

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



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

2012

Open to Public Inspection

		2012 cale applicable	endar year, or tax year beginning 07-01-2012 , C Name of organization	2012, and ending 06-	-30-2013	D Emplo	yer iden	tification number
	dress ch		WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES INC			39-10	-)39417	
┌ Na	me cha	inge	Doing Business As					
☐ Inı	tıal retu	ırn	Number and street (or P O box if mail is not delivered to	o street address) Room/	suite	E Telepho	one numb	Der
Te	rmınate	ed	122 W WASHINGTON AVENUE NO 700			(608)	256-7	761
_ An	nended	return	City or town, state or country, and ZIP + 4 MADISON, WI 53703	•		(666)		
Ap	plication	n pending				G Gross r	eceıpts \$	5,250,676
			F Name and address of principal officer ROLF WEGENKE		1	s this a group	return	
			122 W WASHINGTON AVENUE NO 700		a	ffiliates?		⊢Yes ✓ Nο
			MADISON, WI 53703					ded? Tyes TNo
I Ta	ax-exen	npt status	▼ 501(c)(3)	7(a)(1) or] ¹	f "No," attach	a list ((see instructions)
J W	ebsit e	e: 🕨 WW	W WAICU ORG		H(c)	Group exempt	ion num	nber ⊳
K For	m of or	ganızatıon	Corporation Trust Association Other ►		L Year	of formation 19	62 M	State of legal domicile WI
Pa	rt I	Sum	mary					
			scribe the organization's mission or most signific E AND FACILITATE SERVICES TO WISCONS		PROFIT C	OLLEGES AN	D HNT	/FRSITIFS
e e			E AND FACILITATE SERVICES TO WISCONS	IN STRIVATE NON	TROTTIC	OLLLGES AN	DONIV	/ LRSTTLS
Governance								
ē	2	Check th	ıs box ▶─ ıf the organızatıon dıscontınued ıts op	erations or disposed	l of more th	an 25% of its	net ass	sets
၌ ဘိ			,	·				
26			of voting members of the governing body (Part VI	•			3	23
ě			of independent voting members of the governing l				4	23
Activities &			nber of individuals employed in calendar year 20 nber of volunteers (estimate if necessary)				5 6	17 28
đ			elated business revenue from Part VIII, column			7a	0	
			ated business taxable income from Form 990-T,	` ''			7b	0
						Prior Year		Current Year
۵.	8	Contri	outions and grants (Part VIII, line 1h)			2,209,	689	1,038,874
an lie	9		m service revenue (Part VIII, line 2g)			2,331,	529	2,552,650
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, a		•	351,0		1,249,685
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 evenue—add lines 8 through 11 (must equal Part		ne —		0	0
						4,892,9	904	4,841,209
	13		and similar amounts paid (Part IX, column (A), I			1,082,		818,227
	14		s paid to or for members (Part IX, column (A), lir				0	0
\$	15	Salarie 10)	s, other compensation, employee benefits (Part :	IX, column (A), lines	5-	1,805,	365	1,795,931
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line	11e)			0	0
ਡੌ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 143,966$	<u> </u>				
	17		expenses (Part IX, column (A), lines 11a–11d, 1			1,140,		1,582,716
	18		xpenses Add lines 13-17 (must equal Part IX,			4,027,		4,196,874
_ 97	19	Reven	ue less expenses Subtract line 18 from line 12	· · · · · ·		865, nning of Curre		644,335
Not Assets or Fand Balances						Year		End of Year
88. B.A.	20	Total	ssets (Part X, line 16)			14,057,8		15,054,128
<u> </u>	21		abilities (Part X, line 26)		•	675,9		792,613
	22		sets or fund balances Subtract line 21 from line	20		13,381,9	923	14,261,515
	rt II		ature Block perjury, I declare that I have examined this return	n includes	\m\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	المادة وماريان		o ond to the heart of
my k	nowle	dge and las any kr	pelief, it is true, correct, and complete Declaration owledge					
C:	•	**** Sig na	** ture of officer			2013-12-04 Date		
Sigr Her			WEGENKE PRESIDENT					
-			or print name and title					
			rint/Type preparer's name Preparer's signatu ROY E MARINE CPA	ire	Date 2013-12-04	Check If	PTIN P00187	863
Pai		F	rm's name ► BAKER TILLY VIRCHOW KRAUSE LLP		2013 12 04	self-employed Firm's EIN ► 39		
	pare	r L				Dhan (1)	\ 777	00
Use	e On	ly ^F	rm's address ► 777 E WISCONSIN AVENUE 32ND FLOOR			Phone no (414) ///-55	υυ

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	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		Νο
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		No
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		No
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
е	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 and XII	12a	Yes	
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 and XII is optional	12b		No
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
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? If "Yes," complete Schedule F, Parts III and IV	16		Νο
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		Νο
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		Νο
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		Νο
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 through 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		
С	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		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
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		No
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 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			୮
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 31			
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?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
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 •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
ь	were not tax deductible?	6b		
7		_		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
ь	Enter the amount of reserves the organization is required to maintain by the states			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

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

36	ection 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	23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νο
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
Ь	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	Revenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	•		10a		
10a			of such chapters,			No
10a b	Did the organization have local chapters, branches, or affiliates?	tivities	of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivities ion's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov	s of such chapters, xempt purposes? erning body before filing 	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov Form S	s of such chapters, xempt purposes? erning body before filing 290	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ton's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 illy inte	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov . Form 9 . Ily inte	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte in the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ton's e ts gov Form S Ily inte the p i ew ar	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte n the p iew ar	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte n the p iew ar	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ton's e ts gov Form 9 Ily inte the p iew ar ne deli	s of such chapters, xempt purposes? erning body before filing. 990	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte on the p iew ar ne deli or sim e step	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►WI
- 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 made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LIZA SIMON 122 W WASHINGTON AVENUE NO 700 MADISON, WI (608)256-7761

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	Misc)	organization and related organizations
(1) MARY J MEEHAN	1 00	,,								
DIRECTOR		X						0	0	0
(2) CONNIE BOERST DIRECTOR	1 00	х						0	0	0
(3) H SCOTT BIERMAN	1 00									
DIRECTOR		×						0	0	0
(4) JAMES LOFTUS	1 00							_	_	
DIRECTOR		X						0	0	0
(5) DOUGLAS N HASTAD	1 00									
DIRECTOR		X						0	0	0
(6) F GREGORY CAMPBELL	1 00	×						0	0	0
DIRECTOR									0	
(7) JILL WINTERS	1 00	×						0	0	0
DIRECTOR										
(8) PATRICK T FERRY	1 00	×						0	0	0
DIRECTOR										
(9) DANIEL J CAREY	1 00	x						0	0	0
DIRECTOR (10) PANTEL FOR	1.00									
(10) DANIEL ECK	1 00	×						0	0	0
DIRECTOR (11) JILL BECK	1.00									
	1 00	×						0	0	0
DIRECTOR (12) ROBERT FALE	1 00									
DIRECTOR		×						0	0	0
(13) FR SCOTT R PILARZ	1 00									
DIRECTOR		x						0	0	0
(14) JOHN R RAYMOND	1 00									
DIRECTOR		X						0	0	0
(15) NEIL HOFFMAN	1 00	.,						_	_	_
DIRECTOR		×						0	0	0
(16) HERMANN VIETS	1 00	,								
DIRECTOR		X		L	L			0	0	0
(17) EILEEN SCHWALBACH	1 00	х						0	0	0
DIRECTOR								0	0	0
										Form 990 (2012)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1095 MISC)	<i>y</i> -	organiz and re organiz	lated
(18) MICHAEL MILLER	1 00	×						0		О		(
DIRECTOR (19) ZACH P MESSITTE	1 00											
DIRECTOR	1 00	X						0		0		(
(20) THOMAS KUNKEL	1 00											
DIRECTOR		X						0		이		(
(21) CHRIS DOMES DIRECTOR	1 00	х						0		0		(
(22) RICHARD ARTMAN DIRECTOR	1 00	х						0		0		(
(23) DANIEL W JOHNSON DIRECTOR	1 00	х						0		0		(
(24) ROLF WEGENKE PRESIDENT	40 00			х				302,931		0		44,189
(25) LIZA SIMON SR VP FOR FINANCE AND OPERATIONS	40 00			х				69,016		0		12,529
(26) RODNEY L OPSAL SR VP FOR COLLABORATIVE SERVICES	12 00			х				150,921		0		36,587
(27) WENDY L WINK EXECUTIVE VICE PRESIDENT	40 00			х				110,000		0		14,138
(28) DEBORAH J MAHAFFEY	40 00							106 250				17.020
SR VP FOR EDUCATIONAL SERVICES				Х				106,358		0		17,920
(29) WILLIAM J SCHULTZ	10 00					х		110,136		0		36,115
EXECUTIVE DIRECTOR, WAICU ETC												
1b Sub-Total						<u> </u>		<u> </u>		\dashv		
c Total from continuation sheets to Part	VII. Section A	•		•		▶ ⊢						
d Total (add lines 1b and 1c)	•							849,362		0		161,478
2 Total number of individuals (including bi \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than				
											Vac	No
3 Did the organization list any former offic on line 1a? If "Yes," complete Schedule J			e, key	y em	nplo •	yee, o	r hig	ghest compensate	d employee	3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations g	e sum of report	table c							om the	3		N o
individual			•	•		•				4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?										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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HOVDE PROPERTIES 122 W WASHINGTON AVENUE MADISON WI 53703	PROPERTY MANAGEMENT	193,254
MARSH USA 96460 COLLECTION CENTER DRIVE CHICAGO IL 60693	RISK MANAGEMENT	146,949
IBM CORP PO BOX 643600 PITTSBURGH PA 152643600	TECHNOLOGY	116,413

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part V		Statement of Revenue Check if Schedule O contains a response to a	ny question i	n this Part VIII .			
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
s s	1a	Federated campaigns 1a					
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues 1b					
ဗ်မှု မြ	С	Fundraising events 1c					
ff. Agai	d	Related organizations 1d					
j⊒ []		Government grants (contributions) 1e	715,664				
ns,	е						
er e	f	All other contributions, gifts, grants, and similar amounts not included above	323,210				
들됨	g	Noncash contributions included in lines	İ	į			
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines 1a-1f		1,038,874			
ة ت	-"		. •	1,000,07			
a E	2-		ness Code				
.ven	2a	MEMBERSHIP DUES	611710	1,432,731	1,432,731		
22	b	MEMBER SERVICES	611710	1,037,073	1,037,073		
Š	C 	PRIVATE COLLEGE WEEK ADVERTISING	611710	80,000	80,000		
33	d	MISCELLANEOUS PROGRAM	611710	2,846	2,846		
Program Serwce Revenue	e f	All other program service revenue					
<u>چ</u>	g	Total. Add lines 2a-2f	b	2,552,650			
	3	Investment income (including dividends, inter					
		and other similar amounts)	🟲 📗	287,198			287,19
	4	Income from investment of tax-exempt bond proceeds	•				
	5	Royalties					
	6-	(I) Real (II) F	Personal				
	6a b	Less rental					
	_	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	-				
	7a	(i) Securities (ii)) O ther				
	74	from sales of 1,371,954 assets other					
	b	than inventory Less cost or					
		other basis and 409,467 sales expenses					
	c	Gain or (loss) 962,487					
	d	Net gain or (loss)		962,487			962,48
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
e G		a					
ŧ	ь	Less direct expenses b					
`	c 9a	Net income or (loss) from fundraising events	•				
	34	Gross income from gaming activities See Part IV, line 19					
	_	a					
	Ь	Not upon or (loss) from saming activities					
	C 10a	Net income or (loss) from gaming activities . Gross sales of inventory, less	• •				
	IVa	returns and allowances .					
		а					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Busin	iess Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	. •				
	12	Total revenue. See Instructions	▶	4,841,209	2,552,650	0	1,249,68

01111	990 (2012)				Page 10
	Statement of Functional Expenses			John column (A)	
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All Check if Schedule O. contains a response to any question in this Pa			nete column (A)	
\0 n	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	p, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	818,227	818,227		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	902,477	576,831	225,087	100,559
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	489,648	451,836	29,348	8,464
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,435	40,221	11,423	4,791
9	Other employee benefits	252,531	216,405	28,445	7,68
.0	Payroll taxes	94,840	74,291	14,714	5,835
1	Fees for services (non-employees)				
а	Management				
b	Legal	23,945	22,881	774	290
c	Accounting	17,195	16,627	413	15
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,710		43,710	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	155,654	151,686	2,886	1,082
.2	Advertising and promotion			2,000	
3	Office expenses	352,737	332,986	14,364	5,38
4	Information technology	142,005	141,557	326	122
5	Royalties				
6	Occupancy	296,217	283,417	9,309	3,49
7	Travel	68,537	64,250	 	1,169
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
9	Conferences, conventions, and meetings				
0	Interest	9	8	1	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	29,739	24,930	3,497	1,31
3	Insurance	46,957	44,364	1,886	70
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LDS DISBURSEMENTS TO ME	270,000	270,000		
b	DUES & SUBSCRIPTIONS	56,700	47,573	6,638	2,489
c	MEMBER SERVICES	47,664	47,007	478	179
d	DATA CENTER	22,160	22,160		
e	All other expenses	9,487	8,562	672	25:
:5	Total functional expenses. Add lines 1 through 24e	4,196,874	3,655,819	397,089	143,966
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1.61	t X	Check if Schedule O contains a response to any question in this	Part X .						
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			873,733	1	1,013,395		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			184,282	3	295,190		
	4	Accounts receivable, net			68,319	4	78,874		
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of			5			
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(lemployers and sponsoring organizations of section 501(c)(9) v beneficiary organizations (see instructions) Complete Part II o	trıbutıng nployees'		6				
Š.	7	Notes and loans receivable net	Notes and loans receivable, net						
4	8	Inventories for sale or use			7 8				
	9	Prepaid expenses and deferred charges			59,654	9	195,197		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	. 384,152		9	100,107		
	ь	Less accumulated depreciation	10b	231.432	117.964	10c	152,720		
	11	Investments—publicly traded securities			12,499,627	11	13,318,752		
	12	Investments—other securities See Part IV, line 11	12,100,102.	12	,				
	13	Investments—program-related See Part IV, line 11			13				
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			254,250	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,057,829	16	15,054,128		
					126,666	17	249,516		
	17	Accounts payable and accrued expenses			120,000	18	243,310		
	18	Grants payable			188,072		214,647		
	19	Deferred revenue			180,072	19	214,647		
	20	Tax-exempt bond liabilities				20			
S	21	Escrow or custodial account liability Complete Part IV of Sche				21			
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ied	,					
ख़		persons Complete Part II of Schedule L		•		22			
	23	Secured mortgages and notes payable to unrelated third parties	s		113,265	23	128,047		
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	rt X of Sche		247,903	25	200,403		
	26	D			675,906	26	792,613		
	26	Total liabilities. Add lines 17 through 25		alot o	675,900	20	792,013		
φŞ		lines 27 through 29, and lines 33 and 34.	v and comp	леге					
Juc.	27	Unrestricted net assets			718,528	27	966,670		
<u> </u>	28	Temporarily restricted net assets			2,497,340	28	3,128,790		
	29	Permanently restricted net assets			10,166,055	29	10,166,055		
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he			,,		,,		
9. F		complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
AS	32	Retained earnings, endowment, accumulated income, or other fi	unds			32			
¥ĕ	33	Total net assets or fund balances			13,381,923	33	14,261,515		
Z	34	Total liabilities and net assets/fund balances			14,057,829	34	15,054,128		
			• •		,55.,,520		,50 ,, 120		

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>Г</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.5	341,209
2	Total expenses (must equal Part IX, column (A), line 25)	-+		7,0	141,209
_	Total expenses (must equal rate 1x, column (A), mie 23)	2		4,1	196,874
3	Revenue less expenses Subtract line 2 from line 1				- 4 4 5 5 5
	Not assets as found belongs at his common of our or found by the 22 column (A))	3			544,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,3	381,923
5	Net unrealized gains (losses) on investments				
		5		2	235,258
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
_	o their changes in het assets of fand salahous (explain in senicaale 5).	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10			
Dar	t XIII Financial Statements and Reporting	10		14,2	261,515
FQI	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
	eneck if behieuale a contains a response to any question in this fact XII			Yes	· ·
				res	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on			
	a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3 b	Yes	

Software ID: Software Version:

EIN: 39-1039417

Name: WISCONSIN ASSOCIATION OF INDEPENDENT

COLLEGES AND UNIVERSITIES INC

Form 990, Part VII - Compensation of	Officers, Dir	ectors	s,Tr	uste	ees,	, Key	/ En	nployees, Highe	st	
Compensated Employees, and Indepense (A) Name and Title	(B) Average hours per week (list	Positio more unless an	(Con (do than pers office ctor/	not one on i er an trus	box s bo d a tee)	, th		(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MARY J MEEHAN DIRECTOR	1 00	×						0	0	0
CONNIE BOERST DIRECTOR	1 00	×						0	0	0
H SCOTT BIERMAN DIRECTOR	1 00	х						0	0	0
JAMES LOFTUS DIRECTOR	1 00	х						0	0	0
DOUGLAS N HASTAD DIRECTOR	1 00	х						0	0	0
F GREGORY CAMPBELL DIRECTOR	1 00	х						0	0	0
JILL WINTERS DIRECTOR	1 00	х						0	0	0
PATRICK T FERRY DIRECTOR	1 00	х						0	0	0
DANIEL J CAREY DIRECTOR	1 00	х						0	0	0
DANIEL ECK DIRECTOR	1 00	×						0	0	0
JILL BECK DIRECTOR	1 00	х						0	0	0
ROBERT FALE DIRECTOR	1 00	х						0	0	0
FR SCOTT R PILARZ DIRECTOR	1 00	х						0	0	0
JOHN R RAYMOND DIRECTOR	1 00	х						0	0	0
NEIL HOFFMAN DIRECTOR	1 00	х						0	0	0
HERMANN VIETS DIRECTOR	1 00	х						0	0	0
EILEEN SCHWALBACH DIRECTOR	1 00	х						0	0	0
MICHAEL MILLER DIRECTOR	1 00	x						0	0	0
ZACH P MESSITTE DIRECTOR	1 00	х						0	0	0
THOMAS KUNKEL DIRECTOR	1 00	х						0	0	0
CHRIS DOMES DIRECTOR	1 00	х						0	0	0
RICHARD ARTMAN DIRECTOR	1 00	х						0	0	0
DANIEL W JOHNSON DIRECTOR	1 00	х						0	0	0
ROLF WEGENKE PRESIDENT	40 00			х				302,931	0	44,189
LIZA SIMON SR VP FOR FINANCE AND OPERATIONS	40 00			х				69,016	0	12,529

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

10 00

WILLIAM J SCHULTZ

EXECUTIVE DIRECTOR, WAICU ETC

(A) Name and Title	(B) Average hours per week (list	more unless an o	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations
RODNEY L OPSAL SR VP FOR COLLABORATIVE SERVICES	12 00			х				150,921	0	36,587
WENDY L WINK EXECUTIVE VICE PRESIDENT	40 00			х				110,000	0	14,138
DEBORAH J MAHAFFEY SR VP FOR EDUCATIONAL SERVICES	40 00	_		х				106,358	0	17,920

110,136

0

36,115

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493346001213

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

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

Open to Public

Inspection

Name of the organization WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES INC

Employer identification number

39-1039417

he o	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	lines 1 thro	ough 11, chec	k only one	box)				
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	fchurches	described in s	ection 170	(b)(1)(A)(i).				
2	Γ	A scho	ol described	I in section 170(b)(1	.)(A)(ii). (At	tach Sche	dule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	zatıon desc	rıbed ın secti	on 170(b)(1)(A)(iii).				
4	Γ			n organization operat	ed ın conjun	iction with	a hospital des	crıbed ın s	ection 170(b)	(1)(A)(ii	i i). Ente	rthe	
5	_			ty, and state erated for the benefit	t of a colloge	or univer	sity owned or	norsted by	, a governmen	tal unit d	loccrib	nd in	_
3	,			A)(iv). (Complete P		e or univers	sity owned or o	pperated by	a governmen	tai uiiit u	iescrib	eu III	
6	\vdash			local government or		tal unit doc	cribad in cact	ion 170/h)	(1)(4)(4)				
7	<u>'</u>			at normally receives	-					rom the	aeneral	nublic	
•	'	_		n 170(b)(1)(A)(vi).		•	3 3 apport iron	ra governi	nental anit of	Tom the	genera	public	•
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Co	omplete Part I	I)					
9	굣	Anorga	anızatıon tha	at normally receives	(1) more th	nan 331/3%	of its support	from contr	ibutions, mem	ibership	fees, ar	nd gros	ss
		receipt	s from actıv	ities related to its ex	kempt functi	ons—subje	ct to certain e	exceptions	, and (2) no m	ore than	3 3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	iess taxable ii	ncome (les	s section 511	tax) fror	n busın	esses	
		acquire	d by the org	janization after June	30,1975 S	ee section	509(a)(2). (0	Complete P	art III)				
10		Anorga	anızatıon org	janized and operated	l exclusively	to test for	public safety	See secti	on 509(a)(4).				
11	Γ	_		janized and operated					•	•			
				y supported organizations the type of supp						ee secti	on 509(a)(3).	Check
		_	_	bestnetype or supp b Type II c			•	_	_ ~	on-funct	ionally	ıntear	ated
e	\vdash		• •	ox, I certify that the				·	• •		•	-	
_	•			on managers and oth									
			509(a)(2)										
f			-	received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III supp	porting	organı	zation,
g			this box	2006, has the organi	zation accer	nted any di	ft or contribut	ion from an	v of the				,
9			g persons?	.ooo, nas the organi	zation accep	occu any gr	ie or contribut		y or the				
		(i) A pe	erson who d	rectly or indirectly o	ontrols, eith	ner alone or	r together with	persons d	escribed in (ii) _		Yes	No
		and (III)) below, the	governing body of th	e supported	organizati	on?				11g(i)		
		(ii) A fa	amıly memb	er of a person descri	bed ın (ı) ab	ove?					11g(ii)		
		(iii) A 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)) above?				11g(iii)		
h		Provide	the followir	ng information about	the supporte	ed organıza	ation(s)						
			I	r									
•	i) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) Is		(,	-	nount of
	suppo rganiz			organization (described on	organızat col (i) lıs		the organ in col (i)		organizat col (i) org				etary port
٠	ı gamız	ation		lines 1- 9 above	your gove		suppo		in the U			sup	port
				or IRC section	docume	-							
				(see					1				
				instructions))	Yes	No	Yes	No	Yes	No			
Гotа	I												
									_				

Sch	edule A (Form 990 or 990-EZ) 2012						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	tion failed to c	qualify under
	Part III. If the organiza ection A. Public Support	uon rans to qu	ality under the	tests listed bei	ow, piease com	piete Part III.,)
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support		•	•	•		•
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar						
9	sources Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part IV) Total support (Add lines 7 through						
	10)		<u> </u>				
12	Gross receipts from related activities		•			12	
13	First five years. If the Form 990 is f this box and stop here	<u> </u>	<u> </u>		•	· · · · <u>· ·</u>	nization, check
	ection C. Computation of Pub Public support percentage for 2012			11 (5)		1	
14	-			11, column (I))		14	
15	Public support percentage for 2011				4.4 22	15	
16a	33 1/3% support test—2012. If the cand stop here. The organization qua				ine 14 is 33 1/3%	or more, check t	inis box
b	33 1/3% support test - 2011. If the	•			and line 15 is 33	1/3% or more, ch	
17-	box and stop here. The organization				12 16 16	s and line 1.4	►
1/a	10%-facts-and-circumstances test— is 10% or more, and if the organizat	_				,	n
	in Part IV how the organization mee						orted
L	organization 10%-facts-and-circumstances test-	.2011 Ifthe era	anization did not	chack a how on hi	no 13 162 166 a	or 17a and line	▶ □
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						
18	supported organization Private foundation. If the organizati	on did not check	cahoxonline 13	. 16a. 16h 17a	or 17h check this	hox and see	► □
	instructions	on ala not check	. a box on fine 15	, 100, 100, 170,	o. I/b, check this	. DON GING SEE	▶ ┌

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	548,630	512,250	462,133	2,209,689	1,038,	.874 4,771,576
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,946,567	2,026,919	2,215,131	2,331,529	2,552,	.650 11,072,796
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,495,197	2,539,169	2,677,264	4,541,218	3,591,	.524 15,844,372
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		512,250	450,103	2,197,069	114,	3,274,070
С	Add lines 7a and 7b		512,250	450,103	2,197,069	114,	.648 3,274,070
8	Public support (Subtract line 7c from line 6)						12,570,302
	ction B. Total Support						
Calc	in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	2,495,197	2,539,169	2,677,264	4,541,218	3,591,	524 15,844,372
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,696	7,895	110,128	241,872	286,	108 660,699
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,696	7,895	110,128	241,872	286,	108 660,699
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,	2,509,893	2,547,064	2,787,392	4,783,090	3,877,	632 16,505,071
14	11, and 12) First five years. If the Form 990 is for check this box and stop here	or the organization	on's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) o	rganization,
Se	ction C. Computation of Publ						
15	Public support percentage for 2012	(lıne 8, column (f	divided by line	13, column (f))		15	76 160 %
16	Public support percentage from 201	· · · · · · · · · · · · · · · · · · ·				16	75 250 %
	ction D. Computation of Inve						
17	Investment income percentage for 2				n (f))	17	4 000 %
18	Investment income percentage from					18	2 780 %
19a	33 1/3% support tests—2012. If the	organization did i	not check the box	on line 14, and l	ine 15 is more th	nan 33 1/3%,	and line 17 is not

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493346001213

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES INC 39-1039417 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 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 Was a correction made? 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). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 (e) A mount of political (b) Address (c) EIN (a) Name (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶ □	ıf the filing	organization belongs	to an a	ffiliated group	(and list in	Part IV	each affiliated	group member'	's name,	address,	EIN,
		expenses	and share of excess	lobbying	g expenditures	s)						

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar	•	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	179,921	
c	Total lobbying expenditures (add lines 1a and 18	o)	179,921	
d	Other exempt purpose expenditures		3,475,898	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	3,655,819	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	332,791	
	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		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	83,198	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	O reporting	□ Ves □ 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 267,462 325,615 349,422 332,791 Lobbying nontaxable amount 1,275,290 Lobbying ceiling amount 1,912,935 (150% of line 2a, column(e)) 29,811 179,921 Total lobbying expenditures 65,995 41,230 316,957 Grassroots nontaxable amount 66,866 81,404 87,356 83,198 318,824 Grassroots ceiling amount 478,236 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				<u> </u>
	1	(a	1)		(b)	
ror e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	,	A moun	t
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					
а	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?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c))(5), c	rs	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	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, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information Identifier Return Reference Explanation DLN: 93493346001213

OMB No 1545-0047

Open to Public Inspection

(Form 990)

SCHEDULE D

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization
WISCONSIN ASSOCIATION OF INDEPENDENT

Employer identification number

OLLEGES A	AND UNIVERSITIES INC		39-	1039417
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
	-	(a) Donor advised funds		(b) Funds and other accounts
Total	number at end of year			
Aggr	egate contributions to (during year)			
Aggr	egate grants from (during year)			
Aggr	egate value at end of year			
	the organization inform all donors and donor advisors are the organization's property, subject to the or		nor advi	rsed ⊤Yes ⊤No
used	the organization inform all grantees, donors, and do lonly for charitable purposes and not for the benef erring impermissible private benefit?			
rt II	Conservation Easements. Complete If	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
□ P □ P □ Com	ose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space plete lines 2a through 2d if the organization held a ement on the last day of the tax year	or education) Preservation of ar Preservation of a	certifie	d historic structure
ease	mient on the last day of the tax year			Held at the End of the Year
Tota	I number of conservation easements		2a	ried at the End of the Tear
	l acreage restricted by conservation easements		2b	
	ber of conservation easements on a certified histo	oric structure included in (a)	2c	
Num	ber of conservation easements included in (c) acc oric structure listed in the National Register	` '	2d	
Num	ber of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	ax year -			
N	h			
Does	ber of states where property subject to conservat s the organization have a written policy regarding t rcement of the conservation easements it holds?			fviolations, and
	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments d	,
	unt of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s during	g the year
	s each conservation easement reported on line 2(o	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı) Yes No
balar	art XIII, describe how the organization reports coince sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia	•	•
rt III	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide the following amounts relating to thes	ts held for public exhibition, education,		
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$
(ii) ∆	assets included in Form 990, Part X			► \$
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS			
	enues included in Form 990, Part VIII, line 1	· -		▶ \$
				· · ·

b Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	, His	tor	ical Tre	easu	res, or C	the	r Simila	r Asse	ts (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of th	e follo	wing that a	are a	sıgnıfıcan	t use of	ıts	
а	Public exhibition		d	Γ	Loan o	rexch	ange progi	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y further	the o	rganızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit o								nılar	_		_
Do.	assets to be sold to raise funds rather than t								'" t- F-		Yes	☐ No
Рa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a "Y	es" to Fo	rm 990	ν,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for	ontribut	ions o	rotherass	ets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	table		_		ı			
							-			A mou	ınt	
С.	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII											
Pa	art V Endowment Funds. Complete										\F	
1_	Paginning of year halance	(a)Current year 10,228,892	(E		r year 9,797,721		wo years ba	ck (c	I) Three years	s back (e	e)Four y	ears back
1a	Beginning of year balance	10,220,032			1,135,751		9,867,7	24				
Ь	Contributions Net investment earnings, gains, and losses				1,133,731		9,007,7	27				
С	Net investment earnings, gains, and losses	1,208,821			170,989		408,0	61				
d	Grants or scholarships						478,0	64				
е	Other expenditures for facilities and programs	579,724			875,569							
f	Administrative expenses											
g	End of year balance	10,857,989		1	0,228,892		9,797,7	21				
2	Provide the estimated percentage of the curr	rent year end baland	e (lır	ie 1g	, column	(a)) h	eld as					
а	Board designated or quasi-endowment ►	0 %										
b	Permanent endowment 🕨 93 630 %											
c	Temporarily restricted endowment • 6 3 The percentages in lines 2a, 2b, and 2c show	70 %										
3a	Are there endowment funds not in the posses		ation	+6~+	aro bald	and a	dministers	d for	the			
Ja	organization by	ssion of the organiza	a 11011	ınaı	are neiu	anu at	ammis tere	u 101	LITE		Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
Ь	· · · · · · · · · · · · · · · · · ·	-						•		3b		<u> </u>
4	Describe in Part XIII the intended uses of th											
Pa	rt VI Land, Buildings, and Equipme Description of property	ent. See Form 99	0, Pā	_	., line 19 a) Cost or		(b)Cost or	other	(c) Accum	nulated	(d) B	ook value
	Description of property				isis (invest		basis (oth		deprecia		(4)	JAN VUIUC
12	Land		_	+								
	Buildings		•	-								
	Leasehold improvements		•	\vdash			144	1,701		75,488		69,213
	Equipment			\vdash				2,194		66,839		25,355
	Other			\vdash				7,257		89,105		58,152
	al. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part)	K, colu	ımn i	B), line 1	0(c).)	l		<u> </u>	>		152,720
	,		,	- (,, ·	. /-/					Form 9	90) 2012

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other	+	
O their		
	+	
	+	
	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-	
Part VIII Investments—Program Related. Se	e Form 990 Part V line	13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	+	Cost of elid-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part >	K, line 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
SCHOLARSHIP OBLIGATION	200,403	
	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	200,403	
·		

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statements With Revenue p	Jei K	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,032,757
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	235,258
3	Subtract line 2e from line 1	3	4,797,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,710		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	43,710
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,841,209
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	4,153,165
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
		_	
b	Prior year adjustments		
b c			
_	Prior year adjustments		
с	Prior year adjustments	2e	o
c d	Prior year adjustments	2e 3	4,153,165
c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d		4,153,165
c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 2d	3	4,153,165
c d e 3	Prior year adjustments	3	4,153,165
c d e 3 4	Prior year adjustments	3	
c d e 3 4 a	Prior year adjustments	3	4,153,165 43,710 4,196,875

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	l '	THE ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS, INTERN STIPENDS, AND PROGRAM SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493346001213 OMB No 1545-0047

2012

Schedule I

(Form 990)

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

Department of the Treasury Internal Revenue Service	Complet		answered "Yes," to Forn Attach to Form 990	n 990, Part IV, line 21 or :	22.		oen to Public Inspection
Name of the organization	N O E INDEDENDENT					Employer identification	on number
WISCONSIN ASSOCIATIOI COLLEGES AND UNIVERSI						39-1039417	
Part I General Info	rmation on Grants and	Assistance				·	
	maintain records to substanti						✓ Yes
	sed to award the grants or ass organization's procedures fo						y res N
	Other Assistance to Gov				nolete if the organ	nization answered "Y	es" to
	t IV, line 21, for any recip						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
	I	1					
	ection 501(c)(3) and governr					-	
	ther organizations listed in th			Cat No 50055P		Schedu	le I (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	196	778,027			
(2) INTERN STIPENDS	38	40,200			
	1				

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 RECIPIENTS MUST MEET ELIGIBILITY REQUIREMENTS TO RECEIVE GRANTS ADMINISTERED BY WAICU WAICU REQUIRES THAT THE NECESSARY DOCUMENTATION BE SUBMITTED PRIOR TO ISSUING CHECKS THE DOCUMENTATION IS REVIEWED BY THE APPROPRIATE WAICU PERSONNEL AND APPROVED FOR DISBURSEMENT OF FUNDS

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493346001213

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization WISCONSIN ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES INC

Employer identification number 39-1039417 Part I Questions Regarding Compensation

					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to r directors, trustees, and the CEO/Executive Directo			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all th used by a related organization to establish compens	hat apply				
	✓ Compensation committee	\sqcap	Written employment contract			
	☐ Independent compensation consultant	৹	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	I incentive i reportable i		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990	
(1)ROLF WEGENKE PRESIDENT	(i) (ii)	302,931 0	0	0	15,298 0	28,891 0	347,120 0	0	
(2)RODNEY L OPSAL SR VP FOR COLLABORATIVE SERVICES	(i) (ii)	150,921 0	0	0	7,696 0	28,891 0	187,508	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493346001213

SCHEDULE 0

(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

2012

Open to Public

Inspection

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS MAILED TO THE EXECUTIVE COMMITTEE TWO WEEKS PRIOR TO ITS FALL MEETING AT THIS MEETING THE COMMITTEE DISCUSSES ANY SUGGESTED CHANGES THE COMMITTEE THEN VOTES ON WHETHER TO RECOMMEND THAT THE FULL BOARD OF DIRECTORS ACCEPT THE REVISED DRAFT OF THE RETURN THE FULL BOARD OF DIRECTORS VOTES AT ITS FALL MEETING TO ACCEPT THE PREPARED FORM 990 FOR FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES COMPLETE A FORM TO DISCLOSE ALL CONFLICTS OF INTEREST THE COMPLETED AND SIGNED FORMS ARE REVIEWED AND KEPT AT WAICU'S OFFICE
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT THE COMMITTEE REVIEWS A STUDY PREPARED BY THE CALIFORNIA PRIVATE COLLEGE ASSOCIATION ON BEHALF OF THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES STATE EXECUTIVES (NAICUSE) AND ANOTHER STUDY PREPARED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) WHEN CONSIDERING COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
	FORM 990, PART XII, LINE 2 C	NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493346001213

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization
WISCONSIN ASSOCIATION OF INDEPENDENT
COLLEGES AND UNIVERSITIES INC
39

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

Employer identification number
39-1039417

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income End-o	f-year assets	pirect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	the tax year.)					had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	e Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (b) (contri	(13)
						Yes	No
(1) WAICU EDUCATIONAL TECHNOLOGY CONSORTIUM INC 122 W WASHINGTON AVENUE SUITE 700 MADISON, WI 53703 20-3202578	PURCHASE/IMPLEMENT IT FOR MEMBERS	WI	501(C)(3)	LINE 11A, I	WAICU	Yes	

(α)		(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j	i) l	(k)
(a) Name, address, and EIN of related organization		Primary activit	y Legal domicile (state or foreign country)	Direct controlling entity	Predominant	Share of total income	Share of	Disprop allocat	ortionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	Percentage ownership
								Yes	No		Yes	No	
IV Identification of Related On line 34 because it had one or i	nore related organi							iswere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	rg (e) Type of entit (C corp, S corp, or trust)	(f) Share of t income	otal Share e of	(g) e of end- -year ssets		(h) ercentage wnership	Sectio (b)(contr ent	(13) rolled aty?	
									-	ļ	Yes		No
									1				1 1

Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule								
1 During	the tax year, did the organization engage in any of the following transactions with one or more	related organization	is listed in Parts II-IV	?					
a Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b Gift	, grant, or capital contribution to related organization(s)				1b		No		
c Gift,	grant, or capital contribution from related organization(s)				1c		No		
d Loa	ns or loan guarantees to or for related organization(s)				1d		No		
e Loa	ns or loan guarantees by related organization(s)				1e		No		
f Divi	dends from related organization(s)				1 f		No		
g Sale	e of assets to related organization(s)				1 g		No		
h Pur	chase of assets from related organization(s)				1h		No		
i Exch	nange of assets with related organization(s)				1i		No		
j Leas	se of facilities, equipment, or other assets to related organization(s)				1j		No		
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No		
I Perf	l Performance of services or membership or fundraising solicitations for related organization(s)								
m Perfo	ormance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
o Sha	ring of paid employees with related organization(s)				10		No		
					1		No		
•	mbursement paid to related organization(s) for expenses				1p	Yes	МО		
q Reir	mbursement paid by related organization(s) for expenses				1q	res			
r Oth	er transfer of cash or property to related organization(s)				1r		No		
s Oth	er transfer of cash or property from related organization(s)				1s		No		
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including	g covered relationships	and transaction thres	holds				
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	Method of determin	(d) ning amount	ınvolved			
L) WAICU I	EDUCATIONAL TECHNOLOGY CONSORTIUM INC	Q	258,072	2 FMV					
				•					

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
						1						1	
						<u> </u>							
						1							

Additional Data Return to Form

Software ID:

Software Version:

EIN: 39-1039417

Name: WISCONSIN ASSOCIATION OF INDEPENDENT

COLLEGES AND UNIVERSITIES INC

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
Ident if ier	Return Reference	Explanation						