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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-31-2013

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

C Name of organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Doing Business As

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

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

D Employer identification number
39-1169160

E Telephone number
(608) 276-7711

G Gross receipts $ 20,629,752

F Name and address of principal officer
BETSY KIPPERS
33 NOB HILL RD
MADISON, WI 537132195

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WEAC ORG

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

L Year of formation 1972

M State of legal domicile WI

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	63
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	60
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	186
6	Total number of volunteers (estimate if necessary)	**6**	57
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	569,118	1,000
9	Program service revenue (Part VIII, line 2g)	20,754,015	18,359,412
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,315	147,131
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,461	299,409
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,563,909	18,806,952
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,359,917	1,037,698
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,996,105	10,395,924
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,569,866	4,832,391
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,925,888	16,266,013
19	Revenue less expenses Subtract line 18 from line 12	-4,361,979	2,540,939

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	19,803,645	21,385,921
21	Total liabilities (Part X, line 26)	10,743,488	9,836,660
22	Net assets or fund balances Subtract line 21 from line 20	9,060,157	11,549,261

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-06-11
Signature of officer | Date

BETSY KIPPERS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GLENN MILLER CPA				P00086726

Firm's name ▶ WEGNER CPAS LLP | Firm's EIN ▶ 39-0974031

Firm's address ▶ 2110 LUANN LN
MADISON, WI 537133074 | Phone no (608) 274-4020

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO BUILD POWER TO PROMOTE QUALITY PUBLIC EDUCATION FOR ALL

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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

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

WEAC'S BOARD OF DIRECTORS MET EIGHT TIMES AND A REPRESENTATIVE ASSEMBLY OF ELECTED DELEGATES MET TWICE DURING THE FISCAL YEAR

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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		

Part 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**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		
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 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	55		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	186		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
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.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	63		
	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**	60		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PATRICIA LOGAN 33 NOB HILL RD MADISON, WI (608) 298-2395

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,395,216	0	762,050

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
GODFREY & KAHN SC 1 E MAIN ST STE 500 MADISON WI 537033300	LEGAL SERVICES	189,625
METRO INDUSTRIAL AREAS FOUNDATION 8518 61ST RD REGO PARK NY 113742734	CONSULTING SERVICES	175,377

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,000				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	1,000			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	16,987,861	16,987,861		
	b	NEA REVENUE	900099	981,058	981,058		
	c	LEGAL FEES/SETTLEMENTS	541100	357,555	357,555		
	d	INTEREST ON NOTES RECEIVABLE	900099	20,363	20,363		
	e	OTHER PROGRAM SERVICES	900099	12,575	12,575		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	18,359,412			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	147,131			147,131
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,822,800				
	b	Less cost or other basis and sales expenses	1,822,800				
	c	Gain or (loss)	0				
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	299,409			299,409
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	299,409			
	12	**Total revenue.** See Instructions	▶	18,806,952	18,359,412	0	446,540

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,010,898			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	26,800			
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	1,099,548			
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	5,808,047			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,387,366			
9	Other employee benefits	1,595,916			
10	Payroll taxes	505,047			
11	Fees for services (non-employees)				
a	Management				
b	Legal	881,482			
c	Accounting	77,843			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	647,054			
12	Advertising and promotion				
13	Office expenses	787,322			
14	Information technology	81,546			
15	Royalties . .				
16	Occupancy	761,030			
17	Travel	1,152,861			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,866			
20	Interest	2,101			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,187			
23	Insurance	68,955			
24	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)				
a	SUBSIDIES	118,082			
b					
c					
d					
e	All other expenses	114,062			
25	**Total functional expenses.** Add lines 1 through 24e	16,266,013			
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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,548,192	1	1,844,730
	2	Savings and temporary cash investments		12,663,559	2	14,766,130
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,909,872	4	884,429
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		132,276	9	126,553
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,701,078			
	b	Less accumulated depreciation	10b 1,416,355	194,166	10c	284,723
	11	Investments—publicly traded securities		312,838	11	111,378
	12	Investments—other securities See Part IV, line 11		1,463,692	12	1,463,692
	13	Investments—program-related See Part IV, line 11		1,579,049	13	1,904,285
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1	15	1
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,803,645	16	21,385,921
Liabilities	17	Accounts payable and accrued expenses		3,322,665	17	2,391,335
	18	Grants payable			18	
	19	Deferred revenue		512,041	19	718,843
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		25,405	23	16,848
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,883,377	25	6,709,634
	26	**Total liabilities.** Add lines 17 through 25		10,743,488	26	9,836,660
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,060,157	27	11,549,261
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,060,157	33	11,549,261
	34	Total liabilities and net assets/fund balances		19,803,645	34	21,385,921

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,806,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,266,013
3	Revenue less expenses Subtract line 2 from line 1	3	2,540,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,060,157
5	Net unrealized gains (losses) on investments	5	-51,835
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)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,549,261

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY BELL PRESIDENT	38 00 2 00	X		X				132,347	0	47,307
BETSY KIPPERS VICE PRESIDENT	38 00 2 00	X		X				95,041	0	38,401
RONALD MARTIN SECRETARY/TREASURER	37 00 3 00	X		X				27,389	0	11,811
JEFFERY JOHNSON DIRECTOR	1 00 1 00	X						0	0	0
SCOTT ELLINGSON DIRECTOR	1 00 1 00	X						0	0	0
BRITT HALL DIRECTOR	1 00 1 00	X						0	0	0
LYNN MARIE GOSS DIRECTOR	1 00 2 00	X						0	0	0
MARIE KNUTSON DIRECTOR	1 00 1 00	X						0	0	0
MARK RESCH ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
ARLENE BRADEN ESP AT-LARGE	1 00 1 00	X						0	0	0
DEAN DEBROUX DIRECTOR	1 00 1 00	X						0	0	0
CONNIE MARTIN ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KIM PALLIN DIRECTOR	1 00 1 00	X						0	0	0
PEGGY JOHNSON ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
GRACE KASPER DIRECTOR	1 00 1 00	X						0	0	0
SARAH SCOTT ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
BRAD KLOTZ DIRECTOR	1 00 1 00	X						0	0	0
BRAD LUTES ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SARAH SCHNUELLE DIRECTOR	1 00 2 00	X						0	0	0
WARREN BROWN ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SUE TINKER DIRECTOR	1 00 1 00	X						0	0	0
JULIE CREEK-HESSLER DIRECTOR	1 00 1 00	X						0	0	0
CAREYANN KUTZ VOGT DIRECTOR	1 00 1 00	X						0	0	0
JANE WEIDNER ALTERNATE DIRECTOR	1 00 2 00	X						0	0	0
PAT SCHMIDT DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAY HEITING ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
DAN LESNIAK DIRECTOR	1 00 1 00	X						0	0	0
CRYSTAL ZASTROW ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
TESS KAISER DIRECTOR	1 00 1 00	X						0	0	0
MARGARET GETZIN ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KARLA SCHOOFS DIRECTOR	1 00 1 00	X						0	0	0
CRYSTAL LUTZ ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SANDRA HANSEN DIRECTOR	1 00 1 00	X						0	0	0
KARLENE ENGLERTH ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
LINDA HEAD DIRECTOR	1 00 1 00	X						0	0	0
KRAIG BROWNELL ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
ALLI PRATT DIRECTOR	1 00 1 00	X						0	0	0
LORI CHERF ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
CRYSTAL SILKWOOD DIRECTOR	1 00 1 00	X						0	0	0
RACHEL SWICK ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
NICK SIREK DIRECTOR	1 00 1 00	X						0	0	0
PAMELA LARSON ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SUSAN SMITS DIRECTOR	1 00 1 00	X						0	0	0
JOHN LINNEMAN ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
DEBBIE MARTIN DIRECTOR	1 00 1 00	X						0	0	0
BRYAN MILZ DIRECTOR	1 00 1 00	X						0	0	0
LORI CATHEY ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KIRA FETISSOFF DIRECTOR	1 00 1 00	X						0	0	0
MELINDA DUFORD ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
STACY GLOEDE DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL KNIER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
CINNAMON THEDER DIRECTOR	1 00 1 00	X						0	0	0
PEGGY COYNE DIRECTOR	1 00 1 00	X						0	0	0
KERRY MOTOVILOFF DIRECTOR	1 00 1 00	X						0	0	0
ART CAMOSY ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
BOB PETERSON DIRECTOR	1 00 1 00	X						0	0	0
MICHELLE WRIGHT ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KIM SCHROEDER DIRECTOR	1 00 1 00	X						0	0	0
LARRY WOODS ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
AMY JOHNSON DIRECTOR	1 00 1 00	X						0	0	0
BRAMOUSE MUHAMMAD ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
DEBBIE KAROW DIRECTOR	1 00 1 00	X						0	0	0
RAY KLAMMER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
MILLICENT SMITH DIRECTOR	1 00 1 00	X						0	0	0
TJUNA EGGSON ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SHERITA BRAZIL KOSTUCK DIRECTOR	1 00 1 00	X						0	0	0
MIKE HALLORAN DIRECTOR	1 00 1 00	X						0	0	0
SCOTT FRANZMEIER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
JACK IVERSON DIRECTOR	1 00 1 00	X						0	0	0
SUE SCHEMBERGER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
DANIEL TRIPP DIRECTOR	1 00 1 00	X						0	0	0
JANET HUENINK ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
JENNIFER LEVIE DIRECTOR	1 00 1 00	X						0	0	0
AARON EICK ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KIRAH ZEILINGER DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEN ZIEGLER DIRECTOR	1 00 1 00	X						0	0	0
JAMES BEAVER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
RON BRANDT DIRECTOR	1 00 1 00	X						0	0	0
KRISTEN KOVALASKE ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
HEATHER MIELKE DIRECTOR	1 00 1 00	X						0	0	0
MARY ANDERSON ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
SUZANNE KAHL DIRECTOR	1 00 1 00	X						0	0	0
LYNETTE STANSFIELD ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
CHRISTY ANDERSON DIRECTOR	1 00 2 00	X						0	0	0
MARIE WALDSMITH ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
ALEXANDRA AGAR DIRECTOR	1 00 1 00	X						0	0	0
MOLLY WALSH ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
JENNIFER GIEDD DIRECTOR	1 00 1 00	X						0	0	0
ANTHONETTE MILLER ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
CATHY ATKINSON DIRECTOR	1 00 1 00	X						0	0	0
JESSICA OSWALD DIRECTOR	1 00 1 00	X						0	0	0
DIANNE LANG DIRECTOR	1 00 1 00	X						0	0	0
CAROL KROGMANN ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
RANDY GOSS DIRECTOR	1 00 1 00	X						0	0	0
JILL KIVI ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
KRISTEN HENNINGFELD DIRECTOR	1 00 1 00	X						0	0	0
DEBRA BELL ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
JILL MILLER DIRECTOR	1 00 1 00	X						0	0	0
KATHY CEEL ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
PATRICIA BARRETTE DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNETTE SCHWALENBERG ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
GLEN PERRY DIRECTOR	1 00 1 00	X						0	0	0
LONI WENDT DIRECTOR	1 00 1 00	X						0	0	0
PAMELA GEORGESON ALTERNATE DIRECTOR	1 00 1 00	X						0	0	0
CORY WANEK DIRECTOR	1 00 1 00	X						0	0	0
DAN BURKHALTER EXECUTIVE DIRECTOR	38 00 2 00			X				179,249	0	72,279
JANE OBERDORF DIRECTOR OF FINANCE	39 00 1 00			X				141,754	0	63,424
KIMBERLY HAAS PUBLIC RELATIONS DIRECTOR	40 00				X			154,383	0	51,241
PRISCILLA MACDOUGALL LEGAL COUNSEL	40 00					X		115,304	0	205,139
WILLIAM HURLEY EDITOR	40 00					X		137,139	0	83,643
ROBERT BAXTER BARGAINING AND ORGANIZING DIRECTOR	40 00					X		137,013	0	63,355
DANIEL HOLUB QUALITY EDUCATION ADVOCACY DIRECTOR	40 00					X		136,370	0	63,346
KURT KOBELT GENERAL COUNSEL	40 00					X		139,227	0	62,104

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV		
2	Political expenditures	▶ $	788
3	Volunteer hours		178

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ $	788
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ $	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ $	788
4	Did the filing organization file **Form 1120-POL** for this year?		☑ Yes ☐ No

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ASSOCIATION'S POLITICAL ACTIVITIES FOCUSED ON CONTACTING INDIVIDUALS THROUGH PHONE BANKING TO EDUCATE AND MOBILIZE STATE RESIDENTS ON IMPORTANT EDUCATIONAL ISSUES AND ELECTIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		239,923	81,232	158,691
d Equipment		1,448,169	1,322,137	126,032
e Other		12,986	12,986	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				284,723

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,463,692	C
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,463,692	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) NOTES RECEIVABLE	1,904,285	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	1,904,285	

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
POSTRETIREMENT HEALTH CARE OBLIGATION	6,709,634
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,709,634

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 ☐

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 25

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	28	26,800			

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

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

Additional Data Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR WISCONSIN'S FUTURE INC 325 W SILVER SPRING DR GLENDALE,WI 532175000	39-1805801	501(C)(3)	6,000				GENERAL SUPPORT
COULEE REGION UNITED EDUCATORS2020 CAROLINE ST LA CROSSE,WI 546031386	39-1170009	501(C)(5)	26,300				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENOSHA EDUCATION ASSOCIATION5610 55TH ST KENOSHA,WI 531442206	39-1089325	501(C)(5)	13,904				OPERATING ASSISTANCE
MILWAUKEE TEACHERS EDUCATION ASSOCIATION5130 W VLIET ST MILWAUKEE,WI 532082624	39-0478280	501(C)(6)	45,245				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAY LAKES UNITED EDUCATORS1136 N MILITARY AVE GREEN BAY,WI 543034414	39-1207982	501(C)(5)	40,114				OPERATING ASSISTANCE
CAPITAL AREA UNISERV NORTH4800 IVYWOOD TRL MCFARLAND,WI 535589433	39-1182330	501(C)(5)	19,062				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPITAL AREA UNISERV SOUTH4800 IVYWOOD TRL MCFARLAND, WI 535589433	39-1211213	501(C)(5)	13,887				OPERATING ASSISTANCE
CEDAR LAKE UNITED EDUCATORS411 N RIVER RD WEST BEND, WI 530902600	39-1197435	501(C)(5)	18,433				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL #1013805 W BURLEIGH RD BROOKFIELD, WI 530053058	39-1202395	501(C)(5)	13,154				OPERATING ASSISTANCE
EAU CLAIRE ASSOCIATION OF EDUCATORS2004 HIGHLAND AVE STE L EAU CLAIRE, WI 547014389	39-1490803	501(C)(5)	10,714				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREEN BAY EDUCATION ASSOCIATION2256 MAIN ST GREEN BAY,WI 543115330	39-1182321	501(C)(5)	11,846				OPERATING ASSISTANCE
KETTLE MORAINE UNISERV COUNCILN7778 RANGELINE RD SHEBOYGAN,WI 530835283	39-1188646	501(C)(5)	17,535				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKEWOOD UNISERV COUNCIL13805 W BURLEIGH RD BROOKFIELD, WI 530053058	39-1175604	501(C)(5)	16,724				OPERATING ASSISTANCE
MADISON TEACHERS INC 821 WILLIAMSON ST MADISON, WI 537033547	39-6060613	501(C)(6)	21,961				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH SHORE UNITED EDUCATORS13805 W BURLEIGH RD BROOKFIELD, WI 530053058	39-1206918	501(C)(5)	9,168				OPERATING ASSISTANCE
NORTHERN TIER UNISERV 1901 W RIVER ST RHINELANDER, WI 545012457	39-1230694	501(C)(5)	377,265				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST UNITED EDUCATORS16 W JOHN ST RICE LAKE,WI 548682903	39-1168745	501(C)(5)	55,180				OPERATING ASSISTANCE
RACINE EDUCATION ASSOCIATION1201 WEST BLVD RACINE,WI 534053021	39-0813424	501(C)(5)	13,057				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCK VALLEY EDUCATION PROFESSIONALS1215 SUFFOLK DR JANESVILLE, WI 535461606	39-1175651	501(C)(5)	14,079				OPERATING ASSISTANCE
SOUTH CENTRAL EDUCATION ASSOCIATION135 3RD AVE BARABOO, WI 539132421	39-1956866	501(C)(5)	8,173				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRIWAUK UNISERV COUNCIL13805 W BURLEIGH RD BROOKFIELD, WI 530053058	39-1172779	501(C)(5)	12,797				OPERATING ASSISTANCE
UNITED TECHNICAL COLLEGE COUNCIL520 HARTWIG BLVD STE A JOHNSON CREEK, WI 530389419	39-2026886	501(C)(5)	177,616				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST CENTRAL EDUCATION ASSOCIATION105 21ST ST N MENOMONIE, WI 547512225	39-1179506	501(C)(5)	18,615				OPERATING ASSISTANCE
WEST SUBURBAN COUNCIL 13805 W BURLEIGH RD BROOKFIELD, WI 530053058	39-1210368	501(C)(5)	9,484				OPERATING ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISCONSIN EDUCATION ASSOCIATION COUNCIL-FOX VALLEY921 W ASSOCIATION DR APPLETON,WI 549147250	39-1198893	501(C)(5)	18,089				OPERATING ASSISTANCE
WINNEBAGOLAND UNISERV 325 TROWBRIDGE DR FOND DU LAC,WI 549379180	39-1199892	501(C)(5)	22,496				OPERATING ASSISTANCE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARY BELL PRESIDENT	(i) (ii)	132,347 0	0 0	0 0	24,614 0	22,693 0	179,654 0	0 0
(2)DAN BURKHALTER EXECUTIVE DIRECTOR	(i) (ii)	179,249 0	0 0	0 0	33,870 0	38,409 0	251,528 0	0 0
(3)JANE OBERDORF DIRECTOR OF FINANCE	(i) (ii)	141,754 0	0 0	0 0	26,020 0	37,404 0	205,178 0	0 0
(4)KIMBERLY HAAS PUBLIC RELATIONS DIRECTOR	(i) (ii)	154,383 0	0 0	0 0	26,020 0	25,221 0	205,624 0	0 0
(5)PRISCILLA MACDOUGALL LEGAL COUNSEL	(i) (ii)	115,304 0	0 0	0 0	185,262 0	19,877 0	320,443 0	0 0
(6)WILLIAM HURLEY EDITOR	(i) (ii)	137,139 0	0 0	0 0	59,360 0	24,283 0	220,782 0	0 0
(7)ROBERT BAXTER BARGAINING AND ORGANIZING DIRECTOR	(i) (ii)	137,013 0	0 0	0 0	26,020 0	37,335 0	200,368 0	0 0
(8)DANIEL HOLUB QUALITY EDUCATION ADVOCACY DIRECTOR	(i) (ii)	136,370 0	0 0	0 0	26,020 0	37,326 0	199,716 0	0 0
(9)KURT KOBELT GENERAL COUNSEL	(i) (ii)	139,227 0	0 0	0 0	25,520 0	36,584 0	201,331 0	0 0

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
	PART I, LINE 1A	THE PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER, AND EXECUTIVE DIRECTOR MAY BE REIMBURSED UP TO $1,500 PER FISCAL YEAR FOR COMPANION/SPOUSAL BUSINESS TRAVEL EXPENSES MARY BELL RECEIVED $1,500 FOR COMPANION TRAVEL ALSO, IF RELOCATION IS NECESSARY, THE ASSOCIATION WILL PAY UP TO 20% OF THE PRESIDENT'S SALARY, PLUS ALL UTILITIES, TO A RENTAL AGENCY FOR HOUSING IN THE MADISON AREA SIMILARLY, IF A RELEASED OFFICER (VICE PRESIDENT AND SECRETARY/TREASURER) CHOOSES TEMPORARY RESIDENCE, THE ASSOCIATION WILL PAY UP TO 25% OF A RELEASED OFFICER'S SALARY TO SECURE SUCH A RESIDENCE RONALD MARTIN RECEIVED HOUSING ALLOWANCE OF $13,118 FOR APARTMENT RENT AT THE LANDMARK AT HATCHERY HILL
	PART I, LINE 4A	JANE OBERDORF RECEIVED A SEVERANCE PAYMENT OF $31,181, KIMBERLY HAAS RECEIVED A SEVERANCE PAYMENT OF $17,644, DANIEL HOLUB RECEIVED A SEVERANCE PAYMENT OF $13,901, AND KURT KOBELT RECEIVED A SEVERANCE PAYMENT OF $11,565

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARY BELL	(I)	132,347	0	0	24,614	22,693	179,654	0
	(II)	0	0	0	0	0	0	0
DAN BURKHALTER	(I)	179,249	0	0	33,870	38,409	251,528	0
	(II)	0	0	0	0	0	0	0
JANE OBERDORF	(I)	141,754	0	0	26,020	37,404	205,178	0
	(II)	0	0	0	0	0	0	0
KIMBERLY HAAS	(I)	154,383	0	0	26,020	25,221	205,624	0
	(II)	0	0	0	0	0	0	0
PRISCILLA MACDOUGALL	(I)	115,304	0	0	185,262	19,877	320,443	0
	(II)	0	0	0	0	0	0	0
WILLIAM HURLEY	(I)	137,139	0	0	59,360	24,283	220,782	0
	(II)	0	0	0	0	0	0	0
ROBERT BAXTER	(I)	137,013	0	0	26,020	37,335	200,368	0
	(II)	0	0	0	0	0	0	0
DANIEL HOLUB	(I)	136,370	0	0	26,020	37,326	199,716	0
	(II)	0	0	0	0	0	0	0
KURT KOBELT	(I)	139,227	0	0	25,520	36,584	201,331	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

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

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

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	OFFICER AND KEY EMPLOYEE SALARY LEVELS WERE FROZEN FROM 2011-2012 TO 2012-2013 USUALLY, AN EXECUTIVE DIRECTOR EVALUATION COMMITTEE MAKES COMPENSATION RECOMMENDATIONS TO THE DIRECTORS FOR APPROVAL THE COMMITTEE REVIEWS COMPENSATION DATA FROM OTHER STATE EDUCATION ASSOCIATIONS FOR COMPARABLE POSITIONS THE SALARY OF THE PRESIDENT IS DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR TEACHERS IN WISCONSIN THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 2 5 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND THEN APPROVED BY THE GOVERNING BODY THE SALARIES OF THE VICE PRESIDENT AND SECRETARY/TREASURER ARE DETERMINED BY REVIEWING THE PRIOR YEAR'S AVERAGE SALARY FOR WISCONSIN TEACHERS THE SALARY IS THEN DETERMINED TO BE NO LESS THAN 1 6 TIMES THE AVERAGE, ROUNDED TO THE NEAREST $100, AND APPROVED BY THE GOVERNING BODY

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WISCONSIN EDUCATION ASSOCIATION COUNCIL

Employer identification number
39-1169160

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) WISCONSIN EDUCATION ASSOCIATION INC 33 NOB HILL RD MADISON, WI 537132195 39-0712860	HOLD TITLE TO PROPERTY	WI	501(C)(2)		WISCONSIN EDUCATION ASSOCIATION COUNCIL	Yes	
(2) WISCONSIN EDUCATION ASSOCIATION COUNCIL POLITICAL ACTION COMMITTEE 33 NOB HILL RD MADISON, WI 537132195 39-1688550	POLITICAL ACTIVITIES AND ADVOCACY	WI	527		WISCONSIN EDUCATION ASSOCIATION COUNCIL	Yes	
(3) WISCONSIN EDUCATION ASSOCIATION PROFESSIONAL DEVELOPMENT ACADEMY INC 33 NOB HILL RD MADISON, WI 537132195 39-1828141	TRAINING AND PROFESSIONAL DEVELOPMENT	WI	501(C)(3)	LINE 9	WISCONSIN EDUCATION ASSOCIATION INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WISCONSIN EDUCATION ASSOCIATION INC	K	526,600	FACE AMOUNT
(2) WISCONSIN EDUCATION ASSOCIATION INC	A	16,700	FACE AMOUNT

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

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

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

Additional Data Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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