



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue ServiceUnder 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



| | | | |
|---|--|--|--|
| A For the 2010 calendar year, or tax year beginning Sep 1 | | , 2010, and ending Aug 31 | |
| B Check if applicable | | C Name of organization EASTER SEALS WISCONSIN, INC. | |
| Address change | | Doing Business As | |
| Name change | | Number and street (or P O box if mail is not delivered to street addr) | |
| Initial return | | 101 NOB HILL RD | |
| Terminated | | City, town or country | |
| Amended return | | MADISON State ZIP code + 4 | |
| <input type="checkbox"/> Application pending | | WI 53713 | |
| D Employer identification number | | G Gross receipts \$ 6,130,787. | |
| 39-0824877 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No' attach a list (see instructions) | |
| J Website: ► www.eastersealswisconsin.com | | H(c) Group exemption number ► | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation 1926 M State of legal domicile WI | |

Part I. Summary

| | | | |
|---|--|--------------------|---------------------|
| S/2012 JAN Activities & Governance | 1 Briefly describe the organization's mission or most significant activities <u>EASTER SEALS WISCONSIN STRIVES TO INCREASE INDEPENDENCE, MAXIMIZE OPPORTUNITIES, MINIMIZE BARRIERS, AND ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES</u> | | |
| | 2 Check this box ► <input type="checkbox"/> 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) | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | | |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | | |
| | 6 Total number of volunteers (estimate if necessary) | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | | |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,488,762. | 1,893,067. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,425,725. | 1,432,880. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 251,721. | 392,200. |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 190,604. | 18,940. | |
| | 3,356,812. | 3,737,087. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,901. | 11,096. | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,972,976. | 1,947,107. | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 341,460. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,412,459. | 1,432,601. | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,394,336. | 3,390,804. | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -37,524. | 346,283. | |
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| 21 Total liabilities (Part X, line 26) | 8,199,609. | 8,718,814. | |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 612,662. | 684,865. | |
| | 7,586,947. | 8,033,949. | |

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 | ► | | Date 1/12/12 |
| | Signature of officer | | Date |
| | ► CHRISTINE E FESSLER, PRESIDENT/CEO | | |
| Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature ► | Date | Check if self-employed ► <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► | | Preparer's identifying number (see instructions) |
| | | EIN ► | |
| | Phone no ► | | |

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's missionEASTER SEALS WISCONSIN STRIVESTO INCREASE INDEPENDENCE, MAXIMIZE OPPORTUNITIES, MINIMIZE BARRIERS,
AND ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES2 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 O4 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 reported4a (Code _____) (Expenses \$ 712,459. including grants of \$ 0.) (Revenue \$ 282,850.)SERVICES FOR FARMERS WITH DISABILITIES-PROVIDES REFERRALS AND
INFORMATION TO FARMERS WITH DISABILITIES TO HELP THEM MAINTAIN THEIR
LIVELIHOOD ON THE FARM.SERVICES FOR SELF EMPLOYED INDIVIDUALS-PROVIDES REFERRALS AND
INFORMATION TO SELF EMPLOYED INDIVIDUALS WITH DISABILITIES TO HELP THEM
MAINTAIN OR ENTER INTO ENTREPRENEURSHIP.4b (Code _____) (Expenses \$ 1,040,668. including grants of \$ 0.) (Revenue \$ 667,461.)RESPITE AND RECREATION-ONE-TO-ONE PROGRAM OF YEAR ROUND WEEKEND AND
ONE-WEEK RESPITE SESSIONS FOR RESPITE CAMPERS WITH MULTIPLE AND SEVERE
DISABILITIES.4c (Code: _____) (Expenses \$ 904,957. including grants of \$ 0.) (Revenue \$ 482,569.)CAMPING SERVICES-PROVIDE PEOPLE WITH DISABILITIES AN OPPORTUNITY TO
SHARE IN A SUMMER CAMPING EXPERIENCE.

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

(Expenses \$ 263,669. including grants of \$ 0.) (Revenue \$ 0.)4e Total program service expenses ► 2,921,753.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

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

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII

c 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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)

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

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

20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note:** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | | X |
| 4 | | X |
| 5 | | |
| 6 | | X |
| 7 | | X |
| 8 | | X |
| 9 | | X |
| 10 | X | |
| 11a | X | |
| 11b | | X |
| 11c | | X |
| 11d | | X |
| 11e | X | |
| 11f | | X |
| 12a | X | |
| 12b | | X |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | X | |
| 19 | | X |
| 20 | | X |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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, and 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 | X |
| 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 | X |
| 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) | 28a | X |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | X |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28c | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 29 | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 30 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 31 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 32 | 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 | 33 | 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 | 34 | 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 | 35 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 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 | X |
| 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 |

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable. **1a** **21**

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** **X**

2 a 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** **328**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions) **2b** **X**

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a** **X**

b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O **3b**

4 a 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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **4b**

5 a 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? **5c**

6 a 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** **X**

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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** **X**

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h** **X**

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? **8**

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? **9a**

b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **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 **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**

12 a 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**

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? **13a**

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

c Enter the amount of reserves on hand **13c**

14 a Did the organization receive any payments for indoor tanning services during the tax year? **14a** **X**

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **14b**

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 19
 b Enter the number of voting members included in line 1a, above, who are independent **1b** 19

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 governing documents since the prior Form 990 was filed? **4** X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X

6 Does the organization have members or stockholders?

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 or 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

| | Yes | No |
|----|-----|----|
| 1a | 19 | |
| 1b | 19 | |
| 2 | X | |
| 3 | X | |
| 4 | X | |
| 5 | X | |
| 6 | X | |
| 7a | X | |
| 7b | X | |
| 8a | X | |
| 8b | X | |
| 9 | X | |

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

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**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** X
 b 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? **15a** X
 a The organization's CEO, Executive Director, or top management official
 b Other officers of key employees of the organization
 If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) **15b** X

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** X

| | Yes | No |
|-----|-----|----|
| 10a | X | |
| 10b | | |
| 11a | X | |
| 12a | X | |
| 12b | X | |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15a | X | |
| 15b | X | |
| 16a | X | |
| 16b | X | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **Wisconsin**

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
 ► **PAM GANSER** 101 NOB HILL RD, SUITE 301 MADISON WI 53713 (608) 237-1387

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 19 | |
| 1b | b Enter the number of voting members included in line 1a, above, who are independent | 19 | |
| 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? | | 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | | |
| b | Each committee with authority to act on behalf of the governing body? | | |
| 9 | Is there any officer, director or 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 | | 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? | 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? | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | |
| b | 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 | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | |
| 13 | Does the organization have a written whistleblower policy? | |
| 14 | Does the organization have a written document retention and destruction policy? | |
| 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 | |
| b | Other officers of key employees of the organization | |
| | 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? | |
| 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. Wisconsin
- 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

PAM GANSER 101 NOB HILL RD, SUITE 301 MADISON WI 53713 (608) 237-1387

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid

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

- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 |
|---|---|--|----------|--------------|------------------------------|----------------|-----------------|---|--|---|
| | | Officer | Director | Key Employee | Highest Compensated Employee | Former Officer | Former Director | | | |
| (1) PAUL KARCH 1ST VICE CHAIRMAN | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (2) TOM WOODWARD CHAIRMAN OF THE BOARD | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) PAMELA BIRSCHBACH DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (4) MARY BREUNIG DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (5) CHARLES BUELL SECRETARY | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (6) SKIP ELLENBECKER DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) WILLIAM HOLLEY 2ND VICE CHAIRMAN | 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) WAYNE COREY DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) JOHN TEEVAN DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) JOHN VAN WIE DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) PETER ELTINK HONORARY DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) LIZ HENRY DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) MIKE FITZPATRICK DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARK B. ROONEY TREASURER | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) MARY FOELLMI DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) DAN POULSON DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) JON MENZ DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Sch O) | (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 | | |
| (18) STEVEN PEOTTER DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. |
| (19) SCOTT STEVENSON DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. |
| (20) CHRISTINE FESSLER PRESIDENT/CEO | 40.00 | | X | | | | 146,786. | 0. | 61,459. |
| (21) PAMELA S GANSER CFO | 40.00 | | X | | | | 61,631. | 0. | 9,163. |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (24) | | | | | | | | | |
| (25) | | | | | | | | | |
| (26) | | | | | | | | | |
| (27) | | | | | | | | | |
| (28) | | | | | | | | | |
| (29) | | | | | | | | | |
| 1b Sub-total | | | | | | | 208,417. | 0. | 70,622. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 208,417. | 0. | 70,622. |

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 ► 1

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

| Yes | No |
|-----|----|
| 3 | X |
| 4 | X |
| 5 | 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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

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 |
|--|----------------------------------|---------------------|
| MERCURY MAIL SERVICES 1971 DAVIS ST SAN LEANDRO CA 94577 | MAILING HOUSE-FLYER PRINT & DIST | 649,819. |
| | | |
| | | |
| | | |
| | | |

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

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 7,253. | | | |
| | b Membership dues | 1b 0. | | | |
| | c Fundraising events | 1c 202,232. | | | |
| | d Related organizations | 1d 0. | | | |
| | e Government grants (contributions) | 1e 612,410. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,071,172. | | | |
| | g Noncash contributions included in lns 1a-1f | \$ 200,988. | | | |
| h Total. Add lines 1a-1f | ► 1,893,067. | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | | |
| | 2a RESPITE PROGRAM FEES | 900099 667,461. | 667,461. | 0. | 0. |
| | b CAMP PROGRAM FEES | 900099 482,569. | 482,569. | 0. | 0. |
| | c FARM & SE ASSESSMENT FEES | 900099 282,850. | 282,850. | 0. | 0. |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | ► 1,432,880. | | | |
| g Total. Add lines 2a-2f | ► 1,432,880. | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | ► 137,062. | 0. | 0. | 137,062. | |
| 4 Income from investment of tax-exempt bond proceeds | ► | | | | |
| 5 Royalties | ► | | | | |
| 6a Gross Rents | (i) Real 27,124. | | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | 27,124. | | | | |
| d Net rental income or (loss) | ► 27,124. | 0. | 0. | 27,124. | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities 918,507. | (ii) Other 1,649,929. | | | |
| b Less cost or other basis and sales expenses | 858,469. | 1,454,829. | | | |
| c Gain or (loss) | 60,038. | 195,100. | | | |
| d Net gain or (loss) | ► 255,138. | 0. | 0. | 255,138. | |
| 8a Gross income from fundraising events (not including \$ 202,232. of contributions reported on line 1c). See Part IV, line 18 | a 49,907. | | | | |
| b Less direct expenses | b 80,402. | | | | |
| c Net income or (loss) from fundraising events | ► -30,495. | | 0. | -30,495. | |
| 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 OTHER INCOME | 900099 4,311. | 0. | 0. | 4,311. | |
| b TVI REIMBURSEMENTS | 900099 18,000. | 0. | 0. | 18,000. | |
| c | | | | | |
| d All other revenue | ► 22,311. | | | | |
| e Total. Add lines 11a-11d | ► 3,737,087. | 1,432,880. | 0. | 411,140. | |
| 12 Total revenue. See instructions | ► | | | | |

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)

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 11,096. | 11,096. | | |
| 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 | 279,039. | 236,976. | 42,063. | 0. |
| 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 | 1,377,862. | 1,199,853. | 15,754. | 162,255. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 43,118. | 33,754. | 2,956. | 6,408. |
| 9 Other employee benefits | 125,229. | 98,541. | 10,099. | 16,589. |
| 10 Payroll taxes | 121,859. | 106,045. | 4,151. | 11,663. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 1,755. | 1,325. | 249. | 181. |
| c Accounting | 11,350. | 8,512. | 1,419. | 1,419. |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 11,395. | 0. | 11,395. | 0. |
| g Other | 99,800. | 88,339. | 4,029. | 7,432. |
| 12 Advertising and promotion | 27,826. | 24,036. | 0. | 3,790. |
| 13 Office expenses | 275,221. | 197,798. | 7,350. | 70,073. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 242,754. | 212,795. | 11,283. | 18,676. |
| 17 Travel | 50,346. | 45,815. | 503. | 4,028. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,544. | 1,405. | 15. | 124. |
| 20 Interest | 1,825. | 1,679. | 73. | 73. |
| 21 Payments to affiliates | 35,000. | 35,000. | 0. | 0. |
| 22 Depreciation, depletion, and amortization | 351,840. | 337,945. | 9,032. | 4,863. |
| 23 Insurance | 37,420. | 35,270. | 1,442. | 708. |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a WORKERS COMPENSATION INSURANCE | 68,813. | 67,285. | 435. | 1,093. |
| b MISCELLANEOUS | 63,527. | 32,250. | 1,402. | 29,875. |
| c EQUIPMENT RENTAL & EXPENSE | 64,773. | 58,818. | 3,922. | 2,033. |
| d VOLUNTEER STIPENDS | 19,842. | 19,842. | 0. | 0. |
| e PROGRAM ACTIVITIES | 62,240. | 62,240. | 0. | 0. |
| f All other expenses | 5,330. | 5,134. | 19. | 177. |
| 25 Total functional expenses. Add lines 1 through 24f | 3,390,804. | 2,921,753. | 127,591. | 341,460. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 | 293,597. | 1 | 790,204. | |
| | 2 Savings and temporary cash investments | 22,657. | 2 | 40,009. | |
| | 3 Pledges and grants receivable, net | 3,400. | 3 | 2,000. | |
| | 4 Accounts receivable, net | 342,875. | 4 | 432,935. | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 5 | | |
| | 7 Notes and loans receivable, net | | | 6 | |
| | 8 Inventories for sale or use | 60,000. | 7 | 0. | |
| | 9 Prepaid expenses and deferred charges | | | 8 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 8,505,623. | | 88,211. | |
| | b Less accumulated depreciation. | 10b 4,970,972. | 3,706,215. | 10c 3,534,651. | |
| | 11 Investments – publicly traded securities | | | 11 3,036,585. | |
| | 12 Investments – other securities See Part IV, line 11 | 3,454,576. | 12 | 398,628. | |
| | 13 Investments – program-related See Part IV, line 11 | | | 13 | |
| | 14 Intangible assets | | | 14 | |
| | 15 Other assets See Part IV, line 11 | 228,078. | 15 | 371,880. | |
| 16 Total assets Add lines 1 through 15 (must equal line 34) | 8,199,609. | 16 | 8,718,814. | | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 180,257. | 17 | 212,662. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 3,655. | 19 | 9,958. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | 2,090. | |
| | 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 | | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 428,750. | 25 | 460,155. | |
| | 26 Total liabilities. Add lines 17 through 25 | 612,662. | 26 | 684,865. | |
| | NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | | 27 Unrestricted net assets | 4,814,164. | 27 | 5,118,448. |
| | | 28 Temporarily restricted net assets | 330,256. | 28 | 385,308. |
| | | 29 Permanently restricted net assets | 2,442,527. | 29 | 2,530,193. |
| | | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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. | | 7,586,947. | 33 | 8,033,949. | |
| 34 Total liabilities and net assets/fund balances . | | 8,199,609. | 34 | 8,718,814. | |

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | |
|---|---|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,737,087. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,390,804. |
| 3 Revenue less expenses Subtract line 2 from line 1 | 3 | 346,283. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,586,947. |
| 5 Other changes in net assets or fund balances (explain in Schedule O) | 5 | 100,719. |
| 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 8,033,949. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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?

b Were the organization's financial statements audited by an independent accountant?

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

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 separate basis, consolidated 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?

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.

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

2010**Open to Public
Inspection**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

EASTER SEALS WISCONSIN, INC.

Employer identification number

39-0824877

Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III – Functionally integrated d Type III – Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|------------|-----|----|
| 11 g (i) | | |
| 11 g (ii) | | |
| 11 g (iii) | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants') | 1,081,850. | 1,309,489. | 1,317,383. | 1,488,762. | 1,893,067. | 7,090,551. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 1,081,850. | 1,309,489. | 1,317,383. | 1,488,762. | 1,893,067. | 7,090,551. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 992,075. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 6,098,476. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 1,081,850. | 1,309,489. | 1,317,383. | 1,488,762. | 1,893,067. | 7,090,551. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 193,675. | 197,205. | 101,781. | 166,493. | 164,186. | 823,340. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 7,913,891. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 16,584,066. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

| | | |
|---|----|---------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 77.06 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 72.74 % |

16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

| | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|----|----------|----------|----------|----------|----------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| 8 | | | | | | |

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 **Total support.** (Add Ins 9, 10c, 11, and 12)

| | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----|----------|----------|----------|----------|----------|-----------|
| 9 | | | | | | |
| 10a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

| | | |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

EASTER SEALS WISCONSIN, INC.

39-0824877

Supplemental Financial Statements

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

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | 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, and not on a historic structure listed in the National Register | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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 (ASC 958) 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.

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

| | Amount |
|----|---------|
| 1c | 0. |
| 1d | 25,079. |
| 1e | 22,989. |
| 1f | 2,090. |

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 | 1,039,900. | 1,031,660. | 1,066,344. | | |
| b Contributions | 8,030. | 13,267. | 2,285. | | |
| c Net investment earnings, gains, and losses | 86,954. | 61,225. | 27,300. | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 0. | 59,184. | 55,945. | | |
| f Administrative expenses | 10,095. | 7,068. | 8,324. | | |
| g End of year balance | 1,124,789. | 1,039,900. | 1,031,660. | | |

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

a Board designated or quasi-endowment ► 43.60 %

b Permanent endowment ► 56.40 %

c Term endowment ► %

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

(i) unrelated organizations
 (ii) related organizations

| Yes | No |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> | |
| 3b | |

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI | 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 | | 10,745. | | 10,745. |
| b Buildings | | 6,515,577. | 3,327,695. | 3,187,882. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,979,301. | 1,643,277. | 336,024. |
| e Other | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 3,534,651.

BAA

Schedule D (Form 990) 2010

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 |
|--|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| (I) _____ | | |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ► | | |

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 |
|---|----------------|---|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| (10) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) _____ | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| (10) _____ | |
| Total. (Column (b) must equal Form 990, Part X, column(B), line 15) | ► |

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

| (a) Description of liability | (b) Amount |
|--|-------------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATIONS | 3,033. |
| (3) DEFERRED COMPENSATION | 457,122. |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| (10) _____ | |
| (11) _____ | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | ► 460,155. |

2. FIN 48 (ASC 740) 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 (ASC 740)

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) | 3,737,087. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 3,390,804. |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | 346,283. |
| 4 Net unrealized gains (losses) on investments | 100,719. |
| 5 Donated services and use of facilities | |
| 6 Investment expenses | |
| 7 Prior period adjustments | |
| 8 Other (Describe in Part XIV) | |
| 9 Total adjustments (net) Add lines 4 through 8 | 100,719. |
| 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 447,002. |

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 | 3,837,806. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a Net unrealized gains on investments | 2a | 100,719. |
| 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 | 100,719. |
| 3 Subtract line 2e from line 1 | 3 | 3,737,087. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Investments 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 | 3,737,087. |

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

| | | |
|--|----|------------|
| 1 Total expenses and losses per audited financial statements | 1 | 3,390,804. |
| 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 | 3,390,804. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a Investments 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 | 3,390,804. |

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.

Pt_V Line_4 CAMP_SCHOLARSHIPS, SPECIFIC_RESTRICTED PURPOSES, BOARD

DESIGNATED - UNRESTRICTED USE

Pt_IV Line_1b FISCAL AGENTS FOR WISCONSIN YOUTH LEADERSHIP FORUM EIN 45-3023854;

Pt_IV Line_2b AGREEMENT TO FACILITATE FINANCIAL TASKS IN EXCHANGE FOR

8% FEE ON ANNUAL CONTRIBUTIONS TO THE YLF PROGRAM

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

| REVENUE | | (a) Event #1 GOLF OUTING (event type) | (b) Event #2 WAUSAU BENEFIT DANCE (event type) | (c) Other events 4 (total number) | (d) Total events (add column (a) through column (c)) |
|-----------------|--|---|--|---|--|
| | | 200,877. | 18,735. | 32,527. | 252,139. |
| | 1 Gross receipts | 186,645. | 4,850. | 10,737. | 202,232. |
| | 3 Gross income (line 1 minus line 2) | 14,232. | 13,885. | 21,790. | 49,907. |
| DIRECT EXPENSES | 4 Cash prizes | | 4,000. | 4,200. | 8,200. |
| | 5 Noncash prizes | | 400. | 1,778. | 2,178. |
| | 6 Rent/facility costs | 26,913. | 800. | 2,160. | 29,873. |
| | 7 Food and beverages | 7,088. | 2,119. | 1,773. | 10,980. |
| | 8 Entertainment | | 1,200. | | 1,200. |
| | 9 Other direct expenses | 25,477. | 1,203. | 1,291. | 27,971. |
| | 10 Direct expense summary Add lines 4- through 9 in column (d) | | | | 80,402. |
| | 11 Net income summary Combine line 3, column (d), and line 10 | | | | -30,495. |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
|-----------------|---|---|---|---|--|
| | | | | | |
| | 1 Gross revenue | | | | |
| DIRECT EXPENSES | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Combine lines 1, column (d) and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

| | | |
|--|------------------------------|-----------------------------|
| 11 Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
b If 'Yes,' enter the amount of gaming revenue received by the organization► \$ _____ and the amount of gaming revenue retained by the third party► \$ _____.
c If 'Yes,' enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer Employee

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization

EASTER SEALS WISCONSIN, INC.

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?
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.
►
Part II can be duplicated 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (2) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (3) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (4) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (5) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (6) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (7) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (8) ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |

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

3 Enter total number of other organizations

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

OMB No 1545-0047
2010
Open to Public
Inspection

Employer identification number

39-0824877

TEE-A3901 10/29/10

Schedule I (Form 990) 2010

Part III Grants and Other Assistance to Individuals in the U.S.

Part III can be duplicated if additional space is needed.

卷之三

(a) Type of grant or assistance
(b) Number of

| (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 |
|--------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 INDIVIDUAL ASSISTANCE-RICKER TRUST | 53 | 9,078. | | | |
| 2 CAMP SCHOLARSHIP | 63 | 33,190. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

Pt_1 Line_2 TWO PROGRAMS_AWARD_GRANTS_AND_SCHOLARSHIPS_BASED_ON_NEED_CLIENT_ASSISTANCE

PT Line 2 TO TRUST PERSONNEL. CAMP SCHOLARSHIPS ARE AWARDED AFTER APPLICATION IS FUNDING THROUGH THE LORETTA RICKER PERPETUAL TRUST REPORTED ANNUALLY

Pt I Line 2 SUBMITTED AND APPROVAL FOR LOW INCOME CAMPERS.

—

—

卷之三

THE JOURNAL OF CLIMATE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2010

Open to Public Inspection

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

EASTER SEALS WISCONSIN, INC.

Employer identification number

39-0824877

Part I Questions Regarding Compensation

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
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes

No

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

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?

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
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

1b

2

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 from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4a

X

4b

X

4c

X

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?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

5a

X

5b

X

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?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

6a

X

6b

X

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

X

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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

8

X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2010

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 and incentive compensation | | | | |
| 1 CHRISTINE FESSLER | 144,200.0. | 0.0. | 2,586.0. | 47,328.0. | 14,131.0. | 219,775.0. |
| 2 PAMELA S GANSER | 60,000.0. | 1,500.0. | 131.0. | 0. | 9,163.0. | 71,593.0. |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |

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.

Pt_I_Line_4b CHRISTINE_FESSLER - \$47,328 -

BAA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organization answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

EASTER SEALS WISCONSIN, INC.

Employer identification number

39-0824877

Part I | Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution— Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 7 | 7,494. | FMV if Purchased Outright |
| 20 Drugs and medical supplies | X | 5 | 4,098. | FMV if Purchased Outright |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (Capital Equip/Improvements) | X | 5 | 78,676. | FMV if Purchased Outright |
| 26 Other ► (Car Wash Coupons) | X | 1 | 13,000. | Face Value |
| 27 Other ► (Supplies/Program Activities) | X | 51 | 62,549. | FMV if Purchased Outright |
| 28 Other ► (Various) | X | 40 | 61,705. | FMV if Purchased Outright |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | X | |
| 31 | X | |
| 32a | X | |

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

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Pt I Line 32b VEHICLE DONATIONS ARE CONTRACTED FOR SALE BY INDEPENDENT
ORGANIZATIONS.

COLUMN (B) THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF
CONTRIBUTIONS, NOT THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

EASTER SEALS WISCONSIN, INC.

Employer identification number

39-0824877

Pt VI-B, Line 11a A COPY OF FORM 990 IS DISTRIBUTED BY MAIL OR ELECTRONIC
FORMAT TO ALL MEMBERS OF THE FISCAL PERSONNEL AND AUDIT
COMMITTEES OF THE GOVERNING BODY.

Pt VI-B, Line 12c DISTRIBUTES ANNUAL QUESTIONNAIRE AND DISCLOSURE FORM.

Pt VI-B, Line 15 COMPENSATION FOR THE CEO IS DETERMINED BY A REVIEW EACH
YEAR BY EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE OF
THE BOARD. THEY LOOK AT THE CEO'S WRITTEN ACCOMPLISHMENTS
AND GOALS, AND DETERMINE WHETHER TO GIVE A PERCENTAGE
INCREASE IN SALARY AND/OR A BONUS.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED
BY A WRITTEN PERFORMANCE REVIEW DONE BY THEIR DIRECT
SUPERVISOR. ANY RECOMMENDATIONS FOR CHANGES IN COMPENSATION
IS SENT TO THE CHAIR OF THE BOARD FOR APPROVAL.

Pt VI-C, Line 19 UPON REQUEST

Pt XI NET UNREALIZED GAINS/LOSSES ON INVESTMENTS

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: CLIENT ASSISTANCE SERVICES-PROVIDES DIRECT CLIENT
Expenses 263,669. GRANTS AND INFORMATION TO PEOPLE WITH DISABILITIES
Grants Of 0. IN THE STATE OF WISCONSIN.
Revenue 0. EXPENSES \$109318. INCLUDING GRANTS OF \$0. REVENUE \$0.

PUBLIC HEALTH EDUCATION.
EXPENSES \$154351. INCLUDING GRANTS OF \$0. REVENUE \$0.

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

| Description | Amount |
|--|------------------------|
| Net unrealized Gains/Losses on Investments | <u>100,719.</u> |
| Total | <u><u>100,719.</u></u> |