FOX VALLEY WORKFORCE DEVELOPMENT BOARD, INC. 1401 MCMAHON DR NEENAH, WI 54956-6305

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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FORM 990-T

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Form 990-T	Exempt Org	anization Bus (and proxy tax under	er sec	tion 6033(e))			2015		
	For calendar year 2015 or other ta	t Form 990-T and its instruct		<u>, and ending</u> <u>UUIN</u>		<u>~</u> ≈	2013		
Department of the Treasury Internal Revanue Service	Do not enter SSN num	bers on this form as it may	he made	nublic if your organizati	ion is a 501(c)(3).	Ope 501	n to Public Inspection for (c)(3) Organizations Only		
A Check box if	Name of organization	(Check box if name ch	nanced a	nd see instructions.)		D Employer	r identification number ses' trust, see		
address changed	FOX VALLEY	WORKFORCE D	EVEL	OPMENT BOAR	D,	instructio			
B Exempt under section	Print INC.						-1571085 business activity codes		
x 501(c)(3)									
408(e) 220(e)		Type 1401 MCMAHON DR							
408A530(a)		province, country, and ZIP or	foreign	postal code					
529(a)	NEENAH, WI					5311	20		
C Book value of all assets	F Group exemption number (S	ee instructions.)					·····		
856,039.	G Check organization type 🕨	X 501(c) corporation	1 [501(c) trust	401(a) trust		Other trust		
H Describe the organizati	on's primary unrelated business	activity. RENTAL	INCO)ME			111 AL		
I During the tax year, wa	s the corporation a subsidiary in	an affiliated group or a parer	nt-subsid	liary controlled group?	····· ► L	Yes	X No		
	and identifying number of the p	arent corporation.		T. I	ne number 🕨 9	20-7	20-5600		
J The books are in care of	GARY NOW	I		(A) Income	(8) Expense:		(C) Net		
	ed Trade or Business			(A) income	(b) Expenses	Distance of	(0)		
1a Gross receipts or sa						R			
b Less returns and all		c Balance	1c 2			3 3 1	CONTRACTOR STATES		
-	(Schedule A, line 7)				And Same				
- a005			3 4a						
	ome (attach Schedule D)		4a 4b						
	m 4797, Part II, line 17) (attach i		40 4c		COLOR MARSH	224			
	on for trusts		5			1000			
	partnerships and S corporation		6						
	dule C)		7	73,733.	70.	720.	3,013.		
	nced income (Schedule E) royalties, and rents from control		6						
	of a section 501(c)(7), (9), or (1								
	ctivity income (Schedule I)								
1.2 C (SUB)									
	e (Schedule J) Instructions; attach schedule)				and the second	435210			
	nes 3 through 12		13	73,733.	70,	720.	3,013.		
Part III Deduct	ions Not Taken Elsew	here (See instructions t	for limits	ations on deductions.)					
(Except fo	or contributions, deductions	must be directly connected	ed with	the unrelated business	s income.)				
14 Compensation of	officers, directors, and trustees	(Schedule K)				14			
15 Salaries and wag	85					15	734.		
16 Repairs and main	tenance					16			
17 Bad debts			mannet			17			
18 Interest (attach s	chedule)					18			
19 Taxes and license	es					19			
20 Charitable contril	outions (See instructions for limi	tation rules)				20			
21 Depreciation (atta	ach Form 4562)		ă (en riți	21					
22 Less depreciation	n claimed on Schedule A and els	ewhere on return		22a		22b 23			
23 Depletion									
24 Contributions to	deferred compensation plans								
25 Employee benefit	t programs								
26 Excess exempt e	expenses (Schedule I)								
27 Excess readersh	ip costs (Schedule J)								
26 Other deduction:	s (attach schedule) ons. Add lines 14 through 28						734.		
29 Total deduction	ons. Add lines 14 through 28 ess taxable income before net op	erating loss deduction. Subt	ract line	29 from line 13			2,279.		
30 Unrelated busine	ss deduction (limited to the amo	unt on line 30)	are stry	SEE STAT	TEMENT 1	31	2,279.		
31 Net operating to 22 Uprelated busin	ess taxable income before specif	ic deduction. Subtract line 31	t from lin	ne 30		32	0.		
32 Unrelated busine 33 Specific deducti	on (Generally \$1,000, but see lin	e 33 instructions for exception	ວກຣ)			33	1,000.		
33 Specific deducti 34 Unrelated busin	tess taxable income. Subtract I	ine 33 from line 32. If line 33	is greate	er than line 32, enter the s	maller of zero or				
Jine 32	less laxable nicolne, odoraci i						0.		
	Paperwork Reduction Act Noti						Form 990-T (2015)		
14220216 788	028 10187.1AU0	2015.0504	0 FC	X VALLEY WC	RKFORCE	DEVE	LO 10187_01		

FOX	VALLEY	WORKFORCE	DEVELOPMENT	BOARD,
LOW	A 111111 1	nonne oncon	20.000000000000000000000000000000000000	,

art III Tax Computation				
35 Organizations Taxable as Corporations. See instructions for tax computation.		113		
Controlled group members (sections 1561 and 1563) check here 🕨 🥅 See instructions an	nd:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order				
(1) \$ (2) \$ (3) \$				
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			4	
		(PA)		
(2) Additional 3% tax (not more than \$100,000)		▶ 35		(
c Income tax on the amount on line 34	en line 94 from:			
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			19	
Tax rate schedule or Schedule D (Form 1041)				
37 Proxy tax. See instructions		nina 🕨 📑		
38 Alternative minimum tax				
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		3	9	
art IV Tax and Payments				
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b Other credits (see instructions)				
c General business credit. Attach Form 3800				
d Credit for prior year minimum tax (attach Form 8801 or 8827)		13		
e Total credits. Add lines 40a through 40d		40	le	
41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	DEE Other course			
43 Total tax. Add lines 41 and 42		(11) 4	a	
44 a Payments: A 2014 overpayment credited to 2015	44a			
b 2015 estimated tax payments				
c Tax deposited with Form 8868	44c		12	
d Foreign organizations: Tax paid or withheld at source (see instructions)				
e Backup withholding (see instructions)				
f Credit for small employer health insurance premiums (Attach Form 8941)				
g Other credits and payments:			5.2	
Form 4136 Total	440		3	
			5	
 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 		1 4 4 4 3 4 3 4 3 4 3 5 3 5 5 5 5	16	
			17	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		🕨 🔟	17	
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 	·····		48	
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47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Informa At any time during the 2015 calendar year, did the organization have an interest in or a signature or securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11: Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization incores a distribution from, or was it the granter of, or transferer to, a loreign if YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/ Inventory at beginning of year 1 2 6 3 7 4a 8 4b 8 5 5 4b 9 6 Inventory at beginning of perjury. Lectare that I have examined this return, including accompanying schedules a correct and complete. DeCalation of proparer (other than taxpayer) is based on all information of which property produced the organization? 1 1	Refund tion (see instruction r other authority over a 4, Report of Foreign Ba trust? /A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) in nd statements, and to the b eparer has any knowledge. Date Cho	to est of my knowled instruction to apply to may he p instruction instructin instruction instruction i	18 19 Int (bank, al 6 7 Indge and belief, the IRS discuss reparer shown	Yes It is true, It is true, It is true,
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 41 Statements Regarding Certain Activities and Other Informa At any time during the 2015 calendar year, did the organization have an interest in or a signature or securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11. Accounts. If YES, enter the name of the foreign country here ● During the tax year, did the organization may have to file. ● During the tax year, did the organization may have to file. ● 1 Enter the amount of tax-exempt interest received or accrued during the tax year ● 2 0 0 0 N/ 1 Inventory at beginning of year 1 6 Inventory at end of 2 0 0 0 0 0 N/ 4a Additional section 263A costs (att. achedule) 4a 8 0 the rules of section 263A costs (att. achedule) 4 Additional section 263A costs (att. achedule) 4a 8 Do the rules of section 263A costs (att. achedule) 5 <t< td=""><td>Refund tion (see instruction r other authority over a 4, Report of Foreign Ba trust? /A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) in nd statements, and to the b eparer has any knowledge. Date Cho</td><td>to est of my knowle instruction</td><td>18 19 Int (bank, al 6 7 Int (bank, al 6 7 Int (bank, al 1 1 1 1 1 1 1 1 1 1 1 1 1</td><td>Yes It is true, this return w below (see Yes</td></t<>	Refund tion (see instruction r other authority over a 4, Report of Foreign Ba trust? /A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) in nd statements, and to the b eparer has any knowledge. Date Cho	to est of my knowle instruction	18 19 Int (bank, al 6 7 Int (bank, al 6 7 Int (bank, al 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes It is true, this return w below (see Yes
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Informal At any time during the 2015 calendar year, did the organization have an interest in or a signature on securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11: Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization foce/ve a distribution from, or was it the granter of, or transferer to, a foreign fil YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ ichedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/ Inventory at beginning of year 1 6 Inventory at beginning of year 1 2 2 7 4a 8 3 6 6 Inventory at beginning of year 4a 4a 4b 8 5 Cost of labor 4a Additional section 203A costs (att. schedule) 4a	Refund- tion (see instruction other authority over a 4, Report of Foreign Ba itrust? /A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) in adstatements, and to the tepparer has any knowledge. Date Chegal/17/7	to apply to est of my knowle instruction to apply to est of my knowle instruction if - employed	18 19 Int (bank, al 6 7 Interpretations) 10 10 10 10 10 10 10 10 10 10	Yes It is true, a this return w below (see Yes 34908
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Informal At any time during the 2015 calendar year, did the organization have an interest in or a signature or securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11: Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the granter of, or transferer to, a foreign fit YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ ichedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/ Inventory at beginning of year 1 6 Inventory at beginning of year 1 2 2 7 4a 8 3 6 4b 9 4a 9 4b 9 5 Cost of labor 4a 4a 5 Total. Add lines 1 through 4b 5	Refund- tion (see instruction other authority over a 4, Report of Foreign Ba itrust? /A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) in adstatements, and to the tepparer has any knowledge. Date Chegal/17/7	to est of my knowled instruction to apply to may he p instruction instructin instruction instruction i	18 19 Int (bank, al 6 7 Interpretations) 10 10 10 10 10 10 10 10 10 10	Yes It is true, this return w below (see Yes
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Informa At any time during the 2015 calendar year, did the organization have an interest in or a signature or securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11. Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization form, or was it the granter of, or transferer to, a foreign if YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/ Inventory at beginning of year 1 Purchases 2 7 Cost of goods sold from line 5. Enter h 8 Bo the rules of sector property roduced the organization? Under penalties of perjury. I declare that I have examined this return, including accompanying schedules a correct and compute	Refund- tion (see instruction coher authority over a 4, Report of Foreign Ba itrust? / A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) : experies has any knowledge. Date Cho 2//7//7 Fi	to apply to est of my knowle m s EIN	48 49 Int (bank, al 6 7 rdge and belief, the IRS discuss reparer shown uctions)? X PTIN PO008 39-09	Yes It is true, It
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Informal At any time during the 2015 calendar year, did the organization have an interest in or a signature or securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 11: Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the granter of, or transferer to, a foreign fit YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ ichedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/ Inventory at beginning of year 1 6 Inventory at beginning of year 1 2 2 7 4a 8 3 6 4b 9 4a 9 4b 9 5 Cost of labor 4a 4a 5 Total. Add lines 1 through 4b 5	Refund- tion (see instruction coher authority over a 4, Report of Foreign Ba itrust? / A year . Subtract line 6 ere and in Part I, line 2 ion 263A (with respect or acquired for resale) : experies has any knowledge. Date Cho 2//7//7 Fi	to apply to est of my knowle instruction to apply to est of my knowle instruction if - employed	48 49 49	Yes It is true, It

						_	d With Real Prop		
Description of property									
1)									
2)									
3)									
4)									
	2.	Rent received o					3(a) Deductions directly	connected with	the income in
 (a) From personal property (if the rent for personal property is 10% but not more than 	more than	eof	* of rent for pr	id personal property ersonal property exce t is based on profit or	eds 50% or	tage f	columns 2(a) an	d 2(b) (attach sc	hedule)
1)									
2)									
3)									
4)									
otal		0. 10	ital			0.			
) Total income. Add totals of colu ere and on page 1, Part I, line 6, co						0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0
chedule E - Unrelated	Debt-Fi	inanced lt	COME (see	instructions)				÷	
				1			3. Deductions directly con	nected with or a	llocable
				2. Gross inco			to debt-financ		
1. Description of d	ebt-financed	t property		or allocable a financed pr		(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)	
,						on	TATEMENT 2	STATE	
					3,733		$\frac{1 \times 1 \times 1 \times 1 \times 1}{25,271}$		45,449
(1) OFFICE SPACE				1.	5,133	•	63,611	•	33,333
(2)									
(3)									
(4)				<u> </u>			· · · · · · · · · · · · · · · · · · ·		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	bt on or allocable to debt-financed of or allocable to property (attach schedule) debt-financed property		cable to of property		 Column 4 divided by column 5 		7. Gross income reportable (column 2 x column 6)	(column	cable deductions 5 x total of columns I(a) and 3(b))
STATEMENT 4				10	0.00		73,733		70,720
(1) 605,93	<u>. 88</u>		211,270. 100.00		0.00%	_		•	10,120
(2)					%				
(3)					%				
(4)					%			_ <u>_</u>	
							inter here and on page 1,		re and on page 1, ine 7, column (B).
							Part I, line 7, column (A).	100	
Totals					minimum		<u> </u>		<u>70,720</u>
								<u>> </u>	0
Schedule F - Interest, A	nnuitie	s, Royalti	es, and Re	nts From Co	ontrolle	d Orga	Inizations (see ins	tructions)	
			Exem	pt Controlled O	rganizatio	ns			
1. Name of controlled organizate	n	2. Emptoyer iden пumbe		3. unrelated income (see instructions)		4. If specified ents made	 Part of column 4 to included in the control organization's gross in 	lling conn	eductions directly acted with Income in column 5
(1)									
(1)		· · · · · · · · · · · · · · · · · · ·			ľ				
(2)		1							201
(3)									
(4) Nonexempt Controlled Organiz	rations	L			1				
			fleen) 0 f	Total of specified pay	mente	10 Port -	f column 9 that is included	11. Deduction	ns directly connecte
7. Taxable income		unrelated income see instructions)	(1053) 9.	made	menta	in the co	prosi income		na in column 10
(1)									
(2)									
	<u> </u>								
(4)	I						columns 5 and 10.	Add col	umns 8 and 11.
							reand on page 1, Part I,		nd on page 1, Part I
Ţ.							ne 8, column (A).	line 6	, column (B).
Totals							ine 8, column (A). 0 •	line 6	, column (B).

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Page 4

0.

5. Total deductions and set-asides

(col. 3 plus col. 4)

Enter here and on page 1, Part I, line 9, column (B).

FOX VALLEY WORKFORCE	DEVELOPMENT BOAI	ΧD,	
Form 990-T (2015) INC			<u>39-157108</u>
Schedule G - Investment Income of a Section (see instructions)	n 501(c)(7), (9), or (17) Or	ganization	
1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)
(1)			
(2)			ļ
(3)		<u>.</u>	
(4)			
	Enter here and on page 1, Part I, line 9, column (A).		

Totals

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

	1						
	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 cots. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)					<u> </u>		
		Enter here and on page 1, Part I, fine 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.		in the second		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) (cot 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circutation	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)					<u> </u>	- 10. S. 10. 20
(4)						
otals (carry to Part II, line (5))	▶ 0.	. 0.				0

Totals (carry to Part II, line (5)) 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 cos		4. Advertising gain or (loss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7,		culation come	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.		0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part I line 11, col. (E	i, 📗					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.			a share	1000	0.
Schedule K - Compensatio	n of Officers,	Directors,	and	Trustees (see in	nstructio	ns)		
1. Name				2. Title		3. Percent of time devoted f business		ompensation attributable o unrelated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
Total. Enter here and on page 1, Part II,	line 14	1						0
Total. Linter nere and on page 1, Faith,	In the second se							Form 990-T (2015

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FOX VALLEY WORKFORCE DEVELOPMENT BOARD,

39-1571085

ORM 990-T NET OPERATING	LOSS DEDUCTI	ON	STATEMENT 1
LOSS PREVIOUS AX YEAR LOSS SUSTAINED APPLIE		OSS AINING	AVAILABLE THIS YEAR
6/30/14 7,671. 4,	704.	2,967.	2,967.
OL CARRYOVER AVAILABLE THIS YEAR		2,967.	2,967.
ORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCT	NOI	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION - SUBTOTAL	- 1	25,271.	25,271
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 3(A)		25,271
FORM 990-T SCHEDULE E - OTH	ER DEDUCTION	S	STATEMENT
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DESCRIPTION MORTGAGE INTEREST BUILDING MAINTENANCE - SUBTOTAL	NUMBER	AMOUNT 24,099. 21,350.	TOTAL 45,449
MORTGAGE INTEREST BUILDING MAINTENANCE	NUMBER - 1	24,099.	
MORTGAGE INTEREST BUILDING MAINTENANCE - SUBTOTAL	NUMBER - 1 N 3(B) ON DEBT ON O	24,099. 21,350.	45,449
MORTGAGE INTEREST BUILDING MAINTENANCE TOTAL OF FORM 990-T, SCHEDULE E, COLUM FORM 990-T AVERAGE ACQUISITI	NUMBER - 1 N 3(B) ON DEBT ON O	24,099. 21,350.	45,449 45,449
MORTGAGE INTEREST BUILDING MAINTENANCE TOTAL OF FORM 990-T, SCHEDULE E, COLUM FORM 990-T AVERAGE ACQUISITI ALLOCABLE TO DEBT-F	NUMBER - 1 N 3(B) ON DEBT ON O 'INANCED PROP ACTIVITY NUMBER	24,099. 21,350.	45,449 45,449 STATEMENT TOTAL

5 STATEMENT(S) 1, 2, 3, 4 2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01 14220216 788028 10187.1AU01

FOX VALLEY WORKFORCE DEVELOPMENT BOARD,

39-1571085

ORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F	STATEMENT 5		
ESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		211,270.	211,270
COTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		211,270

STATEMENT(S) 5 14220216 788028 10187.1AU01 2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01