.	0.	0.
RONALD MARTIN DIRECTOR	1.30	X						0.	0.	0.
SUE FULKERSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number

39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARLENE BRADEN DIRECTOR	1.30	X						0.	0.	0.
JOHN LINNEMAN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DEBBIE MARTIN DIRECTOR	1.30	X						0.	0.	0.
SUSAN SMITS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DEBBIE KADON DIRECTOR	1.30	X						0.	0.	0.
DAVID HARSWICK TREASURER	1.30	X		X				0.	0.	0.
SALLY HEIDEMAN DIRECTOR	1.30	X						0.	0.	0.
CASIMIR UCHEGBU ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
LEI LUND DIRECTOR	1.30	X						0.	0.	0.
PHIL KNIER DIRECTOR	1.30	X						0.	0.	0.
TARA LEITHOLD ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
LISA GLASER DIRECTOR	1.30	X						0.	0.	0.
CINNAMON THEDER DIRECTOR	1.30	X						0.	0.	0.
LEAH KLOTZ ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
STEVE PIKE DIRECTOR	1.30	X						0.	0.	0.
ART CAMOSY ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
MICHAEL LIPP DIRECTOR	1.30	X						0.	0.	0.
PAULA FERRARA-PARRISH ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
MIKE LANGYEL DIRECTOR	1.30	X						0.	0.	0.
KIM SCHROEDER ALTERNATE DIRECTOR	1.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number

39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROZALIA HARRIS DIRECTOR	1.30	X						0.	0.	0.
BARBARA BROWN ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
AMY JOHNSON DIRECTOR	1.30	X						0.	0.	0.
WANDA WELCH ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DEBBIE KAROW DIRECTOR	1.30	X						0.	0.	0.
DOROTHY HANCOCK ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
TJUNA EGGSON DIRECTOR	1.30	X						0.	0.	0.
CAROL SIMS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
TOMMIE LEE GLENN DIRECTOR	1.30	X						0.	0.	0.
CECELIA COLLINS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
KHYANA PUMPHREY DIRECTOR	1.30	X						0.	0.	0.
ARTHUR ANDERSON DIRECTOR	1.30	X						0.	0.	0.
SUE VIELGUT ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DAVID NIEDFELDT DIRECTOR	1.30	X						0.	0.	0.
ANN HEWITT ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
WILLIAM NELSON DIRECTOR	1.30	X						0.	0.	0.
PAUL GILBERT ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DANIEL TRIP DIRECTOR	1.30	X						0.	0.	0.
KELLY RYDER ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
PETE KNOTEK DIRECTOR	1.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
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OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number

39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAMERON MARSHALL ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
TARA CZERWINSKI DIRECTOR	1.30	X						0.	0.	0.
BETTY FOERSTER ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
SCOTT SWANSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
HEATHER MIELKE DIRECTOR	1.30	X						0.	0.	0.
RON BRANDT ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JEANNE WILSON DIRECTOR	1.30	X						0.	0.	0.
MARY ANDERSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
SUZANNE KAHL DIRECTOR	1.30	X						0.	0.	0.
LYNETTE STANSFIELD ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
MARIE WALDSMITH DIRECTOR	1.30	X						0.	0.	0.
CHRISTY ANDERSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JOHN CEDAR DIRECTOR	1.30	X						0.	0.	0.
SCOTT CAREY ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
KELLY RISBERG DIRECTOR	1.30	X						0.	0.	0.
ERIK COLLINS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JENNIFER GIEDD DIRECTOR	1.30	X						0.	0.	0.
SUSAN SHULTZ ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
KATHY STONITSCH DIRECTOR	1.30	X						0.	0.	0.
SUE MINTNER ALTERNATE DIRECTOR	1.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number

39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PEGGY JOHNSON DIRECTOR	1.30	X						0.	0.	0.
STEVE THOMSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
DAN WEIDNER DIRECTOR	1.30	X						0.	0.	0.
AMY GEE ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
BETTY ALTENBURG DIRECTOR	1.30	X						0.	0.	0.
DICK GAGE ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
CAROL KROGMANN DIRECTOR	1.30	X						0.	0.	0.
RANDY SUS ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
BART APPLETON DIRECTOR	1.30	X						0.	0.	0.
JENNIFER NICKOWSKI ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
STEVE OTTMAN DIRECTOR	1.30	X						0.	0.	0.
JUDY LARSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
TOM ZIGAN DIRECTOR	1.30	X						0.	0.	0.
JEANNE HANSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
PATRICIA BARRETTE DIRECTOR	1.30	X						0.	0.	0.
AMANDA HOFF ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JUSTIN KRISHKA DIRECTOR	1.30	X						0.	0.	0.
LONI WENDT ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
VIV CHAN DIRECTOR	1.30	X						0.	0.	0.
PAMELA GEORGESON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
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2009

Open to Public Inspection

Name of the Organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer Identification number

39-1169160

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CORY WANEK DIRECTOR	1.30	X						0.	0.	0.
POLLI IMME DIRECTOR	1.30	X						0.	0.	0.
JACK IVERSON ALTERNATE DIRECTOR	1.30	X						0.	0.	0.
JANE OBERDORF FINANCIAL AND MEMBERSHIP SERVICES	40.00			X				139,826.	0.	71,170.
ROBERT BAXTER AFFILIATE RELATIONS DIRECTOR	40.00					X		136,563.	0.	71,111.
ROBERT BURKE GOVERNMENT RELATIONS DIRECTOR	40.00					X		142,987.	0.	61,869.
DANIEL HOLUB COLLECTIVE BARGAINING AND RESEARCH	40.00					X		133,791.	0.	70,262.
NATHAN HARPER INFORMATION AND COMMUNICATIONS TECH	40.00					X		139,089.	0.	70,945.
CHARLENE GEARING TEACHING AND LEARNING DIRECTOR	40.00					X		139,913.	0.	56,031.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

Open to Public Inspection

Name of the organization: WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number: 39-1169160

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

PROFESSIONAL INTERESTS OF ITS 98,000 MEMBERS. WEAC IS A STRONG VOICE FOR ITS MEMBERS AND FOR THE 872,000 CHILDREN IN WISCONSIN PUBLIC SCHOOLS.

FORM 990, PART VI, SECTION A, LINE 4:

AMENDMENT #2

ARTICLE VI - BOARD OF DIRECTORS

SECTION 6 - VACANCIES

A. THE VICE PRESIDENT SHALL SUCCEED TO THE OFFICE OF PRESIDENT IN CASE OF VACANCY IN THAT OFFICE. THE BOARD OF DIRECTORS SHALL FILL, BY ELECTION, ALL OTHER VACANCIES IN THE ELECTED OFFICES ON THE BOARD OF DIRECTORS BUT SUCH INDIVIDUALS SHALL SERVE THROUGH THE JULY 31 FOLLOWING THE NEXT ELECTION POSSIBLE UNDER THE FILING RULES.

B. A VACANCY IN THE OFFICE OF VICE PRESIDENT OR SECRETARY-TREASURER SHALL BE FILLED WITHIN SIXTY (60) DAYS BY A MAJORITY VOTE OF THE TOTAL MEMBERSHIP OF THE BOARD OF DIRECTORS. AT THE NEXT ANNUAL MEETING OF THE REPRESENTATIVE ASSEMBLY, A VICE PRESIDENT OR SECRETARY-TREASURER SHALL BE ELECTED TO COMPLETE THE UNEXPIRED TERM.

AMENDMENT #3

ARTICLE V - ALTERNATE NEA DIRECTOR

SECTION 1 - FUNCTION

THERE SHALL BE ONE ALTERNATE NEA DIRECTOR, WHO SHALL SERVE IN PLACE OF AN

SCHEDULE O (Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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Name of the organization: WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number: 39-1169160

NEA DIRECTOR WHO IS UNABLE TO ATTEND A MEETING OF THE NEA BOARD OF DIRECTORS OR THE WEAC BOARD OF DIRECTORS. IF AN NEA DIRECTOR IS UNABLE TO COMPLETE HIS OR HER TERM, THE ALTERNATE NEA DIRECTOR SHALL FILL THE VACANCY FOR THE BALANCE OF THE TERM. ED TO COMPLETE THE UNEXPIRED TERM.

AMENDMENT #4

BYLAW 2 - MEMBERSHIP

2-1 - RIGHTS AND LIMITATIONS

A.THE RIGHT TO VOTE AND TO HOLD ELECTIVE OFFICE OR APPOINTIVE POSITION SHALL BE LIMITED TO MEMBERS OF MEMBER ORGANIZATIONS, EXCEPT AS OTHERWISE PROVIDED. NO PERSON SHALL BE ELIGIBLE TO BE AN OFFICER OR MEMBER OF THE BOARD OF DIRECTORS OR MEMBER OF A STANDING COMMITTEE OF THE ASSOCIATION WHO IS A MEMBER OF ANY ORGANIZATION WHICH IS SEEKING TO REPLACE WEAC AND ITS MEMBER ORGANIZATIONS AS THE BARGAINING AGENT.

B.AN INDIVIDUAL WHO IS A MEMBER OF A NEGOTIATING TEAM REPRESENTING A SCHOOL BOARD OR REPRESENTING A BOARD OF TRUSTEES OF A HIGHER EDUCATION INSTITUTION SHALL BE DENIED MEMBERSHIP IF SUCH DENIAL IS REQUESTED BY A GOVERNING BODY OF AN ASSOCIATION AFFILIATE IN THE SCHOOL DISTRICT OR HIGHER EDUCATION INSTITUTION WHERE THE INDIVIDUAL IS SERVING ON THE NEGOTIATING TEAM. THE PROCEDURE GOVERNING THIS PROCESS SHALL BE SET FORTH IN THE WEAC POLICY HANDBOOK.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS A SINGLE CLASS OF MEMBERSHIP.

SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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2009

Open to Public Inspection

Name of the organization: WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number: 39-1169160

FORM 990, PART VI, SECTION A, LINE 7A: THE ASSOCIATION'S MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE ASSOCIATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISION OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE ASSOCIATION'S MEMBERS. THE MEMBER REPRESENTATIVE ASSEMBLY HAS THE ABILITY TO CHANGE DECISIONS OF THE GOVERNING BODY BY A MAJORITY VOTE.

FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM 990 IS REVIEWED BY THE FINANCIAL AND MEMBERSHIP SERVICES DIRECTOR BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE MEMBERS OF THE GOVERNING BODY SIGN A DECLARATION FORM CONFIRMING THAT THEY HAVE NO CONFLICTS OF INTEREST IN THEIR ROLES AS DIRECTORS. THE ASSOCIATION'S CONFLICT OF INTEREST POLICY COVERS ALL GOVERNANCE MEMBERS AND STAFF. THE PRESIDENT DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST INVOLVES THE PRESIDENT, THE ISSUE GOES TO THE MEMBERS OF THE GOVERNING BODY FOR CONSIDERATION. ACTUAL CONFLICTS ARE REVIEWED BY THE PRESIDENT OR BY THE MEMBERS OF THE GOVERNING BODY IF THE CONFLICT INVOLVES THE PRESIDENT. RESTRICTIONS ON PERSONS WITH CONFLICTS ARE IMPOSED AT THE DISCRETION OF THE PRESIDENT AND/OR THE DIRECTORS. TYPICALLY, IF A CONFLICT EXISTS, THE INTERESTED PERSON WOULD NOT BE INCLUDED IN DELIBERATIONS AND DECISIONS ON THE MATTER.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Open to Public Inspection

Name of the organization: WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number: 39-1169160

FORM 990, PART VI, SECTION B, LINE 15: AN EXECUTIVE DIRECTOR EVALUATION COMMITTEE MAKES COMPENSATION RECOMMENDATIONS TO THE DIRECTORS FOR APPROVAL. THE COMMITTEE REVIEWS COMPARABLE SALARIES FROM OTHER STATE EDUCATION ASSOCIATIONS. THE SALARY OF THE PRESIDENT IS DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR TEACHERS IN WISCONSIN. THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 2.5 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND APPROVED BY THE GOVERNING BODY. THE SALARIES OF THE VICE PRESIDENT AND SECRETARY/TREASURER ARE DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR WISCONSIN TEACHERS. THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 1.6 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND APPROVED BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC. THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE MEMBERS-ONLY SECTION OF ITS WEBSITE.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990 ▶ See separate instructions.

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2009

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Name of the organization

WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number

39-1169160

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WISCONSIN EDUCATION ASSOCIATION, INC. - 39-0712860, PO BOX 8003, MADISON, WI 53708-8003	HOLD TITLE TO PROPERTY	WISCONSIN	501(C)(2)		N/A
WISCONSIN EDUCATION ASSOCIATION COUNCIL POLITICAL ACTION COMMITTEE - 39-1688, PO BOX 8003, MADISON, WI 53708-8003	POLITICAL ACTIVITIES AND ADVOCACY	WISCONSIN	527		N/A
WISCONSIN EDUCATION ASSOCIATION PROFESSIONAL DEVELOPMENT ACADEMY, INC. - 39-, PO BOX 8003, MADISON, WI 53708-8003	TRAINING AND PROFESSIONAL DEVELOPMENT	WISCONSIN	501(C)(3)	LINE 9	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions	WISCONSIN EDUCATION ASSOCIATION COUNCIL	39-1169160
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 NOB HILL RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53713-2195	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JANE OBERDORF - 33 NOB HILL RD - MADISON, WI 53713-2195
  Telephone No. ▶ 608-276-7711 FAX No ▶ 608-276-8203
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until JULY 15, 2011

5 For calendar year _____, or other tax year beginning SEP 1, 2009, and ending AUG 31, 2010.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO WORK WITH OUR INDEPENDENT ACCOUNTANT IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ David Odahl Title ▶ CPA Date ▶ 4/15/11