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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

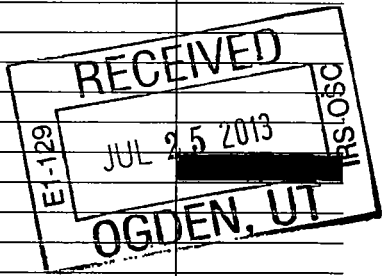
Open to Public Inspection

For calendar year 2012 or tax year beginning _____, **2012, and ending** _____, **20**

Name of foundation WPS Charitable Foundation		A Employer identification number 39-1568111
Number and street (or P O box number if mail is not delivered to street address) 1717 W. Broadway	Room/suite	B Telephone number (see instructions) 608-221-4711
City or town, state, and ZIP code Monona, WI 53713-1824		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,230,360	J Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) must equal the amounts in column (a) (see instructions))

	(a) Revenue and other income	(b) Expenses	(c) Disbursements	(d) Disbursements	
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not a private operating foundation				
	3 Interest on savings and temporary investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Form 990-B, line 15)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11					
Operating and Administrative Expenses	13 Compensation of officers, directors, and key employees				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule) <i>TRUST FEES</i>	4,435	4,435		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <i>Excise TAX</i>	640			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) <i>Sch #2</i>	174			
	24 Total operating and administrative expenses. Add lines 13 through 23	7,349	4,435	0	2,274
25 Contributions, gifts, grants paid <i>Sch #3</i>	58,100			58,100	
26 Total expenses and disbursements. Add lines 24 and 25	65,449	4,435		60,374	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	9,715				
b Net investment income (if negative, enter -0-)		61,909			
c Adjusted net income (if negative, enter -0-)			7,587		



WPS CHARITABLE FOUNDATION
1717 W BROADWAY
MONONA WI 53713



028637

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Thomas R Nelson 7-16-13
Signature of Officer or Trustee Date
Secretary and Treasurer
Title