*						CL1	PMT	C CORV
Form 990-T	1	Exempt Organization Bu	sine	ess Incom	ie Ta	x Refur		OMB No 1545-0687
		(and proxy tax und	ler s	ection 6033(e))			0100130 1010 0001
	For ca	liendar year 2013 or other tax year beginning \underbrace{JUL}_{I}					14	2013
Department of the Tr Internal Revenue Ser	easury vice	 Information about Form 990-T and its instru- Do not enter SSN numbers on this form as it main 			-		. [Open to Public Inspection for 501(c)(3) Organizations Only
A Check bo		Name of organization (Check box if name of					D Empl	loyer identification number
address	changed	FOX VALLEY WORKFORCE D),	instri	loyees" trust, see uctions.)
B Exempt under		INC.		_	9-1571085			
X 501(C)(3) or]220(e) Type	Number, street, and room or suite no. If a P.O. bo 1401 MCMAHON DRIVE	X, See	instructions.			E Unrel (See i	lated business activity codes instructions.)
408(e)]220(e)]530(a)	City or town, state or province, country, and ZIP of	r forei	abostal code			-	
529(a)		NEENAH, WI 54956-6305		gir postaroouc			531	120
C Book value of all a at end of year	ssets F Group	exemption number (See instructions.)	►					
at end of year 946,7	12. G Check	k organization type 🕨 🔀 501(c) corporatio	<u>n (</u>	501(c) trust		401(a) trust		Other trust
		ary unrelated business activity. RENTAL					_	(12)
		poration a subsidiary in an affiliated group or a pare lifying number of the parent corporation.	nt-sub:	sidiary controlled gr	oup?		Ye	es X No
		PATTI DENTON, CONTROLLE	R		alanhana	number 🕨 🤇	920-	720-5600
· · · · · · · · · · · · · · · · · · ·		ie or Business Income		(A) Income		(B) Expense		(C) Net
1a Gross receip	ts or sales							
	and allowances	c Balance 🛌 🕨	10					
		A, line 7)	2					
		om line 1c h Form 8949 and Schedule D)	3 4a		00			
		art II, line 17) (attach Form 4797)	4 <u>a</u> 4b			the state of the second s		
		ts	40	<u> </u>				
		ps and S corporations (attach statement)	5					
6 Rent income	(Schedule C)		6					
		ne (Schedule E)	7	43,69)7.	31,2	225.	12,472.
	-	nd rents from controlled organizations (Sch. F)	8					
		n 501(c)(7), (9), or (17) organization (Schedule G)	<u>9</u> 10					
		ne (Schedule I) J)	11					
		s; attach schedule.)	12	· · · · · · · · · · · · · · · · · · ·				
13 Total. Comb	ine lines 3 throug	<u>]h 12</u>	13	43,69		31,2	25.	12,472.
		t Taken Elsewhere (See instructions fo tions, deductions must be directly connected				come.)		
		ectors, and trustees (Schedule K)					14	
							15	
							16	
17 Bad debts 18 Interest (atta	ch schedule)		*******	SEE ST	אידבאי	ENT 1	17	20,143.
							19	20,110.
20 Charitable c	ontributions (See	instructions for limitation rules.)					20	
21 Depreciation	(attach Form 450	62)		21				
22 Less deprec	ation claimed on	Schedule A and elsewhere on return		22a			22b	
23 Depletion					********		23	
		npensation plans					24 25	
26 Excess exen	nent programs int expenses (Sch	nedule I)			********	***************	25	
27 Excess reade	rship costs (Sch	edule J)					27	
28 Other deduc	ions (attach sche	dule)					28	
29 Total dedu	ctions. Add line	s 14 through 28					29	20,143.
		come before net operating loss deduction. Subtract					30	-7,671.
31 Net operating) loss deduction ((limited to the amount on line 30)		20			31	-7,671.
		come before specific deduction. Subtract line 31 fro \$1,000, but see instructions for exceptions.}					32	1,000.
		ncome. Subtract line 33 from line 32. If line 33 is g					33	1,000.
							34	-7,671.

Form 990-T (2013	3) INC.	39-157	1085		Page Z
Part III	Tax Computation				
	anizations Taxable as Corporations. See instructions for tax computation.				
	trolled group members (sections 1561 and 1563) check here 🕨 🥅 See instructions and:				
	ryour share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(1)					
	r organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	Additional 3% tax (not more than \$100,000)				~
	me tax on the amount on line 34		35c		0.
	Its Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:				
	Tax rate schedule or Schedule D (Form 1041)		36		
37 Prox	y tax. See instructions		37		
38 Alter	native minimum tax		38		
39 Tota	I. Add lines 37 and 38 to line 35c or 36, whichever applies		39		0.
Part IV	Tax and Payments				
40a Forei	ign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
	r credits (see instructions)				
	aral business credit. Attach Form 3800				
	· · · · · · · · · · · · · · · · · · ·				
			40-		
	I credits. Add lines 40a through 40d		408		
41 Subt	ract line 40e from line 39		41		0.
	r taxes. Check if from: 💭 Form 4255 🔛 Form 8611 🦳 Form 8697 🛄 Form 8866 💭 Other (atta	•	42		
	I lax. Add lines 41 and 42	San 3	43		0.
44 а Рауп	nents: A 2012 overpayment credited to 2013 44a				
b 2013	Bestimated tax payments				
¢ Tax o	deposited with Form 8868 44c				
	ign organizations: Tax paid or withheld at source (see instructions) 44d				
	up withholding (see instructions) 44e				
	it for small employer health insurance premiums (Attach Form 8941) 441				
	r credits and payments:				
	Form 4136 Other Total				
		_	45		
	I payments. Add lines 44a through 44g		45		
	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄		46		
	due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47		0.
	payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	🕨 .	48		0.
	the amount of line 48 you want: Credited to 2014 estimated tax 🕨 Refund		49		
Part V	Statements Regarding Certain Activities and Other Information (see instruction	ns)			
1 At any tim	e during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a	financial acc	count (ban)	(, Yes	No
securities	, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign I	Bank and Fina	ancial		
Accounts.	. If YES, enter the name of the foreign country here				X
2 During the I	. If YES, enter the name of the foreign country here tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Instructions for other forms the organization may have to file.				X
	amount of tax-exempt interest received or accrued during the tax year > \$	***********			
	A - Cost of Goods Sold. Enter method of inventory valuation N/A				
6	at beginning of year	<u> </u>	6		
•		•••••			
2 Purchases					
3 Cost of la	bor 3 from line 5. Enter here and in Part I, line 2		7		1
	section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect			Yes	No
b Other cos	ts (attach schedule) 4b property produced or acquired for resale)	apply to			
	d lines 1 through 4b				
	nder penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t meet, and encodete. Declaration of preparer (other that taxpayer) is based on all information of which preparer has any knowledge.	est of my know	/ledge and b	elief, it is true,	
Siðu 🔝	The second	Ma	v the IBS dis	icuss this return	with
Here	1000 Thit 3-18-15 CEO		-	own below (see	
	Signature of officer Date Title	ins	tructions)?	X Yes	
	Print/Type preparer's name Preparer's ideature Date Che	ick 🛄 if			
		- employed			
Paid	JOEL JOYCE JOYCE 3/n1.5	emhinàga	DO1	001488	2
Preparer		min Citi		074740	
Use Only		m's EIN 🕨		014140	<u> </u>
		,	111	071 70	000
	Firm's address > MILWAUKEE, WI 53226-3255	ione no. (414)	271-78	000

Form 990-T (2013) INC .

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Page 3

Schedule C - Rent Inc 1. Description of property	onie (i	rom Near	Frope		<u>i Fersonal</u>	Frope	rty Lea:	sea wii	n Real P	торе	FLAN and m	500000037
(1) (2)										· · · ·		
(3)												
(4)		•							·			
		2. Rent receiv	ed or accru	ed								
(a) From personal property (rent for personal propert 10% but not more t	y is more t	entage of han	(b)	of rent for p	nd personal prope ersonal property e t is based on profi	xceeds 50%	í or if	3(a)	Deductions dire columns 2(ectly cor a) and 2	thected with th (b) (attach scho	ie income in idule)
(1)												
(2)												
(3)												
(4)												
Total		0.	Total				0.	_				
c) Total Income. Add totals of co ere and on page 1, Part I, line 6,	column (A)	🕨				0.		e and on page 6, column (B)			C
Schedule E - Unrelated	d Debt	-Financed	Incon	1e (see i	nstructions)							
					2. Gross in	mont emos		3. Dedu	to debt-fir	connect nanced p	ted with or allo property	cable
1. Description o	f debt-final	nced property			or allocabl financed	e to debt-	(a) Straight li	e depreciation	ł	(b) Other	deductions
,						p			schedule) MENT 2		(attach	schedule) ธารณา วิ
(1) OFFICE SPACE						7,87) IAID	21,25			$\frac{20}{20},100$
					پ ا	,,,,,,	/ •			•••		20,100
(2)										+		
(3) (4)												
 Amount of average acquisition debt on or allocable to debt-financ property (attach schedule) 	n iect	ofora debt-fina	 Average adjusted basis of or allocable to debt-financed property 		6. Column by colu			reportabl	s income e (column lumn 6)		(column 6 x	ble deductions total of column and 3(b))
STATEMENT 4		STATEN										
(1) 627,0	48.		830,	491.	7	5.50	%		43,69	7.		31,225
(2)							%					
(3)							%			-+		
(4)		- · · · · · · · · · · · · · · · · · · ·					%					
									nd on page 1, , column (A).		Part I, line 2	nd on page 1, 7, column (8).
Totals									43,69			<u>31,225</u>
Total dividends-received deduct Schedule F - Interest, A	tions inclu	uded in column	8							. 🕨 📃		0
ichedule F - Interest, /	Annuit	ies, Royal	ties, ar					anizatio	ons (see ir	nstruc	tions)	
				Exemp	t Controlled C	rganizati	ons				·····	
1. Name of controlled organizat	ion	2. Employer ide numb			3. related income ee instructions)		4. of specified ments made	inclu	Part of column 4 ided in the cont ization's gross	trolling	connecte	tions directly d with income olumn 5
(1)						1					1	
(2)											1	
3)												
(4)												
onexempt Controlled Organia	zations											
7. Taxable Income	8. Ne	t unrelated income (see instructions)		9. Tot	al of specified pay made	ments	in the co	f column 9 ti introlling org gross Incon	nat is included anization's ne		Deductions di with income in	rectly connecte column 10
1)								· .				
3)				-								
(4)												
ר <u>ייי</u>		·		1			Enter her	columns 5 a re and on pa	ge 1, Part I,	Ent		page 1, Part I,
							Hr	ne 8, column			line 8, colu	- •
olais						🕨			0.			C

Form 990-T (2013) INC -

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

(++++++++++++++++++++++++++++++++++++++				
1. Description of Income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, tine 9, column (A).			Enter here and on page 1, Part I, line 9, column (B)
Totals	0.			0.

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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26,
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7,	5. Circutation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)] [
(3)			1			
(4)						
Totals (carry to Part II, line (5))	Ο.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation Income		leadership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)					1		
(4)							
Totals from Part I	0.	0.				:	0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.	0.					0
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	nstructions)			
1. Name			2. Title	3. Perce time devoi busine	ted to		ensation attributable related business
(4)					0/		

1. Name	2. Title	time devoted to business	to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II, line 14	<u></u>		0.

4	\sim				
÷.	FOX	VALLEY	WORKFORCE	DEVELOPMENT	BOARD,

FORM 990-T	INTEREST PAID		STATEMENT]
DESCRIPTION			AMOUNT	
BANK MORTGAGE			20,1	43.
TOTAL TO FORM 990-T, PAG	E 1, LINE 18		20,1	43.
FORM 990-T SCHED	ULE E - DEPRECIATION DEDUCT	'ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL - 1	21,258.	21,2	58.
FOTAL OF FORM 990-T, SCH	EDULE E, COLUMN 3(A)		21,2	58.
FORM 990-T SC	HEDULE E - OTHER DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
NAGES PAYROLL TAXES AND BENEFI MAINTENANCE JTILITIES PROPERTY TAXES		1,886. 285. 7,168. 6,032. 4,729.		
	– SUBTOTAL – 1		20,10	
TOTAL OF FORM 990-T, SCH	EDULE E, COLUMN 3(B)		20,10	00.

36

11

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FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISTION DEBT ALLOCATED - SUBTOTAL -	1	627,048.	627,04	48.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		627,04	48.

- 1,1

2

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FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY				STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS ALLOCATED - SUBTOTAL	- 1	830,491.	830,49	€1.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	15		830,49	91.

38