EXTENDED TO FEBRUARY 15, 2017

990

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Inter	nal Rev	venue Service	▶ Information about Form 990 and its instructions is at ₩	rww.lrs.	gov/form990.	Inspection			
A	or t	ne 2015 cale	endar year, or tax year beginning $$ JUL $1,$ 2015 $$ and endin	ng Jl	JN 30, 2016	· · · · · · · · · · · · · · · · · · ·			
В	Check i applica	FR.	e of organization IENDS OF WISCONSIN PUBLIC TELEVISION,		D Employer identif	ication number			
닏	char Nam	ige LING			00.5	2200160			
Ļ	char	ige Doing	g business as			300462			
_	retur Fina	n ∣ Num	ber and street (or P.O. box if mail is not delivered to street address) Room/		E Telephone numbe				
L_	retur term	iő.	L UNIVERSITY AVE 1070			262-5260			
_	ated	City	or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	9,352,840.			
늗	retur ∏Appl	וגאנו ו	DISON, WI 53706 e and address of principal officer: ERIC GREILING		H(a) Is this a group r				
	tion pend	Ing SAMI	H(b) Are all subordinates i	S? Yes X No					
			s: X 501(c)(3)	527	· · · · · · · · · · · · · · · · · · ·	list. (see instructions)			
			V.WPT.ORG : X Corporation Trust Association Other ▶		H(c) Group exemption				
$\overline{}$	orm c		<u> </u>	, Year or	tormation; 1303	A State of legal domicile; WI			
F-6	1	Summa	ry cribe the organization's mission or most significant activities: TO SUPPO	παn	EDIICATIONA	T. CIII.TIIDAT.			
စ္ပ	1	Briefly desc	OMMUNITY BROADCASTING SERVICES OF WISCO	ONTET	N DUBLIC T	FI.FUTGION			
Activities & Governance	٦		box I if the organization discontinued its operations or disposed of						
Ver	3				l I	16			
ဌ	4		voting members of the governing body (Part VI, line 1a)			16			
oğ v	5		er of individuals employed in calendar year 2015 (Part V, line 2a)			5			
iţie	6		er of volunteers (estimate if necessary)			1736			
₹	_		ted business revenue from Part VIII, column (C), line 12			0.			
Ă			ed business taxable income from Form 990-T, line 34			0.			
	— <u>~</u>	, ioc amoiac	So Maniero (Marie Monte Control of Filling O. F	<u> </u>	Prior Year	Current Year			
Revenue	8	Contributio	ns and grants (Part VIII, line 1h)		7,315,459.	7,969,059.			
	9		rvice revenue (Part VIII, line 2g)		0.	0.			
ě	10	-	income (Part VIII, column (A), lines 3, 4, and 7d)		179,431.	175,953.			
ά	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		461,414.	423,357.			
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,956,304.	8,568,369.			
	13		similar amounts paid (Part IX, column (A), lines 1-3)		4,601,678.	4,737,776.			
	14		id to or for members (Part IX, column (A), line 4)		0.	0.			
Ş	15		ner compensation, employee benefits (Part IX, column (A), lines 5-10)		115,362.	80,063.			
Expenses	16a				0. 681,				
ĝ.	b	Total fundra	If fundraising fees (Part IX, column (A), line 11e) 2,876,221.	12.40	ina in naisemente i famat e maianistrais propagio				
ш			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,349,443.	2,242,561.			
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,066,483.	7,742,006.			
	19	Revenue les	ss expenses. Subtract line 18 from line 12		889,821.	826,363.			
t Assets or nd Balances					ning of Current Year	End of Year			
aal	20	Total assets	(Part X, line 16)		6,841,990.	7,680,821.			
	21		es (Part X, line 26)		1,227,169.	1,325,172.			
킾			or fund balances. Subtract line 21 from line 20	<u> </u>	5,614,821.	6,355,649.			
	rt II		re Block						
			y, I declare that I have examined this return, including accompanying schedules and sta			knowledge and belief, it is			
true,	corre	ct, and comple	te Declaration of preparer (other than officer) is based on all information of which prep	parer ha	1 .				
		Signat	ure of officer		Date	2,2017			
Sign		_	· · · · · · · · · · · · · · · · · · ·		Date	•			
Here	Here ERIC GREILING, EXECUTIVE DIRECTOR Type or print name and title								
I ATIL									
ריים			reparer's name Preparer's signature T. ANDER GON COA TIMBERT V. ANDER GON		V., V.,				
Paid Bran				COT	/19/17 if self-employed				
Prep		Firm's name			Firm's EIN ▶	41-0746749			
Use Only Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562 Phone no. (608) 662-8600									
	a	L	MIDDLETON, WI 53562			11 1			
way	the li	no aiscuss t	his return with the preparer shown above? (see instructions)			. LX Yes L No			

For	m 990 (2015) INC. 23-730	0462	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO SUPPORT EDUCATIONAL, CULTURAL AND COMMUNITY BROADCASTING SE	RVICE	s
	OF WISCONSIN PUBLIC TELEVISION. INCLUDES BUT NOT LIMITED TO TH		
	FOLLOWING PURPOSES: 1. TO SUPPORT THE EDUCATIONAL, CULTURAL AN		
	COMMUNITY BROADCASTING SERVICES OF WISCONSIN PUBLIC TELEVISION		
	· · · · · · · · · · · · · · · · · · ·	<u>, Λ</u>	
2	Did the organization undertake any significant program services during the year which were not listed on		[37]
	the prior Form 990 or 990-EZ?	∟ Yes	X 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	X 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 e		
	revenue, if any, for each program service reported.		
4-	4 742 00E 4 707 77C		١
4a	(Code:) (Expenses \$ 4,743,825 · including grants of \$ 4,737,776 ·) (Revenue \$ SUPPORT OF EDUCATIONAL, CULTURAL AND COMMUNITY BROADCASTING SE	DVITOR	S OF
			<u> </u>
	WISCONSIN PUBLIC TELEVISION. PRODUCTION AND PRINTING OF WISCON	2TM	
	PUBLIC TELEVISION PROGRAM GUIDES.		
			
			
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,743,825.		
		Form 99	0 (2015)

INC.

	Teta Officeriate of frequired confedence			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	X	
	If "Yes," complete Schedule A	1	<u>^</u>	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	 	 ^
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		х
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		х
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	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		Х
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	Х	
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		7 77 77	1.11
•••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
٥	Part VI	11a	Х	
h	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			~~
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ļ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
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	17	Х	
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	х	
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	Х	
			000	

Form 990 (2015)

INC. Part IV | Checklist of Required Schedules (continued) 23-7300462

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 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 X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

23-7300462

Page 5

Form 990 (2015) INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance INC.

Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable a 3.3 Enter the number of Forms W2G included in line 1s. Enter 0- if not applicable b Enter the number of Forms W2G included in line 1s. Enter 0- if not applicable c Did the organization comply with backup withholding rules for expotable payments to vandors and reportable gaming (gambling) within withings to prize within with member of employees reported on Form W3. Transmittal of Wage and Tax Statements. Tele of the the celendary year entirely with or within the very acrovered by this return 1		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W2G included in line 1a. Enter 0-lif not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 26 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleet of the calendary ever ending with or within the year covered by this return 17 Electropy of the calendary over ending with or within the year covered by this return 18 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 28 If the organization have unrelated business gross income of \$1,000 or more during the year? 39 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 A Tay time during the calendar year, did the organization have an interest in, or a signature or other surhority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 32 A Tay time during the calendar year, did the organization have an interest in, or a signature or other surhority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 33 A Tay the country of the security of the properties account, or other financial accounts (FDAR). 34 A Tay time during the calendar year, did the organization have an interest in, or a signature or other surhority over, a financial accounts (FDAR). 35 Was the organization approach to a party to a prohibited tax sheller transaction at any time during the tax year? 36 Description for the security of the organization for form 888677. 37 A X Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solication and the organization and party as a contributions of approach and party to a prohibited t				***************************************		Yes	No				
Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pizze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lided for the calendar year anding with or within the year covered by this required federal employment tax returns? 5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 8 If the versal required to the see see see see see see see see see s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33	3						
Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pizze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lided for the calendar year anding with or within the year covered by this required federal employment tax returns? 5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 8 If the versal required to the see see see see see see see see see s	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(Ī						
Gambling) winnings to prize winners? 2 Friet rithe number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flood for the calendar year ending with or within the year covered by this return 3 It least one is reported on line 2a, did the organization title all required federal employment tax returns? 3 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did 1 M Y-Yes, 1 life of 1 or mis 900-71 for this year? If 1 M/2, 1 file is 31,000 or more during the year? 4 Did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a mancial account; or other financial account; or	С		eportable	gaming	1						
2a Enter the number of employees reported on Form W3, Tansemittal of Wage and Tax Statements, fled for the celendary year ending with or within the year covered by this return 15 If at teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) 3a If the organization have unreturated business gross income of \$1,000 or more dumpt the year? 3a X 3b If "Yes," has it filed a form 9007 for this year? If "No," to fine 3b, provide an explanation in Schedule O. 3b If "Yes," and during the calendary ear, 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 A any time the name of the foreign country. 5b If "Yes," and the organization have provided tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8893-1? 6c If "Yes," to line 5a or 5b, did the organization file Form 8893-1? 6d If "Yes," to line 5a or 5b, did the organization file form 8893 as continution and partly for goods and services provided to the payor? 6d If "Yes," did the organization organization organization early as a continution and partly for goods and services provided to the payor? 6d If "Yes," did the organization organization early services of 55 made partly say continuation organization file Form 8893 arequi					1c	Х					
titled for the calendary year ending with or within the year covered by this return Fall loads one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) Sall Value organization have unrelated business gross income of \$1,000 or more during the year? Sall Value organization have unrelated business gross income of \$1,000 or more during the year? Sall Value organization have unrelated business gross income of \$1,000 or more during the year? Sall Value organization have unrelated business gross income of \$1,000 or more during the year? Sall Value organization organization organization have an interest in, or a signature or other authority over, a financial account)? Sall Value organization or outry (such as a bank account, securities account, or other financial account)? Sall Value organization are provided to the foreign Bank and Financial account)? Sall Value organization are provided tax shelter transaction at any time during the tax year? Sall Value organization that it was or is a parry to a prohibited tax shelter transaction? Sall Value organization that it was or is a parry to a prohibited tax shelter transaction? Sall Value organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or form 88617? Sall Value organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles are character to contributions or gitts were not tax deductibles? Sall Value organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles? Sall Value organizations and party in groods and services provided to the payor? Sall Value organization include with every solicitation an express statement that such	2a				- 111						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of times 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X B If Ves, * has it filed a Form 990-Tro this year? If *No.* to line 3b, provide an explanation in Schedule O S B X X At any time during the calendary year, did the organization have an interest in, or a signature or other enutionty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X X B X S S S S S S S S S S S S S S S S			2a	5							
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b				2b						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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)? 5b en instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization of the organization that it was or is a party to a prohibited that shelter transaction? 5c Uri **Ves**, to line 5a or 55, did the organization that it was or is a party to a prohibited that shelter transaction? 5c Uri **Ves**, to line 5a or 55, did the organization file Form 886G-1? 6c Uri **Ves**, to line 5a or 55, did the organization file Form 886G-1? 6d 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? 6d SX 8d Bi Moganization shall may receive deductible contributions under section 170(c). 8d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d Did the organization neceive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9d Did the organization neceive apyment in excess of \$75 made party as a contribution of understance of the payor of the solicitation and party for goods and services provided to the payor? 9d Did the organization neceive apyment in excess of \$75 made party as a contribution of understance or the payor of the payor of the goods or services provided? 1b Uri **Ves**, indicate the number of Forms 8282 filed during the year. 1c Did the organization neceive and funds, directly or indirectly, to pay premiums on a personal benefit contract? 1d Did the organization neceived a contribution of caris, boats, airplanes, or other va	-					200	1.00				
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary 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, ere curies account, or other financial account)? 5 b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If a Was 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c), if the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8252? 6d If "Yes," did the organization notify the done of the value of the goods or services provided? 7d If "Yes," did the organization motify the done of the value of the goods or services provided? 7d If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 7d If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 7d Sponsoring organization make any taxable distributions under section 4968? 9a Did the sponsoring organization make any taxable distributions under section 4968? 9a Sponsoring organization make any taxable distributions under sectio	3a				3a		X				
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 accounts; (FBAPI). 5a einstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAPI). 5a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5b IZ X b Did any taxable party notify the organization file Form 88861-7 b Did any taxable party notify the organization file Form 88861-7 c If "Yes," to line 5a or 5b, did the organization file Form 88861-7 any contributions that were not tax deductible as charitable contributions? 6a IZ X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c Did the organization receive a psyment in excess of \$55 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive a psyment in excess of \$55 made party as a contribution and party for goods and services provided to the payor? 7d X X 7b If "Yes," indicate the number of Forms 8282 filed during the year 6b Did the organization receive a psyment in excess of stoppide personal property for which it was required to file Form 82827 7c IZ X 7d IZ To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e X 7f IZ X					_		····				
financial account in a foreign country (such as a bank account, securilies account, or other financial accounts? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). See in Mark and Carloth the organization in part of a part of the See a part of the See and Earloth (FBAFI). See in Mark and Earloth and Earloth (FBAFI). See in Mark and Earloth Earloth in Earloth (FBAFI). See in Mark and Earloth Earloth Earloth in Earloth (FBAFI). See in Mark and Earloth Earloth Earloth (FBAFI). See in Mark and Earloth E											
b If "Yes," enter the name of the foreign country; see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization pay to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the arganization solicit any contributions that were not tax deductible as charitable contributions? 6c 5b	Tu				4.2	1	lх				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was 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? 6 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 D X 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 D X 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 D X 8 If "Yes," did the organization neceive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 D X 8 If "Yes," did the organization of the value of the goods or services provided? 7 D X 8 If "Yes," did the organization neceive and payment in excess of \$75 made party as a contribution of payment with the goods or services provided? 7 D X 9 If the organization receive and payment in excess of the goods or services provided? 7 D X 9 If the organization receive and payment in excess of the goods or services provided? 8 Sponsoring organization received and contribution of qualified intellectual property, did the organization file Form 1998 or good and the payment of the payment of the organization payment of the good	h		accounty:			5 5 5 5					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 1 Yes, * to line 5a or 5b, did the organization file Form 8986-17 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 contributions or gifts were not tax deductible? 6b 1 Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 2	IJ		ecounte (ERADI		71.711.4					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ar or 5b, did the organization file Form 8886-T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization receive any funds, directly or indirectly, to pay promitums on a personal benefit contract? 7 If If the organization receive any funds, directly or indirectly, to pay promitums on a personal benefit contract? 7 If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised funds maintaining donor advised funds. Did a donor advised funds by the sponsoring organizations maintaining donor advised funds. Did a donor advised funds by the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution included on Part VIII, line 12 10 If the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 10 If the organization included on Form 990, Part VIII, line 12, for public use of club facilities 10 If the organization organization m	E٩				52		x				
til "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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 charibatic contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 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? 8 Tyes," did the organization notify the donor of the value of the goods or services provided? 9 Tyes," 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? 10 If the organization notify the donor of the value of the goods or services provided? 10 Id the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 12 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 14 If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 15 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organizations maintaining donor advised funds. 17 Did the sponsoring organization make a distribution of a donor, donor advi	_					-					
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? **Notice**			*****		_	 	 ^^				
any contributions that were not tax deductible as charitable contributions? 1	_				36						
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Ibid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? The X	oa		_		6.		l _v				
were not tax deductible? Worganizations that may receive deductible contributions under section 170(c). Did the organization ceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X		•			l ba		- ^ -				
Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b X 7b X 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year 8d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X 7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 9 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11a Gross income from members or shareholders 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(2) qualified nonprofit health insurance issuers. 15a Section 501(c)(2) qualified nonprofit health insurance issuers. 15a Section 501(c)(2) qualified nonprofit health insurance issuers. 15a Section 501(c)(2) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 15a Enter the amount of reserves the organization is require	D			us	۸.	ļ					
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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	_			••••••	00		· · · · · · · · · · · · · · · · · · ·				
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Pid If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Pid If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Pid If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(7) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) qualified nonprofit health insurance issuers. If "Yes," enter the amount of tax-exempt interest received or accrued during the year Pid Both the organization iclensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. Enter the amount of			aliana araut	dad to the naver?	1341+ - 3	v	Number 1				
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required? Th Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Tha Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(22) qualified nonprofit health insurance issuers. Is the organization icensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is li											
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76		, , , , , , , , , , , , , , , , , , , ,			/b	Λ_					
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 501(c)(2) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? Potential plans in more than one state organization is licensed to issue qualified health plans organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health	C		as require	d	_		v				
bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)[7] organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 foross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities foross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand c Enter the amount of reserves on hand					/c						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b 12a 12b 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the org	d	·				is sure	v				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	_										
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 13 Gross income from members or shareholders 14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 15 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 17 Section 501(c)(29) qualified nonprofit health insurance issuers. 18 Is the organization licensed to issue qualified health plans in more than one state? 19 Note. See the instructions for additional information the organization must report on Schedule O. 10 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 10 Center the amount of reserves on hand 11 Did It do organization receive any payments for indoor tanning services during the tax year?	f										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 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. 15 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. 20 Enter the amount of reserves on hand. 30 Did the organization receive any payments for indoor tanning services during the tax year? 31a 31b	_										
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 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 filling Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Is the organization licensed to issue qualified health plans in more than one state? 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 15 Enter the amount of reserves on hand 16 Did the organization receive any payments for indoor tanning services during the tax year? 15 Did the organization receive any payments for indoor tanning services during the tax year?				Form 1098-C?	7h	1111	jiminini				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 11c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12b 17 Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13a 13b 13a 13a 13a 13b 15c	8		by the			1.14					
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_				8						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)[7] organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		•			.tplin.r	11 :11	APPE				
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12											
a Initiation fees and capital contributions included on Part VIII, line 12	b				9b						
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 1 1b 1b 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s the organization licensed to issue qualified health plans in more than one state? 13a 13a 13b 13b 13c 13b 13c 14a	10		1								
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12a 12b											
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 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. 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 c Enter the amount of reserves on hand d Did the organization receive any payments for indoor tanning services during the tax year? 11a 11b 12a 12a 13a 13a 13a 13b 13b 13b 13b 13			10b				insi.				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 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. 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 c Enter the amount of reserves on hand 13b 2a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization for eserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Is the organization receive any payments for indoor tanning services during the tax year? 14a X		, -	1								
amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 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. 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 c Enter the amount of reserves on hand 13b 2a Italiaa 13a Italiaa 13b 2b Italiaa 13b Italiaa 13b Italiaa 13b Italiaa 13b Italiaa 13c Italiaa 14a X			11a								
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							11.11.11.1				
3 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. 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 c Enter the amount of reserves on hand d Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13a 13b 13b 13b 13b	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a						
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. 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 c Enter the amount of reserves on hand 13b 13b 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 13c 13c 14a 14x 15c 14a 15c 14a 15c	3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		TA					
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 c Enter the amount of reserves on hand 13c 13b 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		•			13a						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand da Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c 13a 13b 13c 14a X		Note. See the instructions for additional information the organization must report on Schedule O.									
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·	,								
4a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans	13b			and the second					
4a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand	13c				<u> </u>				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					14a		<u>X</u>				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b						

Form 990 (2015)

INC.

23-7300462

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		1	
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4	11.00	
	If there are material differences in voting rights among members of the governing body, or if the governing	1 - 1 - 1 - 1		1414
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
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	ļ	Х
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	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	120.0		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		l i	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14 15 15 1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			14 1 (4) 4 14 - 18 (
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	izjirii)	1.0	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			H.
	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		
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LORRIE GOODWIN - 608-263-0931			
	821 UNIVERSITY AVE, ROOM 1076, MADISON, WI 53706			

Form 990 (2015)

Page 7

INC.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	П		1	C)			(D)	(E)	(F)
Name and Title	Average	۱.,	not c	Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	r, unie	ss pe	rson	is bo	th an	compensation	compensation	amount of
	week	\vdash	cer ar	laac	irecto	W/II/US	itee)	from	from related	other
	(list any hours for	trustee or directo	İ					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	1 20 8	stee			SE E	l	(W-2/1099-MISC)	(11-2) 1000-111100)	organization
	organizations	trus	iai tru		ovee	ad wa		(and related
	below	Individual	Institutional trustee	 jg	Key employee	Highest compensated employee	Former			organizations
	line)	를	is II	Officer	ē,	불병	돌			
(1) TERRY HEINRICHS	1.00	١								
PRESIDENT	1 00	X		Х		_		0.	0.	0.
(2) JEANETTE ROBERTS	1.00	١								•
VICE PRESIDENT	1 00	X		Х				0.	0.	0.
(3) RONALD ANDERSON	1.00	١.,		.						
SECRETARY	1 00	X		Х	-	<u> </u>	_	0.	0.	0.
(4) GREG A. DOMBROWSKI	1.00			v				ا م	,	0
TREASURER	1 00	Х	H	Х				0.	0.	0.
(5) JAN BOTZ	1.00	x						0.	0.	0.
(6) NANCY LEE CARTER	1.00	<u> ^ </u>					-	0.	0.	0.
(6) NANCY LEE CARTER DIRECTOR	100	х						o.	0.	0.
(7) WARREN DORN	1.00	_						0.	0.	0.
DIRECTOR	1.00	x						0.	ا. ه	0.
(8) MIKE FALBO	1.00	11								
DIRECTOR		х		- 1				0.	0.	0.
(9) ROGER HAUCK	1.00			_						
DIRECTOR		х			ļ			0.	0.	0.
(10) WALTER KOSKINEN	1.00									
DIRECTOR		x						0.	0.	0.
(11) JUDITH LEROY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOHN MCHUGH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARY MOHS	1.00									
DIRECTOR		Х	_					0.	0.	0.
(14) LINDA PREHN	1.00			l						_
DIRECTOR		Х		\perp		_	_	0.	0.	0.
(15) THOMAS SCHOBER	1.00			İ					.	_
DIRECTOR	1000	Х		_				0.	0.	0.
(16) ERIC GREILING	40.00	_		Ψ,	ı			11 (5)		E 804
EXECUTIVE DIRECTOR AS OF 11/1/15	40.00	Х		X	\dashv	_	_	11,656.	0.	5,794.
(17) JON MISKOWSKI	40.00	$_{\rm x}$		$ _{\mathbf{x}}$				21 041	<u>,</u>	10 202
EXECUTIVE DIRECTOR THROUGH 10/31/15		Λ		<u> </u>				21,941.	0.	10,202.

532007 12-16-15

Form 990 (2015)

INC.

23-7300462

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st (Compensated Employe	es (continued)				
	(A)	(B)	(B) (C)				(D)	(E)			(F)			
	Name and title	Average	(do			itior more	ገ than	one	Reportable	Reportab	le	E:	stimate	:d
		hours per week					is bot or/trus			compensat		aı	nount o	of
		(list any	-	T	Γ	Γ	Ι	Ė	from the	from relate organizatio		con	other ipensat	tion
		hours for	ndividual trustee or director		1		8		organization	(W-2/1099-M			rom the	
		related	tee or	ustee		İ	Highest compensated employee		(W-2/1099-MISC)		,	org	anizati	on
		organizations	at trus	nal tr		93,69	g a						d relate	
		below line)	Javid L	institutional trustee	Officer	Key employee	ploye	Former				org.	anizatio	วทร
		11110)	Ē	Ĕ	5	ş.	主旨	Fo.						
	**************************************				ļ					······································		·		
			1											
														-
			<u> </u>										M	
			ł											
	VIEW BILLION CO. CO.											~~~		
											\longrightarrow			
											-			
	i													
1b	Sub-total						1	-	33,597.		0.	1	5,99	
С	Total from continuation sheets to Part VII	, Section A		<i></i> .			J		0.		0.			0.
d	Total (add lines 1b and 1c)								33,597.		0.	1.	5,99) 6 ·
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportat	ole			0
	compensation from the organization											Т	Yes	No
3	Did the organization list any former officer,	director or tru	stee	ko	, em	ากได	VAA.	or l	highest compensated er	nniovee on	ſ			
`	line 1a? If "Yes," complete Schedule J for su										l	3	: ' ''	X
4	For any individual listed on line 1a, is the sur											114	Hijirik L	May (
	and related organizations greater than \$150	•							•	-		4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om .	any	unre	elate	ed organization or individ	dual for services	3			
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ch p	oers	on				<u></u>	5		X
-	tion B, Independent Contractors													—
1	Complete this table for your five highest corthe organization. Report compensation for the										npensa	ation ti	om	
	(A)	ne calendar ye	are	iluii	y w	iui c	71 VVII	1111	(B)	cai.		(C	1	
	Name and business a	address							Description of se	ervices	Co		sation	
DOI	OR DEVELOPMENT STRATEG	IES, LL	C					- 1	DOOR TO DOOR					
899	O LOGAN ST, SUITE 300,	DENVER,	C	0	80	20	3	K	CANVASSING		<u> </u>	674	4,53	<u>3.</u>
								1						
							~	+						—
								+						·············
														<u></u>
								1				1.1 11 1		
2	Total number of independent contractors (in \$100,000 of compensation from the organization _	t lin	nted	to t	nos 1	e list	ea	above) who received mo	ore than					
	w roo, ooo or compensation from the organiza	auon 📂				بغر							:-	

INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns _____ 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 7,969,059 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue _____ g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 113,382 113,382. Income from investment of tax-exempt bond proceeds 4 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities 62,571 assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 62,571 62,571. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 1,165,170 Part IV, line 18 a 770,662 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 394,508 394,508. 9 a Gross income from gaming activities. See Part IV, line 19 22,046 697 b Less: direct expenses c Net income or (loss) from gaming activities 21,349 -10 a Gross sales of inventory, less returns 20,612 and allowances 13,112 b Less: cost of goods sold 7,500 7,500. Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 8,568,369 599,310, Total revenue, See instructions. 12

Form 990 (2015)

INC.

23-7300462 Page 10

Part IX	Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All ot	her organizations must c	complete column (A).	
	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	4,737,776.	4,737,776.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	101 1010 1010 1010			
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	46,531.	6,049.	4,653.	35,829.
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	22,646.		22,646.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,837.		10,837.	
10	Payroll taxes	49.		49.	
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting	12,200.		12,200.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	681,606.			681,606.
f	Investment management fees	11,830.		11,830.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	32,472.		32,472.	
14	Information technology	8,004.		8,004.	
15	Royalties				
16	Occupancy			-	
17	Travel	2,129.		2,129.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,366.		13,366.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			^ 55 t	
23	Insurance	3,774.	Olean Marie III and III and III and III and III and III and III and III and III and III and III and III and II	3,774.	
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 0.)	1,516,918.			1,516,918.
	MEMBERSHIP MAJOR GIFTS & PLANNED G	559,868.			559,868.
b	VOLUNTEER MANAGEMENT	82,000.			82,000.
С	THEMSONNESS AND THOUSE	02,000.			04,000+
d	All att an average				
	All other expenses	7,742,006.	4,743,825.	121,960.	2,876,221.
25 26	Joint costs, Complete this line only if the organization	,,,12,0004	1,.10,020.	222,5001	_, _, _, _,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fillowing SOP 98-2 (ASC 958-720)				
532010	12-16-15	<u></u>			Form 990 (2015)
			4.6		`

Form 990 (2015)
Part X | Balance Sheet

Pa	ırt;X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,325,469.	1	467,734.
	2	Savings and temporary cash investments	499,486.	2	1,215,291.
	з	Pledges and grants receivable, net	64,440.	3	76,416.
	4	Accounts receivable, net	13,649.	4	35,827.
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	182,170.	9	190,881.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,000.			
	b	Less: accumulated depreciation 10b 20,000.	0.	10c	
	11	Investments · publicly traded securities	1,541,731.	11	2,325,761.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program·related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,215,045.	15	3,368,911.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,841,990.	16	7,680,821.
	17	Accounts payable and accrued expenses	148,538.	17	115,294.
	18	Grants payable	798,663.	18	857,150.
	19	Deferred revenue	279,968.	19	352,728.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ξ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,227,169.	25	1,325,172.
	26	Total liabilities. Add lines 17 through 25	1,441,109	26	1,343,114.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မ္မ	l	complete lines 27 through 29, and lines 33 and 34.	5,018,691.	07	5,772,543.
an a	27	Unrestricted net assets	435,752.	27	422,728.
8	28	Temporarily restricted net assets	160,378.	28	160,378.
pur	29	Permanently restricted net assets	200,370.	29	100,370.
띤		Organizations that do not follow SFAS 117 (ASC 958), check here			
o o		and complete lines 30 through 34.		30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	5,614,821.	33	6,355,649.
		Total ficialities and not seem to fixed belonger	6,841,990.	34	7,680,821.
	34	Total liabilities and net assets/fund balances	0,022,000	04	Form 990 (2015)

Forn	n 990 (2015) INC •	23-7.	300462	Pa	age 12			
Pa	rt XI Reconciliation of Net Assets	•						
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,56					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,74		$\frac{106.}{163.}$			
3	l l							
4								
5	Net unrealized gains (losses) on investments	5	-8	5,5	35.			
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	6,35	5,6	<u>49.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
			,	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X 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		X			
	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			77				
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:		i idir Guntar		Lillian'!			
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			7	Alla, H			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
_	If the organization changed either its oversight process or selection process during the tax year, explain in Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-		3111	v			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	****************		000	(0015)			
			Form	99U ((2015)			

532012 12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.frs.gov/form990.

FRIENDS OF WISCONSIN PUBLIC TELEVISION, Employee

rm990. Inspection
Employer identification number

23-7300462 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see overning document? above (see instructions)) instructions) instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

13

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,601,597 5,981,839. 6,423,873 7,315,459 7,969,059 33,291,827. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5,601,597 5,981,839 6,423,873 7,315,459 7,969,059 33,291,827. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 33,291,827. 6 Public support, Subtract line 5 from line 4. Section B. Total Support (b) 2012 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) (a) 2011 (c) 2013 (f) Total 5,601,597 5,981,839 6,423,873 7,315,459 7,969,059, 33,291,827. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 63,278 96,692. 107,631. 117,916. 113,382. 498,899. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 33 790 726. 11 Total support. Add lines 7 through 10 5,945,929. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.52 % 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 98.63 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ______

Schedule A (Form 990 or 990-EZ) 2015

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2015 INC. | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please com	ipiete Part II.)							
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Gifts, grants, contributions, and	(8) 2011	10)2012	(0) 2010	(0) 2014	(6) 2013	(i) Iotai			
'	membership fees received. (Do not									
	include any "unusual grants.")									
_			<u> </u>							
2	Gross receipts from admissions, merchandise sold or services per-									
	formed, or facilities furnished in	İ								
	any activity that is related to the									
	organization's tax-exempt purpose	ļ								
3	Gross receipts from activities that			İ						
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
•	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and						•			
10	3 received from disqualified persons									
	Amounts included on lines 2 and 3 received									
L	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the	1								
	amount on line 13 for the year									
	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
Sec	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties					i				
	and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses	,								
	acquired after June 30, 1975									
c	Add lines 10a and 10b									
	Net income from unrelated business					1				
	activities not included in line 10b,									
	whether or not the business is									
	regularly carried on Other income. Do not include gain					 				
	or loss from the sale of capital									
	assets (Explain in Part VI.)					 				
	Total support. (Add lines 9, 10c, 11, and 12.)									
	First five years. If the Form 990 is for	· ·			•					
	check this box and stop here						<u>- </u>			
	tion C. Computation of Publi					T	 			
	Public support percentage for 2015 (li					15				
	Public support percentage from 2014					16	<u>%</u>			
	tion D. Computation of Inves									
	Investment income percentage for 20					17	%			
	Investment income percentage from 2					18	<u>%</u>			
	33 1/3% support tests - 2015. If the									
	more than 33 1/3%, check this box an	d stop here. The	organization qualit	ies as a publicly s	upported organiz	ation	▶∟			
	b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	nization qualifies a	s a publicly supp	orted organization	▶□			
20	Private foundation. If the organization	ı did not check a l	oox on line 14, 19a	, or 19b, check thi	is box and see in:	structions				
	2.00.00.45				Cab	adula A /Farm 000	** 000 E31 004E			

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
İ	1	1
1	 	1
2		1
		1,2,2
3a	L .	<u>L</u>
1. II. 1	****	1
3b		L
30	1	
30		1.7 1 1
4a		
- Giran		
	34.	
4b	1]
3-4	i	
40	1	l .
776		
	1 1 1 1 1 1	
5a		
		' ' '
5b		 -
5c	<u> </u>	
11000		
6		l
	V.1. 11.	
7		
1 1	440	
	#19	The
8		
	.50 :.:	h. 1,11.1
	11111	71.17
9a		
	Livini.	5,000
	n. A.	7
9b		
	Milks	interné
1,131		
1,757		
9c		
9c		
9c		
9c	in Ar in in v i in	
9c		
9c		
9c		

Sch	edule A (Form 990 or 990-EZ) 2015 INC. 23	-730046	52 F	age 5
_	ort IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Alter-	1
	below, the governing body of a supported organization?	11a	<u> </u>	ļ
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Sec	ction B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			7001.00
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	4, 143		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1.111	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			11.00
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1	<u> </u>	Ц
Sec	tion D. All Type III Supporting Organizations		Γ.,	Γ
		1 11 3, 11 1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	3 000	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	*	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		5 87.4	DYN. F
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 1 1/11	1.1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	2,1.51	
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	ຸ		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	nel'		
1	The organization satisfied the Activities Test. Complete line 2 below.	nisj.		
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions	1	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
z. a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 514		
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		75.75	- 15 5
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		4.5	-1.11
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
и	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1,00.7
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2015 INC.			3-7300462 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	on Nov. 20, 1970. <mark>See instr</mark> u	ictions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1.11 3.1 1.11 3.1		
	instructions for short tax year or assets held for part of year):	1144		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	111 1111		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y·integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

23-7300462 Page 7 Schedule A (Form 990 or 990-EZ) 2015 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: c Excess from 2013

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17th Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional in (See instructions.)	o; Part III, line 12; d 2; Part IV, Section C, ction B, line 1e; Part V, nformation.
(See instructions.)	
	· · · · · · · · · · · · · · · · · · ·
· · · · · ·	
 	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF WISCONSIN PUBLIC TELEVISION, INC.

Employer identification number 23-7300462

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advi	sed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
,			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	***************************************		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
_	\$		6 1/4 m) m
8	Does each conservation easement reported on line 2(d) abov	, ,	, , , , , , , , , , , , , , , , , , , ,
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or O	thar Similar Assats
Fai	Complete if the organization answered "Yes" on Form		ther Shimar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet works of ort
Id	historical treasures, or other similar assets held for public exh	•	·
	the text of the footnote to its financial statements that describ		nce of public service, provide, in Fatt Alli,
L	If the organization elected, as permitted under SFAS 116 (AS		and balance cheet works of art historical
Ŋ	treasures, or other similar assets held for public exhibition, ed		
	•	deation, or research in tortiferance of por	blic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		
2			i gain, provide
_	the following amounts required to be reported under SFAS 11		▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		
מ	Assets included in Form 990, Part X		🏲 🠧

	edule D (Form 990) 2015 INC •	N = 11 = -41 = C A			1			30046		Page 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a	a signi	ificant ι	ise of its	collecti	on ite	ms
	(check all that apply):									
a	Public exhibition	C	Loan or exc	change programs						
b	Scholarly research	e	Other							
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's e	xemp	t purpo:	se in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			[Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Comple						line 9, c)r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets n	ot inc	luded				
	on Form 990, Part X?		=					Yes	Г	□ No
h	If "Yes," explain the arrangement in Part XIII									110
	ii 100, Oxpiaii iio altangomoni iii attyai	and complete the te	moving table.		1			Amour		
	Posisning halango				ŀ	10		Anoui	FL .	
r C	• • • • • • • • • • • • • • • • • • • •					1c				
a -	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f		1	—	
	Did the organization include an amount on F		•		,		ـــــــ	_l Yes	Ļ	⊣ No
	If "Yes," explain the arrangement in Part XIII.								<u>. L</u>	
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo					r		
		(a) Current year	(b) Prior year	(c) Two years back	+		ars back	` '		
1a	Beginning of year balance	3,215,045.	3,071,422.	2,316,076	· <u> </u>	1,90	1,919.	1	,776	,571.
b	Contributions	110,192.	222,611.	464,780	\cdot	27	5,049.		135	,794.
c	Net investment earnings, gains, and losses	51,670.	89,778.	386,351		21	6,156.		49	,110.
d	Grants or scholarships		108,445.	86,796		6	9,540.		52	,706.
е	Other expenditures for facilities				T					
	and programs		47,751.				i			
f	Administrative expenses	7,996.	12,570.	8,989		•	7,508.		6	,850.
g	End of year balance	3,368,911.	3,215,045.				6,076.	1		,919.
2	Provide the estimated percentage of the curr				'	,	,			,
	Board designated or quasi-endowment	95.00	e (iine 19, column (a %	iji neid as.						
	Permanent endowment > 5.00	%								
b	•	· · · · · · · · · · · · · · · · · · ·								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c short	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for	the o	rganiza	tion	r		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	ζ, line	10.				
	Description of property	(a) Cost or ot basis (investm	, ,		Accum epreci	nulated ation		(d) Bool	≺ valu	е
1a	Land						:: -		-	
	Buildings									
	Leasehold improvements									
	Equipment				*************************		_			
	Other		2.0	0,000.	20	,000) .			0.
	Add lines 1a through 1e. (Column (d) must ed					, , , ,				0.
ı u(al.	Add mies ra mrough re, (Column (d) must ec	juai ruini 990, rdit 7	s, column (b), line H	,c.,						<u> </u>

Schedule D (Form 990) 2015

_	_	_	_	
т	ħ	T	•	
	т,	ч.	١.	

Schedule D (Form 990) 2015 INC. Part VIII Investments - Other Securities.				3-/300462 Page 3
Complete if the organization answered "Yes"	on Form 600 Port IV li	na 11h Sea Form 0	On Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
(1) Financial derivatives		, , , , , , , , , , , , , , , , , , , ,		
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	***		1	-
(F)	,			
(G)				······································
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			<u> </u>	
Complete if the organization answered "Yes" of	n Form 990 Part IV lie	ne 11c. See Form 99	In Part X line 13.	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)		 ``		
(2)		+		
(3)		1	B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B. L. B.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Col. (h) must count form 000 Part V and (P) line 12.)			Harrier de la Francis (L. President)	Biranim markin ya'ilikai
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	n Form 000 Dort IV lin	o 11d Coo Form 00	O Dort V line 15	
Complete if the organization answered "Yes" o	escription	ie Tiu. See Funii 55	O, Fait A, into 13.	(b) Book value
TATE OF BATTATO	Coonpilon			3,368,911.
				3,300,311.
(2)	•			<u> </u>
(3)				
(4)				
(5)				
(6)				<u> </u>
<u>(7)</u>				<u> </u>
(8)				<u> </u>
(9)	451			3,368,911.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)			3,300,311.
	- F 000 D+ N/ E-	. 44 446 O.o. Fa	000 Dark V line 0	r
Complete if the organization answered "Yes" o	n Form 990, Part IV, III	(b) Book value	mi 990, Part X, ime 2	3.
		(b) BOOK VAIGE		
(1) Federal income taxes			_	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line:	25.)			

2. Liability for uncertain tax positions. 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 X

Schedule D (Form 990) 2015

23-7300462 Page 4 INC. Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 9,255,473. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities c Recoveries of prior year grants 2c 784.471. d Other (Describe in Part XIII.) 2d 698,936. e Add lines 2a through 2d 8,556,537. 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) 11,832. 8,568,369. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 8,514,646. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 784,472. d Other (Describe in Part XIII.) 2d 784,472. e Add lines 2a through 2d 7,730,174. Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 11,832. c Add lines 4a and 4b 4c 742,006. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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. PART V, LINE 4: THE ENDOWMENTS OF THE ORGANIZATION CONSIST OF FUNDS ESTABLISHED FOR THE FURTHERANCE OF THE PURPOSE AND WORK OF THE ORGANIZATION. PART X, LINE 2: FRIENDS OF WISCONSIN PUBLIC TELEVISION, INC. IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS ALSO EXEMPT FROM WISCONSIN FRANCHISE AND INCOME TAXES. MANAGEMENT ANALYZED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX THE ORGANIZATION DETERMINED THAT IT WAS NOT REQUIRED TO RECORD POSITIONS. A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2016 AND 2015. 532054 09-21-15 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 INC.	23-7300462 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	770,662.
COST OF GOODS SOLD	13,112.
OTHER DIRECT RAFFLE EXPENSES	697.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	784,471.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	770,662.
COST OF GOODS SOLD	13,112.
OTHER DIRECT RAFFLE EXPENSES	697.
MISCELLANEOUS ROUNDING ADJUSTMENT	1.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	784,472.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization FRIENDS OF WISCONSIN PUBLIC TELEVISION, Employer identification number INC. 23-7300462 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) DONOR DEVELOPMENT STRATEGIES Yes LLC - 899 LOGAN ST, SUITE DOOR TO DOOR CANVASSING 473,415 674,533 -201,118. 473,415, -201 118. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AZ, FL, IL, MN, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

Schedule G (Form 990 or 990 EZ) 2015 INC.

23-7300462 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and g	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			QUILT EXPO	GARDEN EXPO	3	(add col. (a) through
ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	601,297.	267,066.	296,807.	1,165,170
	_	Lagar Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	601,297.	267,066.	296,807.	1,165,170
	4	Cash prizes	12,600.			12,600
	5	Noncash prizes				
enses	6	Rent/facility costs	108,148.	108,975.	764.	217,887
Direct Expenses	7	Food and beverages	4,278.	2,428.	8,016.	14,722
ā	8	Entertainment				
	9	Other direct expenses	303,215.	56,711.	165,527.	525,453
		Direct expense summary. Add lines 4 through				770,662
Pa	11 rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization	ne 3, column (d) answered "Yes" on Forn	1990. Part IV. line 19. or	reported more than	394,508
		\$15,000 on Form 990-EZ, line 6a.		,		
9			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				nullayhtadiessive nulla		col. (a) through col. (c
<u>"</u>	1	Gross revenue			22,046.	22,046
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	.			
Direct	4	Rent/facility costs				
	5	Other direct expenses			697.	697
		Volunteer labor	Yes %	Yes% No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	697.
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		>	21,349
					,	*
а	ls th	er the state(s) in which the organization condu ne organization licensed to conduct gaming ac	tivities in each of these	states?		X Yes No
D	'' ''	lo, explain:				
		e any of the organization's gaming licenses re	· ·			Yes X No
IJ	(Oo, Oxpians				
,		······································				
208	2 09-	14-15			Schedule G (Ford	n 990 or 990-EZ) 2019

Schedule G (Form 990 or 990 EZ) 2015 INC.	23-7300462 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 100.00 %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name ▶ LORRIE GOODWIN	
Address > 821 UNIVERSITY AVE, ROOM 1076 - MADISON, WI 53706	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name 🕨	
Address >	
16 Gaming manager information:	
Name ▶	
Name P	
Gaming manager compensation 🕨 \$	
Carning manager compensation &	
Description of services provided	
ML-MAN AND THE CONTROL OF THE CONTRO	
Director/officer Employee Independent contractor	
E Brestoromen E Employee E Independent dontation	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	ar trio
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lines Q Qh 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	artin, mes e, eu, rou, rou,
100, 10, and 110, as applicable, 1 also provide any additional information (see mistration).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF FUNDRAISER: DONOR DEVELOPMENT STRATEGIES, LLC	
(I) ADDRESS OF FUNDRAISER: 899 LOGAN ST, SUITE 300, DENVER,	CO 80203

FRIENDS OF WISCONSIN PUBLIC TELEVISION, 23-7300462 Page 4 Schedule G (Form 990 or 990-EZ) INC. Part IV Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▼ Attach to Form 990.

2 IL 2	2 4 4 5	5 I - 7 A	Δ1 · () ···	Δ1 · () ···	⊼ I ~ ~ ~		> 6 6	# IL \ \ \ \	no 1 🗪 📗 😲 ⊏	Z 1 C 10	~ - 		= 1 × 2	% ¶~~~ 15:55	9 **** ~ **	፲ 🎟 🤛 🙃 0.		4	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 11 11 11 11	
		> 1 T T T T	∑ 4	≥ 4 12 mil	> 1 T T T T	2 1 2 2				m (45) C	z Lis	on the	စ္အ 🗀 💳 🤼							No. 1545-0047	

Employer identification number 23-7300462 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 ► Information about Schedule I (Form 990) and its instructions is at www.ins.gov/form990. WISCONSIN PUBLIC TELEVISION, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? General Information on Grants and Assistance FRIENDS OF Name of the organization Part Part II

ê []

THE PURPOSE OF THE GRANTS PUBLIC TELEVISION, UNDER THE PURPOSE OF THE GRANT OPERATING AS WISCONSIN IS TO PROVIDE WISCONSIN IS TO PROVIDE WHA-TV, (h) Purpose of grant or assistance PUBLIC BROADCASTING FOUNDATION, INC. non-cash assistance (g) Description of OTHER DIRECT OTHER DIRECT MAILING AND MAILING AND RODUCTION PRODUCTION PRINTING, RINTING, (f) Method of valuation (book, FMV, appraisal, other) 148,100 FMV 148,100 FMV (e) Amount of non-cash assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 2,908,617. 1,532,494, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 39-1447533 39-1805963 NIII (9) FOUNDATION, INC. - 3319 W BELTLINE 1 (a) Name and address of organization UNIVERSITY AVENUE - MADISON, WI WISCONSIN PUBLIC BROADCASTING WISCONSIN-EXTENSION - 821 or government HWY - MADISON, WI 53713 WHA-TV UNIVERSITY OF 53706

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

(H) DESCRIPTIONS SEE PART IV FOR COLUMNS (G) AND

Schedule I (Form 990) (2015)

Schedule | (Form 990) (2015) INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

23-7300462

(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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, line	2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
FRIENDS SOLICITS FUNDS IN THE NAME	Q.	CONSIN PUB	"WISCONSIN PUBLIC TELEVISION"	SION" (WPT)	
ON BEHALF OF THE EDUCATIONAL COMMUNI	MICATIONS	BOARD	(ECB-WI) AND	THE	
UNIVERSITY OF WISCONSIN SYSTEM BOARD	OF	REGENTS/UNIVERSITY	ERSITY OF	OF WISCONSIN	
EXTENSION (UW-WHA). ECB-WI OPERATES	SS WLEF-TV,	/, WHRM-TV,	, WHWC-TV,	WHLA-TV, AND	
WPNE-TV. UW-WHA OPERATES WHA-TV. OPERATING	PERATING	AS WPT,	ECB-WI, AND UW-WHA	UW-WHA	
OPERATIONS INCLUDE MASTER CONTROL OPERATIONS,	OPERATION		BROADCASTING OVER	R SIX PUBLIC	
TELEVISION STATIONS, PROGRAM ACQUISI	TION	AND PROGRAM	PROGRAM PRODUCTION,	N, COMMUNITY	
OUTREACH EFFORTS AND ONLINE CONTENT	T, SPECIAL	EVEN	AND OTHER	SERVICES.	
532102 10-28-15		3.7			Schedule I (Form 990) (2015)

Part IV Supplemental Information

INC.

FRIENDS SERVES AS RECIPIENT FOR ALL INDIVIDUAL CONTRIBUTIONS, BEQUESTS AND OTHER PLANNED GIFTS MATCHING GIFTS, MAJOR GIFTS, SPECIAL EVENTS REVENUE AND CERTAIN RESTRICTED AND DESIGNATED GIFTS FROM INDIVIDUALS AND BUSINESSES INTENDED FOR WPT. FRIENDS, ECB-WI, AND UW-WHA ANNUALLY AGREE ON THE REVENUE AND EXPENSE BUDGET THAT STIPULATES PROJECTED GROSS REVENUE AND EXPENSES ALONG WITH ALLOCATIONS TO THE LICENSEES AND PAYMENTS SCHEDULES. THIS BUDGET SUPPORTS LICENSEES' RESPONSIBILITIES TO TRACK, REPORT ON AND MAINTAIN CONTROL OF FUNDS RAISED AND HELD ON ITS BEHALF.

PART II, LINE 1, COLUMNS (G) AND (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WHA-TV UNIVERSITY OF WISCONSIN-EXTENSION

- (G) DESCRIPTION OF NON-CASH ASSISTANCE: PRODUCTION, PRINTING, MAILING
- AND OTHER DIRECT EXPENSES
- (H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE GRANTS IS TO PROVIDE WHA-TV, (OPERATING AS WISCONSIN PUBLIC TELEVISION, UNDER LICENSE FROM THE UNIVERSITY OF WISCONSIN BOARD OF REGENTS-UNIVERSITY OF WISCONSIN EXTENSION) WITH GENERAL OVERALL SUPPORT AND TO SUPPORT SPECIFIC PROJECTS, IN ACCORDANCE WITH THE FRIENDS OF WISCONSIN PUBLIC TELEVISION, INC. MISSION STATEMENT OF SUPPORTING EDUCATIONAL, CULTURAL AND COMMUNITY BROADCASTING.

NAME OF ORGANIZATION OR GOVERNMENT:

WISCONSIN PUBLIC BROADCASTING FOUNDATION, INC.

- (G) DESCRIPTION OF NON-CASH ASSISTANCE: PRODUCTION, PRINTING, MAILING AND OTHER DIRECT EXPENSES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE GRANT IS TO

PROVIDE WISCONSIN PUBLIC BROADCASTING FOUNDATION, INC. (OPERATING AS

Schedule I (Form 990)

532291 04-01-15

Schedule I (Form 990) INC. 23-7300462 Page 2 Part IV Supplemental Information
Part IV Supplemental Information
WISCONSIN PUBLIC TELEVISION, UNDER LICENSE FROM THE WISCONSIN EDUCATIONAL
COMMUNICATIONS BOARD) WITH GENERAL OVERALL SUPPORT AND TO SUPPORT
SPECIFIC PROJECTS, IN ACCORDANCE WITH THE FRIENDS OF WISCONSIN PUBLIC
TELEVISION, INC. MISSION STATEMENT OF SUPPORTING EDUCATIONAL, CULTURAL
AND COMMUNITY BROADCASTING.

Schedule I (Form 990)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Inspection.

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
FRIENDS OF WISCONSIN PUBLIC TELEVISION, Emplo

Employer identification number 23-7300462

25,500102
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUBLIC BROADCASTING SERVICE OPERATED JOINTLY BY THE WISCONSIN
EDUCATIONAL COMMUNICATIONS BOARD AND THE UNIVERSITY OF WISCONSIN BOARD
OF REGENTS-UNIVERSITY OF WISCONSIN EXTENSION, EACH AN AGENCY OF THE
STATE OF WISCONSIN. 2. TO ESTABLISH DEVELOPMENT SERVICES AND OTHER
ACTIVITIES WHICH COMPLEMENT AND/OR ASSIST THE BROADCASTING ACTIVITIES
DESCRIBED ABOVE. 3. TO ENGAGE IN OTHER ACTIVITIES AND PROGRAMS
ANCILLARY TO AND IN SUPPORT OF THE FOREGOING. 4. TO RAISE FUNDS AND
INVEST IN, RECEIVE, HOLD, USE AND DISPOSE OF PROPERTY OF ALL KINDS AS
MAY BE NECESSARY OR DESIRABLE TO CARRY INTO EFFECT THE PURPOSES STATED
ABOVE.
FORM 990, PART VI, SECTION A, LINE 6:
PERSONS MAKING CONTRIBUTIONS TO THE FRIENDS OF WISCONSIN PUBLIC TELEVISION,
INC. WILL BECOME AND CONTINUE AS MEMBERS OF THE ORGANIZATION FOR A ONE-YEAR
PERIOD BEGINNING UPON THE DATE OF CONTRIBUTION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ELECTION OF DIRECTORS OCCURS BY SECRET BALLOT OF THE MEMBERSHIP. THE
GOVERNANCE COMMITTEE ESTABLISHES PROCEDURES CONCERNING THE CONDUCT OF
ELECTIONS, DISTRIBUTES BALLOTS TO ALL MEMBERS AND IN ALL RESPECTS
SUPERVISES THAT ELECTION OF DIRECTORS BY MEMBERS AND CERTIFIES ITS RESULTS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE IS CHARGED WITH THE REVIEW AND APPROVAL OF THE FORM

990. DRAFT COPIES ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)