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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011**

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

**C** Name of organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
MADISON, WI 537132195

**D Employer identification number**
39-1169160

**E Telephone number**
(608) 276-7711

**G** Gross receipts $ 27,144,870

**F** Name and address of principal officer
MARY BELL
33 NOB HILL RD
MADISON, WI 537132195

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☐ 501(c)(3) ☑ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW WEAC ORG

**K** Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

**L** Year of formation 1972

**M** State of legal domicile WI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
THE WISCONSIN EDUCATION ASSOCIATION COUNCIL REPRESENTS THE PUBLIC POLICY, LABOR, AND PROFESSIONAL INTERESTS OF ITS 86,000 MEMBERS WEAC IS A STRONG VOICE FOR ITS MEMBERS AND FOR THE 872,000 CHILDREN IN WISCONSIN PUBLIC SCHOOLS

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 74 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 71 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 150 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 0 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 0 | 132,207 |
| **9** | Program service revenue (Part VIII, line 2g) | 25,059,969 | 26,357,991 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 42,256 | 277,046 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,102,225 | 26,767,244 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,308,112 | 1,812,308 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 15,314,552 | 15,413,340 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 7,976,648 | 12,140,040 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 24,599,312 | 29,365,688 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 502,913 | -2,598,444 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 27,626,615 | 25,797,052 |
| **21** | Total liabilities (Part X, line 26) | 11,484,290 | 12,310,024 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 16,142,325 | 13,487,028 |

Net Assets or Fund Balances

## 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**

****** — Signature of officer — 2012-07-16 — Date

MARY BELL PRESIDENT — Type or print name and title

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name GLENN MILLER CPA | Preparer's signature GLENN MILLER CPA | Date | Check if self-employed ☐ | PTIN |
| Firm's name ▶ WEGNER CPAS LLP | | | | Firm's EIN ▶ |
| Firm's address ▶ 2110 LUANN LN MADISON, WI 537133074 | | | | Phone no ▶ (608) 274-4020 |

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

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

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

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

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

WEAC IN PRINT IS AN ALL-MEMBER NEWSPAPER WITH A CIRCULATION OF ABOUT 75,000 THE NEWSPAPER IS PUBLISHED SEVEN TIMES EACH YEAR WEAC'S ELECTRONIC PUBLICATIONS INCLUDE THE WEAC WEBSITE AT WWW WEAC ORG, WEAC DIRECT, WHICH IS E-MAILED TO ABOUT 51,000 MEMBERS ON A WEEKLY BASIS, A FACEBOOK PAGE AT WWW FACEBOOK COM/MYWEAC, AND A TWITTER PAGE AT WWW TWITTER COM/WEAC PUBLICATIONS INCLUDE INFORMATION ON UNION AND MEMBERSHIP ACTIVITIES, POLICIES AND SERVICES, COMMUNITY RELATIONS, AND CURRENT EVENTS

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

WEAC SPONSORS AN ANNUAL CONVENTION FOR ITS MEMBERS IN ADDITION, THE GOVERNING BODY MEETS EIGHT TIMES EACH YEAR AND A REPRESENTATIVE ASSEMBLY OF ELECTED DELEGATES MEETS ONCE EACH YEAR

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

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

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

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | Yes | |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 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, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | Yes | |
| 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.* | 11c | Yes | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | No |
| 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* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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* | 14b | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 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)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **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** | Yes | |
| **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** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 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** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **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** | | |
| **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** | | |
| **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** | | No |
| **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** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **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* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | Yes | |
| **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* ☑ Yes ☐ 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** | | |
| **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** | | No |
| **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** | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 88 | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | **1c** | | | |
| **2a** | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 150 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | **2b** | | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | **3a** | | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | **3b** | | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . | **4a** | | | No |
| **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 | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | **5a** | | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | | No |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | **5c** | | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | **6a** | | | No |
| **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** | | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | **7b** | | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | **7c** | | | No |
| **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** | | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | **7f** | | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | **7g** | | | No |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | **7h** | | | No |
| **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** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | **12a** | | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | |
| **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? **Note.** See the instructions for additional information the organization must report on Schedule O | **13a** | | | |
| **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** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | **14a** | | | No |
| **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 lines 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 . . . . . | 1a | 74 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 71 | | |
| 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 | | Yes | |
| 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 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | | No |
| 6 | Does the organization have members or stockholders? . . . . . | 6 | | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | 7a | | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | 7b | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | 9 | | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | Yes | |
| 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 | Yes | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| 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 | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | | No |
| 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 ▶

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

JANE OBERDORF
33 NOB HILL RD
MADISON, WI 537132195
(608) 276-7711

## 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, and **current** key employees 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** | | | | | | | | 1,481,408 | 0 | 634,639 |

**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 ▶ 48

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| BELDEN RUSSONELLO & STEWART LLC<br>1320 19TH ST NW STE 700<br>WASHINGTON, DC 200361631 | FOCUS GROUPS/SURVEYS | 207,000 |
| ALBRECHT BACKER LABOR & EMPLOYMENT LAW<br>131 W WILSON ST STE 1202<br>MADISON, WI 537033225 | CORPORATE/PERSONNEL LEGAL FEES | 124,500 |
| | | |
| | | |
| | | |

**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 ▶ 2

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns . . 1a | | | | | |
| | b Membership dues . . . . 1b | | | | | |
| | c Fundraising events . . . . 1c | | | | | |
| | d Related organizations . . . 1d | | | | | |
| | e Government grants (contributions) 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 132,207 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f . . . . . | | 132,207 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a MEMBERSHIP DUES | 900099 | 23,484,636 | 23,484,636 | | |
| | b NEA REVENUE | 900099 | 2,715,296 | 2,715,296 | | |
| | c ANNUAL CONVENTION | 561000 | 78,610 | 78,610 | | |
| | d INTEREST ON NOTES RECE | 900099 | 56,254 | 56,254 | | |
| | e LEGAL FEES/SETTLEMENTS | 541100 | 22,686 | 22,686 | | |
| | f All other program service revenue | | 509 | 509 | | |
| | g **Total.** Add lines 2a–2f . . . . . | | 26,357,991 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) . . . . . | | 287,753 | | | 287,753 |
| | 4 Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 Royalties . . . . . | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) . . . . . | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 366,919 | | | | |
| | b Less cost or other basis and sales expenses | 377,626 | | | | |
| | c Gain or (loss) | -10,707 | | | | |
| | d Net gain or (loss) . . . . . | | -10,707 | | | -10,707 |
| Other Revenue | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a | | | | | |
| | b Less direct expenses . . . b | | | | | |
| | c Net income or (loss) from fundraising events . . | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 . a | | | | | |
| | b Less direct expenses . . . . . b | | | | | |
| | c Net income or (loss) from gaming activities . . . | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . a | | | | | |
| | b Less cost of goods sold . . b | | | | | |
| | c Net income or (loss) from sales of inventory . . | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue . . . . | | | | | |
| | e **Total.** Add lines 11a–11d . . . . . | | | | | |
| | 12 **Total revenue.** See Instructions . . . | | 26,767,244 | 26,357,991 | 0 | 277,046 |

## Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 1,793,458 | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 18,850 | | | |
| 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 | 912,795 | | | |
| 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 | 9,140,470 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,089,008 | | | |
| 9 | Other employee benefits | 2,526,542 | | | |
| 10 | Payroll taxes | 744,525 | | | |
| a | Fees for services (non-employees) Management | | | | |
| b | Legal | 1,347,176 | | | |
| c | Accounting | 72,410 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services *See Part IV, line 17* | | | | |
| f | Investment management fees | | | | |
| g | Other | 4,093,015 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,520,132 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 804,251 | | | |
| 17 | Travel | 1,782,405 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 102,430 | | | |
| 20 | Interest | 3,184 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 169,935 | | | |
| 23 | Insurance | 69,047 | | | |
| 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 | POLITICAL EXPENSES | 1,569,000 | | | |
| b | SUBSIDIES | 240,186 | | | |
| c | EXCISE TAXES ON POLITIC | 115,054 | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 251,815 | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 29,365,688 | | | |
| 26 | **Joint costs.** Check here ▶ ☐ 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 | | 718,907 | 1 | 50,834 |
| | 2 | Savings and temporary cash investments | | 19,854,543 | 2 | 19,095,036 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 1,303,268 | 4 | 1,626,809 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 193,430 | 9 | 113,172 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 2,396,973 | | | |
| | b | Less accumulated depreciation | 10b 1,747,769 | 788,891 | 10c | 649,204 |
| | 11 | Investments—publicly traded securities | | 1,393,095 | 11 | 1,109,069 |
| | 12 | Investments—other securities See Part IV, line 11 | | 1,463,691 | 12 | 1,463,691 |
| | 13 | Investments—program-related See Part IV, line 11 | | 1,910,789 | 13 | 1,689,236 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 1 | 15 | 1 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 27,626,615 | 16 | 25,797,052 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 3,101,256 | 17 | 3,830,059 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 428,706 | 19 | 508,193 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 40,479 | 23 | 33,263 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 7,913,849 | 25 | 7,938,509 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 11,484,290 | 26 | 12,310,024 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 16,142,325 | 27 | 13,487,028 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 16,142,325 | 33 | 13,487,028 |
| | 34 | Total liabilities and net assets/fund balances | | 27,626,615 | 34 | 25,797,052 |

## Part XI Reconcilliation of Net Assets

Check 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 | 26,767,244 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 29,365,688 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | -2,598,444 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 16,142,325 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -56,853 |
| 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 | 13,487,028 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . | 2c | Yes | |
| 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 separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . . | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 39-1169160
**Name:** WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARY BELL<br>PRESIDENT | 40 00 | X | | X | | | | 156,860 | 0 | 58,033 |
| BETSY KIPPERS<br>VICE PRESIDENT | 40 00 | X | | X | | | | 104,881 | 0 | 45,259 |
| DAVID HARSWICK<br>SECRETARY/TREASURER | 40 00 | X | | X | | | | 47,271 | 0 | 27,696 |
| JEFFERY JOHNSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LAURA VERNON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRITT HALL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BOB FITZSIMMONS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SHELLY MOORE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRAD LUTES<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KAY HANSEN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARIE KNUTSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEAN DEBROUX<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RUSSEL YOUNG<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CONNIE MARTIN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIM PALLIN<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PEGGY JOHNSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVE THOMSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAN WEIDNER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| AMY GEE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMIE KLUND<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARTHA DOBKE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS BINDL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIRSTEN WOHLERS<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LESA FOLEY<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MEGAN SMITH<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUE TINKER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KATY MULLEN<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JANE WEIDNER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAREYANN KUTZ VOGT<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN KOSZAREK<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KAY HEITING<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TINA SPIEGEL<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAN LESNIAK<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KAREN LACH<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CATHY ORDEMANN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LINDA PLAUTZ<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JULIE BRATINA<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TANA FROST<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KARL MARQUARDT<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LORI CARLSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BARB SULLIVAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ALLI PRATT<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LORI CHERF<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEANNA MATCHEY<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LINDA HEAD<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KRAIG BROWNELL<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| NANCY KOECKENBERG<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DON ALBEE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RONALD MARTIN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUE FULKERSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ARLENE BRADEN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN LINNEMAN<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEBBIE MARTIN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN SMITS<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRYAN MILZ<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARGARET LARDINOIS<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JIM JORSCH<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIRA FETISSOFF<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEI LUND<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PHIL KNIER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TARA LEITHOLD<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LISA GLASER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CINNAMON THEDER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEAH KLOTZ<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PEGGY COYNE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVE PIKE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL LIPP<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ART CAMOSY<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE LANGYEL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BONNIE BRUSKY<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROZALIA HARRIS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KIM SCHROEDER<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| AMY JOHNSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| WANDA WELCH<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEBBIE KAROW<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DOROTHY HANCOCK<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TJUNA EGGSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAROL SIMS<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| GWENDOLYN ANDERSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES SMITH<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KHYANA PUMPHREY<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MIKE HALLORAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT FRANZMEIER<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID NIEDFELDT<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANN HEWITT<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| POLLY IMME<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JACK IVERSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KELLY RYDER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DANIEL TRIPP<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KATHRYN ANN DUERR<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PETE KNOTEK<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JENNIFER LEVIE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| TARA CZERWINSKI<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BETTY FOERSTER<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SARAH CONNOR<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT SWANSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RON BRANDT<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KRISTEN KOVALASKE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| HEATHER MIELKE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARY ANDERSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUZANNE KAHL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| LYNETTE STANSFIELD<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARIE WALDSMITH<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTY ANDERSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RAYMOND DECKER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT CAREY<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ERIK COLLINS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SAMUEL GUERRERO<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JENNIFER GIEDD<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONETTE MILLER<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SUE MINTNER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARY JO MEIER<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BETTY ALTENBURG<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DICK GAGE<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAROL KROGMANN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RANDY SUS<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JENNIFER NICKOWSKI<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT ELLINGSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVE OTTMAN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUDY LARSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JILL MILLER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JEANNE HANSON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PATRICIA BARRETTE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEPHANIE MALANEY<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUSTIN KRISHKA<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LONI WENDT<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| VIV GOUPELL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAMELA GEORGESON<br>ALTERNATE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CORY WANEK<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAN BURKHALTER<br>EXECUTIVE DIRECTOR | 40 00 | | | X | | | | 179,923 | 0 | 82,589 |
| JANE OBERDORF<br>OPERATIONS DIRECTOR | 40 00 | | | X | | | | 139,403 | 0 | 70,880 |
| SHERRY CROWNHART<br>HUMAN & LABOR RELATIONS | 40 00 | | | | | X | | 227,882 | 0 | 45,003 |
| KURT KOBELT<br>GENERAL COUNSEL | 40 00 | | | | | X | | 137,745 | 0 | 70,021 |
| NATHAN HARPER<br>INFORMATION TECHNOLOGY | 40 00 | | | | | X | | 136,164 | 0 | 69,998 |
| KIMBERLY HAAS<br>PUBLIC RELATIONS & COMMUNICATIONS | 40 00 | | | | | X | | 147,873 | 0 | 57,939 |
| DAN HOLUB<br>QUALITY EDUCATION ADVOCACY | 40 00 | | | | | X | | 134,023 | 0 | 70,802 |
| GUY COSTELLO<br>FORMER VICE PRESIDENT | 40 00 | | | | | | X | 69,383 | 0 | 36,419 |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

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

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

| | | | |
|---|---|---|---|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | | |
| 2 | Political expenditures | ▶ $ | 2,777,192 |
| 3 | Volunteer hours | | 0 |

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

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

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

| | | | |
|---|---|---|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ $ | 2,777,192 |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | ▶ $ | 500,000 |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ $ | 2,777,192 |
| 4 | Did the filing organization file **Form 1120-POL** for this year? | | ☑ Yes ☐ No |

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| (1) GREATER WISCONSIN POLITICAL FUND | PO BOX 861<br>MADISON,WI 537010861 | 20-4668584 | 500,000 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

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

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

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

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

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

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

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

## Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES | PART I-A, LINE 1 | THE ASSOCIATION'S POLITICAL ACTIVITIES INCLUDED CANVASSING, PRINT WORK, RADIO AND TELEVISION BUYS, AND CONTRIBUTIONS IN CONNECTION WITH FIRST AMENDMENT ISSUE ADVOCACY DIRECTED AT OPPOSITION TO WISCONSIN ACT 10 (ALSO KNOWN AS THE BUDGET REPAIR BILL) AND TO EDUCATE AND MOBILIZE CITIZENS IN THE STATE ON IMPORTANT ISSUES |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Employer identification number**
39-1169160

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,383,987 | 1,736,442 | 647,545 |
| e Other | | 12,986 | 11,327 | 1,659 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 649,204 |

**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 | 1,463,691 | C |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 1,463,691 | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) NOTES RECEIVABLE | 1,689,236 | C |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | 1,689,236 | |

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

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

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| DEFERRED COMPENSATION OBLIGATION | 859,134 |
| POSTRETIREMENT HEALTH CARE OBLIGATION | 7,079,375 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 7,938,509 |

**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 (ASC740)

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

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

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

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

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

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

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

| Identifier | Return Reference | Explanation |
|---|---|---|

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Employer identification number**
39-1169160

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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

3 Enter total number of other organizations . . . . . ▶ 28

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) SCHOLARSHIPS | 13 | 18,850 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 WISCONSIN EDUCATION ASSOCIATION COUNCIL (WEAC) DISBURSES GRANT FUNDS TO REGIONAL UNISERV UNITS ON A MONTHLY BASIS THESE GRANTS ARE INTENDED TO PROVIDE FINANCIAL OPERATING ASSISTANCE TO THE UNISERV UNITS WEAC'S ONGOING INTERACTION WITH THE STAFF AND GOVERNANCE MEMBERS OF THE UNISERV UNITS THROUGHOUT THE FISCAL YEAR INFORMS WEAC THAT THE UNISERVS CONTINUE TO EMPLOY STAFF AND ALLOWS WEAC TO MONITOR UNISERV OPERATIONS ADDITIONALLY, WEAC SURVEYS UNISERV GOVERNANCE MEMBERS ON AN ANNUAL BASIS IN ACCORDANCE WITH POLICY GUIDELINES WEAC DISBURSES SCHOLARSHIP FUNDS ON AN ANNUAL BASIS JOINTLY TO THE RECIPIENT AND THE RECIPIENT'S UNIVERSITY BEFORE WEAC DISBURSES SCHOLARSHIP FUNDS IT MUST RECEIVE WRITTEN CONFIRMATION FROM THE UNIVERSITY THAT THE STUDENT IS CONTINUING IN AN ELIGIBLE DEGREE PROGRAM |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 39-1169160
**Name:** WISCONSIN EDUCATION ASSOCIATION COUNCIL

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COULEE REGION UNITED EDUCATORS2020 CAROLINE ST LA CROSSE,WI 546031386 | 39-1170009 | 501(C)(5) | 26,596 | | | | OPERATING ASSISTANCE |
| KENOSHA EDUCATION ASSOCIATION5610 55TH ST KENOSHA,WI 531442206 | 39-1089325 | 501(C)(5) | 13,939 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| MILWAUKEE TEACHERS EDUCATION ASSOCIATION5130 W VLIET ST MILWAUKEE,WI 532082624 | 39-0478280 | 501(C)(6) | 46,778 | | | | OPERATING ASSISTANCE |
| BAY LAKES UNITED EDUCATORS1136 N MILITARY AVE GREEN BAY,WI 543034414 | 39-1207982 | 501(C)(5) | 40,293 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CAPITAL AREA UNISERV-NORTH4800 IVYWOOD TRL MCFARLAND,WI 535589433 | 39-1182330 | 501(C)(5) | 19,222 | | | | OPERATING ASSISTANCE |
| CAPITAL AREA UNISERV-SOUTH4800 IVYWOOD TRL MCFARLAND,WI 535589433 | 39-1211213 | 501(C)(5) | 14,213 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CEDAR LAKE UNITED EDUCATORS411 N RIVER RD<br>WEST BEND, WI<br>530902600 | 39-1197435 | 501(C)(5) | 18,911 | | | | OPERATING ASSISTANCE |
| CENTRAL WISCONSIN UNISERV COUNCIL370 ORBITING DR<br>MOSINEE, WI 544551763 | 39-1174457 | 501(C)(5) | 45,052 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| COUNCIL #1013805 W BURLEIGH RD BROOKFIELD, WI 530053058 | 39-1202395 | 501(C)(5) | 13,066 | | | | OPERATING ASSISTANCE |
| EAU CLAIRE ASSOCIATION OF EDUCATORS2004 HIGHLAND AVE STE L EAU CLAIRE, WI 547014389 | 39-1490803 | 501(C)(5) | 10,688 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| GREEN BAY EDUCATION ASSOCIATION2256 MAIN ST GREEN BAY,WI 543115330 | 39-1182321 | 501(C)(5) | 11,876 | | | | OPERATING ASSISTANCE |
| KETTLE MORAINE UNISERV COUNCILN7778 RANGELINE RD SHEBOYGAN,WI 530835283 | 39-1188646 | 501(C)(5) | 18,340 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| LAKEWOOD UNISERV COUNCIL13805 W BURLEIGH RD BROOKFIELD, WI 530053058 | 39-1175604 | 501(C)(5) | 16,914 | | | | OPERATING ASSISTANCE |
| MADISON TEACHERS INC 821 WILLIAMSON ST MADISON, WI 537033547 | 39-6060613 | 501(C)(6) | 20,348 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NORTH SHORE UNITED EDUCATORS13805 W BURLEIGH RD BROOKFIELD, WI 530053058 | 39-1206918 | 501(C)(5) | 9,237 | | | | OPERATING ASSISTANCE |
| NORTHERN TIER UNISERV 1901 W RIVER ST RHINELANDER, WI 545012457 | 39-1230694 | 501(C)(5) | 366,730 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| NORTHWEST UNITED EDUCATORS16 W JOHN ST RICE LAKE,WI 548682903 | 39-1168745 | 501(C)(5) | 54,630 | | | | OPERATING ASSISTANCE |
| RACINE EDUCATION ASSOCIATION1201 WEST BLVD RACINE,WI 534053021 | 39-0813424 | 501(C)(5) | 12,726 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| ROCK VALLEY EDUCATION PROFESSIONALS1215 SUFFOLK DR JANESVILLE, WI 535461606 | 39-1175651 | 501(C)(5) | 14,281 | | | | OPERATING ASSISTANCE |
| SOUTH CENTRAL EDUCATION ASSOCIATION135 3RD AVE BARABOO, WI 539132421 | 39-1956866 | 501(C)(5) | 7,937 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TRIWAUK UNISERV COUNCIL13805 W BURLEIGH RD BROOKFIELD, WI 530053058 | 39-1172779 | 501(C)(5) | 12,554 | | | | OPERATING ASSISTANCE |
| UNITED TECHNICAL COLLEGE COUNCIL520 HARTWIG BLVD STE A JOHNSON CREEK, WI 530389419 | 39-2026886 | 501(C)(5) | 197,777 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| WEST CENTRAL EDUCATION ASSOCIATION105 21ST ST N MENOMONIE,WI 547512225 | 39-1179506 | 501(C)(5) | 18,304 | | | | OPERATING ASSISTANCE |
| WEST SUBURBAN COUNCIL 13805 W BURLEIGH RD BROOKFIELD,WI 530053058 | 39-1210368 | 501(C)(5) | 9,159 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| WEAC-FOX VALLEY921 W ASSOCIATION DR APPLETON,WI 549147250 | 39-1198893 | 501(C)(5) | 18,358 | | | | OPERATING ASSISTANCE |
| WINNEBAGOLAND UNISERV325 TROWBRIDGE DR FOND DU LAC,WI 549379180 | 39-1199892 | 501(C)(5) | 23,198 | | | | OPERATING ASSISTANCE |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| STATE PROFESSIONAL EDUCATION AND INFORMATION COUNCIL #1152 W JOHNSON ST STE 202 MADISON,WI 537032296 | 39-1653931 | 501(C)(5) | 113,228 | | | | OPERATING ASSISTANCE |
| GREATER WISCONSIN POLITICAL FUNDPO BOX 861 MADISON,WI 537010861 | 20-4668584 | 527 | 500,000 | | | | POLITICAL ACTIVITIES |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Employer identification number**
39-1169160

## Part I Questions Regarding Compensation

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARY BELL | (i) | 156,860 | 0 | 0 | 34,556 | 23,477 | 214,893 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) BETSY KIPPERS | (i) | 104,881 | 0 | 0 | 23,353 | 21,906 | 150,140 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) DAN BURKHALTER | (i) | 179,923 | 0 | 0 | 43,237 | 39,352 | 262,512 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4) JANE OBERDORF | (i) | 139,403 | 0 | 0 | 32,578 | 38,302 | 210,283 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (5) SHERRY CROWNHART | (i) | 227,882 | 0 | 0 | 16,751 | 28,252 | 272,885 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (6) KURT KOBELT | (i) | 137,745 | 0 | 0 | 32,578 | 37,443 | 207,766 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (7) NATHAN HARPER | (i) | 136,164 | 0 | 0 | 32,578 | 37,420 | 206,162 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (8) KIMBERLY HAAS | (i) | 147,873 | 0 | 0 | 32,578 | 25,361 | 205,812 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (9) DAN HOLUB | (i) | 134,023 | 0 | 0 | 32,578 | 38,224 | 204,825 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (10) GUY COSTELLO | (i) | 69,383 | 0 | 0 | 14,910 | 21,509 | 105,802 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ( 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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | PART I, LINE 1A | THE PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER, AND EXECUTIVE DIRECTOR MAY BE REIMBURSED UP TO $1,500 PER FISCAL YEAR FOR COMPANION/SPOUSAL BUSINESS TRAVEL EXPENSES ALSO, IF RELOCATION IS NECESSARY, THE ASSOCIATION WILL PAY UP TO 20% OF THE PRESIDENT'S SALARY, PLUS ALL UTILITIES, TO A RENTAL AGENCY FOR HOUSING IN THE MADISON AREA SIMILARLY, IF A RELEASED OFFICER (VICE PRESIDENT AND SECRETARY/TREASURER) CHOOSES TEMPORARY RESIDENCE, THE ASSOCIATION WILL PAY UP TO 25% OF A RELEASED OFFICER'S SALARY TO SECURE SUCH A RESIDENCE MARY BELL RECEIVED HOUSING ALLOWANCE OF $13,140 FOR APARTMENT RENT AT WELLINGTON HEIGHTS DAVE HARSWICK RECEIVED HOUSING ALLOWANCE OF $5,520 FOR APARTMENT RENT AT THE LANDMARK AT HATCHERY HILL AND $415 FOR COMPANION TRAVEL WITH MIDDLETON TRAVEL, INC DAN BURKHALTER RECEIVED $521 FOR COMPANION TRAVEL WITH MIDDLETON TRAVEL, INC BETSY KIPPERS RECEIVED HOUSING ALLOWANCE OF $8,995 FOR APARTMENT RENT AT THE LANDMARK AT HATCHERY HILL GUY COSTELLO RECEIVED HOUSING ALLOWANCE OF $7,000 FOR APARTMENT RENT AT THE LANDMARK AT HATCHERY HILL |
| | PART I, LINE 4A | SHERRY CROWNHART RETIRED IN SEPTEMBER 2010 AND RECEIVED A SEVERANCE PAYMENT OF $14,833 |

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|---|---|---|

**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 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**
WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Employer identification number**
39-1169160

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | | DAN WEIDNER AND JANE WEIDNER HAVE A FAMILY RELATIONSHIP |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | | THE ASSOCIATION HAS A SINGLE CLASS OF MEMBERSHIP |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| FORM 990, PART VI, SECTION A, LINE 7A | | THE ASSOCIATION'S MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE ASSOCIATION'S GOVERNING BODY |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION A, LINE 7B | | ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE ASSOCIATION'S MEMBERS THE MEMBER REPRESENTATIVE ASSEMBLY HAS THE ABILITY TO CHANGE DECISIONS OF THE GOVERNING BODY BY A MAJORITY VOTE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | BEFORE THE PREPARED FORM 990 IS FILED WITH THE IRS, A DRAFT OF THE RETURN IS FIRST REVIEWED BY THE ASSOCIATION'S OPERATIONS DIRECTOR A DRAFT OF THE RETURN IS THEN POSTED ON A PASSWORD-PROTECTED WEBSITE THE MEMBERS OF THE ASSOCIATION'S GOVERNING BODY ARE NOTIFIED THAT A DRAFT OF THE RETURN IS AVAILABLE FOR THEIR REVIEW, QUESTIONS, COMMENTS, AND/OR CHANGES THE PREPARED FORM 990 IS FILED WITH THE IRS UPON APPROVAL OF THE MEMBERS OF THE GOVERNING BODY, EITHER EXPLICITLY OR IMPLICITLY IF A DIRECTOR DOES NOT PROVIDE QUESTIONS OR COMMENTS WITHIN ONE WEEK AFTER THE DRAFT OF THE RETURN IS POSTED |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | AN EXECUTIVE DIRECTOR EVALUATION COMMITTEE MAKES COMPENSATION RECOMMENDATIONS TO THE DIRECTORS FOR APPROVAL THE COMMITTEE REVIEWS COMPENSATION DATA FROM OTHER STATE EDUCATION ASSOCIATIONS FOR COMPARABLE POSITIONS THE SALARY OF THE PRESIDENT IS DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR TEACHERS IN WISCONSIN THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 2 5 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND APPROVED BY THE GOVERNING BODY THE SALARIES OF THE VICE PRESIDENT AND SECRETARY/TREASURER ARE DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR WISCONSIN TEACHERS THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 1 6 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND APPROVED BY THE GOVERNING BODY |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VII, SECTION A, LINE 1A | ALL OF THE INDIVIDUAL TRUSTEES OR DIRECTORS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A AND DAN BURKHALTER AND GUY COSTELLO EACH DEVOTED AN HOUR PER WEEK ON AVERAGE TO WISCONSIN EDUCATION ASSOCIATION, INC IN ADDITION, MARY BELL, BETSY KIPPERS, DAVID HARSWICK, AND GUY COSTELLO EACH DEVOTED AN HOUR PER WEEK ON AVERAGE TO WISCONSIN EDUCATION ASSOCIATION COUNCIL POLITICAL ACTION COMMITTEE ALSO, STEPHANIE MALANEY, RONALD MARTIN, JANE WEIDNER, DAVID HARSWICK, JENNIFER GIEDD, AND GUY COSTELLO EACH DEVOTED AN HOUR PER WEEK ON AVERAGE TO WISCONSIN EDUCATION ASSOCIATION PROFESSIONAL DEVELOPMENT ACADEMY, INC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -56,853 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
WISCONSIN EDUCATION ASSOCIATION COUNCIL

**Employer identification number**
39-1169160

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| **(1)** WISCONSIN EDUCATION ASSOCIATION INC<br>33 NOB HILL RD<br>MADISON, WI 537132195<br>39-0712860 | HOLD TITLE TO PROPERTY | WI | 501(C)(2) | | WISCONSIN EDUCATION ASSOCIATION COUNCIL | Yes | |
| **(2)** WISCONSIN EDUCATION ASSOCIATION COUNCIL POLITICAL ACTION COMMITTEE<br>33 NOB HILL RD<br>MADISON, WI 537132195<br>39-1688550 | POLITICAL ACTIVITIES AND ADVOCACY | WI | 527 | | WISCONSIN EDUCATION ASSOCIATION COUNCIL | Yes | |
| **(3)** WISCONSIN EDUCATION ASSOCIATION PROFESSIONAL DEVELOPMENT ACADEMY INC<br>33 NOB HILL RD<br>MADISON, WI 537132195<br>39-1828141 | TRAINING AND PROFESSIONAL DEVELOPMENT | WI | 501(C)(3) | LINE 9 | WISCONSIN EDUCATION ASSOCIATION INC | Yes | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

| | | | Yes | No |
|---|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity | **1a** | | Yes | |
| **b** Gift, grant, or capital contribution to other organization(s) | **1b** | | | No |
| **c** Gift, grant, or capital contribution from other organization(s) | **1c** | | | No |
| **d** Loans or loan guarantees to or for other organization(s) | **1d** | | | No |
| **e** Loans or loan guarantees by other organization(s) | **1e** | | | No |
| **f** Sale of assets to other organization(s) | **1f** | | | No |
| **g** Purchase of assets from other organization(s) | **1g** | | | No |
| **h** Exchange of assets | **1h** | | | No |
| **i** Lease of facilities, equipment, or other assets to other organization(s) | **1i** | | | No |
| **j** Lease of facilities, equipment, or other assets from other organization(s) | **1j** | | Yes | |
| **k** Performance of services or membership or fundraising solicitations for other organization(s) | **1k** | | Yes | |
| **l** Performance of services or membership or fundraising solicitations by other organization(s) | **1l** | | | No |
| **m** Sharing of facilities, equipment, mailing lists, or other assets | **1m** | | Yes | |
| **n** Sharing of paid employees | **1n** | | Yes | |
| **o** Reimbursement paid to other organization for expenses | **1o** | | | No |
| **p** Reimbursement paid by other organization for expenses | **1p** | | Yes | |
| **q** Other transfer of cash or property to other organization(s) | **1q** | | | No |
| **r** Other transfer of cash or property from other organization(s) | **1r** | | Yes | |

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** WISCONSIN EDUCATION ASSOCIATION INC | A | 39,702 | FACE AMOUNT |
| **(2)** WISCONSIN EDUCATION ASSOCIATION INC | J | 526,450 | FACE AMOUNT |
| **(3)** | | | |
| **(4)** | | | |
| **(5)** | | | |
| **(6)** | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|