

WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

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

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| | | | * PUBLIC DISCLOSURE CO | PY ** | \bigcirc | | | | | |
|--------------------------------|---------------------|----------------------------|--|---|--------------------------------|-----------------------------|--|--|--|--|
| | 00 | | Return of Organization Exempt Fi | rom li | ncome Tax | OMB No. 1545-0047 | | | | |
| Form | 99 | JU | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C | Code (exc | ept private foundations | 2015 | | | | |
| FORM | | | Do not enter social security numbers on this form as | s it may b | e made public. | Open to Public | | | | |
| | | the Treasury le Service | Information about Form 990 and its instructions is a | | | Inspection | | | | |
| | | | | | UN 30, 2016 | | | | | |
| | | - | forganization | | D Employer identifica | tion number | | | | |
| B Cr ap | eck If plicable: | | VALLEY WORKFORCE DEVELOPMENT BOARD | | | 00 | | | | |
| | Address | | | | | | | | | |
| - | 71085 | | | | | | | | | |
| - | change Initial | <u></u> | usiness as and street (or P.O. box if mail is not delivered to street address) | loom/suite | E Telephone number | | | | | |
| 920-720-56 | | | | | | | | | | |
| <u> </u> | termin- | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,415,353. | | | | |
| | ated Amende | | IAH, WI 54956-6305 | | H(a) Is this a group retu | | | | | |
| | iretum Applica | | nd address of principal officer:ANTHONY SNYDER | | for subordinates? | | | | | |
| | Itión pending | | AS C ABOVE | | H(b) Are all subordinates incl | | | | | |
| | | | X 501(c)(3) 501(c) () ≤ (insert no.) 4947(a)(1) or | r 527 | | st. (see instructions) | | | | |
| | | | FOXVALLEYWORK . ORG | | H(c) Group exemption | | | | | |
| JW | ebsite | | X Corporation Trust Association Other | L Vear | of formation: 1983 M | | | | | |
| Pa | | Summary | | L (Car | 51 [611]d161. 29 0 0] 11 | | | | | |
| <u>ra</u> | | Summary | be the organization's mission or most significant activities: FOX V | ALLEY | WORKFORCE D | EVELOPMENT | | | | |
| e | 1 6 | | FVWDB) IS A NOT-FOR-PROFIT WORKING | | UTTLD & WORLD | -CLASS | | | | |
| Governance | 4 | | x ► if the organization discontinued its operations or dispose | ad of more | than 25% of its net ass | ets | | | | |
| -eri | | | | | 3 | 26 | | | | |
| ő | | | | | | 26 | | | | |
| e 0 | | | dependent voting members of the governing body (Part VI, line 1b) | | | 54 | | | | |
| Activities & | | | of individuals employed in calendar year 2015 (Part V, line 2a) | | | 26 | | | | |
| tivi | | | of volunteers (estimate if necessary) | | | 3,013. | | | | |
| Ac | | | d business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| | <u>b</u> | Net unrelated | business taxable income from Form 990-T, line 34 | | Prior Year | Current Year | | | | |
| | _ | · | (Dect) (Dect) (U) (Fee 4b) | | 3,251,153. | 3,324,104. | | | | |
| ne | | | s and grants (Part VIII, line 1h) | | 20,414. | 17,513. | | | | |
| Revenue | | | ice revenue (Part VIII, line 2g) | | 12. | 3. | | | | |
| He | | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 6,586. | 3,013. | | | | |
| | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,278,165. | 3,344,633. | | | | |
| <u> </u> | | | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | I | 2,259,512. | 2,329,595. | | | | |
| | | | imilar amounts paid (Part IX, column (A), lines 1-3) | 12.8 | 0. | 0. | | | | |
| | | | to or for members (Part IX, column (A), line 4) | 10.0 | 678,429. | 664,118. | | | | |
| 8 8 8 | | | | 1 T. C. | 0. | 0. | | | | |
| Expenses | | | fundraising fees (Part IX, column (A), line 11e) | 0. | | | | | | |
| - E | | | sing expenses (Part IX, column (D), line 25) | | 454,496. | 372,159. | | | | |
| | | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,392,437. | 3,365,872. | | | | |
| | 1 | • | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | -114,272. | -21,239. | | | | |
| - 22 | 19 | Hevenue les: | s expenses. Subtract line 18 from line 12 | | eginning of Current Year | End of Year | | | | |
| Net Assets or Fund Balances | | | | | 1,007,857. | 856,039. | | | | |
| Bala | 20 | | (Part X, line 16) | | 1,036,885. | 906,306. | | | | |
| et A | 21 | | s (Part X, line 26) | | -29,028. | -50,267. | | | | |
| 22 | 22 | Signatu | r fund balances. Subtract line 21 from line 20 | | | | | | | |
| | art II | | I declare that I have examined this return, including accompanying schedules | n and states | nents, and to the best of my | knowledge and belief, it is | | | | |
| Und | er pena | itties of perjury | c) declare that I have examined this return, including accompanying sciedules | S dilu Sialei | r has any knowledge | Kitomeoge and benefit to | | | | |
| true | , correc | t, and complet | e. Declaration of preparer (other than officer) is based on all information of wh | ilcii prepare | | 1 | | | | |
| | | Sonati | ire of office | | Date | / | | | | |
| Sig | | | | | | | | | | |
| He | e | | print name and title | | | | | | | |
| | | | | CP4 | Date , Check | PTIN | | | | |
| | | | | Cru | alialia It | | | | | |
| Pai | | - | HAUMERSEN, CPA | - | | <u>39-0974031</u> | | | | |
| | parer | Firm's name | WEGNER CPAS, LLP | | Firm's EIN | <u> </u> | | | | |
| Use | Only | I Firm's addre | SS 2110 LUANN LN | | Phone po 60 | 8-274-4020 | | | | |
| | | <u> </u> | MADISON, WI 53713-3074 | | | X Yes No | | | | |
| | _ | | | | | Form 990 (2015) | | | | |
| 532 | 01 12- | 16-15 LHA | For Paperwork Reduction Act Notice, see the separate instruction | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | FOX VALL WORKFORCE DEVELOPMENT BOI 7, |
|-----------|---|
| Eine o | 30-1571085 Proc 2 |
| Part | INC. 59-1571005 Page2 |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 1 | Briefly describe the organization's mission: |
| | FOX VALLEY WORKFORCE DEVELOPMENT BOARD (FVWDB) IS A NOT-FOR-PROFIT |
| 1 | WORKING TO BUILD A WORLD-CLASS WORKFORCE IN NORTHEAST WISCONSIN |
| | SERVING SIX COUNTIES: CALUMET, FOND DU LAC, WINNEBAGO, WAUSHARA, |
| | WAUPACA, AND GREEN LAKE. FVWDB COLLABORATES WITH A NUMBER OF STATE |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | If "Yes, " describe these new services on Schedule Q. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| | (Code:) (Expenses \$ 1,771,947. including grants of \$ 1,771,947.) (Revenue \$) |
| | THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD SERVES CUSTOMERS IN ITS |
| | ONE-STOP JOB CENTERS FOR EMPLOYMENT-RELATED SERVICE AND WORK READINESS |
| | WORKSHOPS UNDER WORKFORCE INNOVATION AND OPPORTUNITY ACT DISLOCATED |
| | WORKER, ADULT, NATIONAL EMERGENCY GRANT, AND SPECIAL RESPONSE GRANT |
| | PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:)(Expenses \$ 772,958. including grants of \$)(Revenue \$); FOX VALLEY WORKFORCE DEVELOPMENT BOARD, THROUGH WIOA SUBCONTRACTORS, AND OTHER GRANTS PROVIDE A WIDE ARRAY OF SERVICES TO ELIGIBLE INDIVIDUALS. THOSE SERVICES CAN RANGE FROM BASIC JOB SEARCH ASSISTANCE (TO INCLUDE LABOR MARKET INFORMATION), RESUME DEVELOPMENT, WORKSHOPS (HOW TO INTERVIEW), SOFTWARE TUTORIALS, TRAINING AT ACCREDITED |
| | INSTITUTIONS, AND SUPPORT SERVICES (E.G., MILEAGE EXPENSE). |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Code:) (Expenses \$557,648. including grants of \$557,648.) (Revenue \$17,513.) |
| 4c | (Code:) (Expenses \$ |
| | DISLOCATED WORKER RAPID RESPONSE PROGRAMMING AND OTHER BUSINESSES WITH |
| | RETENTION SERVICES UNDER WORKFORCE INNOVATION AND OPPORTUNITY ACT |
| | DISLOCATED WORKER, ADULT, NATIONAL EMERGENCY GRANT, AND SPECIAL |
| | RESPONSE GRANT PROGRAMS. |
| | RESPONSE GRANT PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 3,102,553. |
| 53200 | |
| 12-16 | -15 |
| | 2 0216 788028 10187.1AU01 2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01 |
| 1220 | 216 788028 10187.1AU01 2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01 |

FOX VALL

WORKFORCE DEVELOPMENT BOZ

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| Form | 390 (2015) INC. <u>39-1571</u> | <u>085</u> | P | age 3 |
|------|--|------------|----------|----------|
| Par | IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | <u> </u> |
| 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 | <u> </u> | X |
| 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 | <u> </u> | X |
| 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 | <u> </u> | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | ļ | 1 |
| | 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 | <u> </u> | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| _ | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | X | |
| 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 | <u> </u> | X |
| 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 | 1 | 1 | |
| | as applicable. | 1 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| - | Part VI | 11a | <u>X</u> | <u> </u> |
| ь | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 1 | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | <u> </u> | <u>X</u> |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| Ы | 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 | 1 | 1 | 1 |
| - | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | _ | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| 1 | 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 10. |
| 1201 | Schedule D, Parts XI and XII | 12a | X | |
| h | 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 | 120 | | <u>X</u> |
| 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 | | <u>X</u> |
| b | The standard standard standard 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 | <u>14b</u> | | <u> </u> |
| 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 | | | |
| 10 | 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 | | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| 1.8 | column (A), lines 6 and 11e? If *Yes, * complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| .0 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | _ | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If *Yes,* | | | |
| .5 | complete Schedule G, Part III | 19 | | <u> </u> |

Form 990 (2015)

532003 12-15-15

| FOX | VALI | 1 | WORKFORCE | DEVELOPMENT | во Э, |
|-----|------|---|-----------|-------------|-------|
| | | 1 | | | |

| Form | 990 (2015) INC. <u>39-1571</u> | 085 | Pa | age 4 |
|---------|---|-------------|----------|----------------|
| | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | 21 | X | <u> </u> |
| 22 | 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 | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 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 | 1 | | |
| | Schedule K. If "No", go to line 25a | 24a | <u> </u> | <u>X</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ┣── |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | — |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 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 | <u>25a</u> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | 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? /f "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | - | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | 1 | 37 |
| а | | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 286 | | X |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | x |
| | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | x |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u><u></u></u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | x |
| | Part V, line 1 | | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | + <u>A</u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35b | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 3 <u>30</u> | - | + |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | x |
| <u></u> | If "Yes," complete Schedule R, Part V, line 2 | 30 30 | 1 | +** |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | x |
| ~~~ | 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? | | 1 | |
| 38 | Note, All Form 990 filers are required to complete Schedule O | 38 | x | |
| | Note. All Form 350 there are required to complete Ochequire O | | | |

Form **990** (2015)

532004 12-16-15

| Pert V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O continus a response or nels to any line in the Part V Yes 1a Enar the number of Forms W2G included in line 1a. Entr- 0. If not applicable 1a 6 1b Enar the number of Forms W2G included in line 1a. Entr- 0. If not applicable 1a 6 2a Enar the number of Forms W2G included in line 1a. Entr- 0. If not applicable 1a 6 2a Enar the number of anyoy with backup witholding ules for reportable payments to vendors and reportable garning (gambing) with o within the year orveral by the relation 2a 54 2a Enar the number of anyoy with backup witholding ules tor reportable payments to relations? 2b X 3b It to cignization have unvisited basiness gross income of 31,000 or more dumg the year? 3b X 3b It was the any time a (the foreign country) two is a this account, a scenation active financial Accounts? 4a X 10 Tres, "note the anne of the foreign country). Ea X 5b It was the organization have an interest in, or a signature or other authority over, a financial Account is active and party for to missign? 4a X 5b It was, to the cignization have an interest in, or a signature | Form | 990 (2015) INC. <u>39-157</u> | 1085 | P | age 5 |
|--|--|---|-----------|-------|-------|
| Check if Schedule Q contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0 in not applicable 1a 6 1b Dot The number of Porne W-20 included in Iline 1a. Enter -0 in not applicable 1a 6 2 Enter the number of entropyces reported on Form W-3. Transmitted of Wage and Tax Statements. 2a X 8 Enter the number of entropyces reported on Form W-3. Transmitted of Wage and Tax Statements. 2a X 9 Enter the number of entropyces reported on Form W-3. Transmitted of Wage and Tax Statements. 2a X 9 If at least one is reported on Inte S., ddt en organization fie at required to effec (see instructions) 3a X 30 Did the organization have unrelated business groces incore of S1 Statements. 2a X 41 A any time the name of the forgin country? As As X 54 D's and second and second and second se | 100 March 100 Ma | | | | |
| 1a Enter the number or prome USG. Enter 0- if not applicable 1a 6 b Dister the number of promes W2G included In line 1a. Enter 0- if not applicable 1b 0 2 Dister the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1a 1a 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a X 3 Bit at last one is reported on the 2a, did the organization file all required Identify employment tax returns? 2a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3 Did the organization have unneaded business greans have and the number of more authority over, a financial account is origin country fuel has a bank account, socurities (account)? 3a X 4 A any time the human of the origin country? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FAR), See instructions or proto application have sociation analy you applicate and you appli | L | | | | |
| ■ Entor the number of Forms W-20 included in line 1a. Enter 0- if not applicable Ib 0 0 bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with within the syst covered by this return 10 10 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a X 3b Did the organization large and the syst covered by this return? 2a X Note. If the sum of inset 1a and 2a is greater than the syst covered by this return? 2a X Note. If the sum of inset 1a and 2a is greater than 250, your may be required to efficie (see instructions) 3a 3a X 10 11 vsc, than 21 field a Form 390-17 forth is yast? 11 vsc, than 20 show 20 provide an explanation in Schedulo O vst, a financial accounts (FBAR). 3a X 2a X Note if the systement of the foreign outprive if the organization have an interest in, or a signature or other intancial accounts (FBAR). 5a X 3b Did any taxable party noity the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a X 3c If Yss, that due foreign outprive the value of the organization in any time during the tax shaft 7a X 10 | | | | Yes | No |
| b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable | 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 6 | | 1000 |
| c Det the organization comply with backsp withholding rules for reportable payments to vendors and reportable garming for the calendar year ending with or within the year covered by this return. 2a 5d 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 5d 3b If at least on is reported on ine 3d, oit the organization field af negative fielderal amployment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be requered to e-fiel (sein instructions) 3a X 3b If "Yes," that if field a form 990. Tor this year? If Yes, 'to file 3b, parvide an explanation in Schedule O 3b X 4a A any time during the calendary year, dith eorganization have an interest in, or a signature or other financial accountly 4a X 5G Did any tageinaments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8a X 5G Did any tageination have annual gross receinsts that are normally greater than \$100,000, and did the organization have annual gross receinst that are or analy greater than \$100,000, and did the organization solicit any contributions or gifts 7a X 6 Did the organization neither depate solicitation an express statement that such contributions or gifts 7a X 7 Organ | | | 0 | | |
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| b If "Yes," entor the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 5886-17? Concentration and any to a prohibited tax shelter transaction? See instructions for the organization naise any text deductible a charitable contributions? If 'Yes,' to line 5a or 5b, did the organization file form 5886-17? Concentration receive annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or glfts were not tax deductible? Conganization nealwe with every solicitation and express statement that such contributions or glfts were not tax deductible contributions under section 170(c). Did the organization nealwe apprent in excess of \$57 made party as a contribution and party for goods and services provided to the payor? To 'Yes,' indicate the number of Forms 8282 filed during the year Cod U 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization nealwe any time, directly or indirectly, on a personal benefit contract? Did the organization nealwe a contribution of qualified intelectual property, did the organization file Form 8899 as required? Section 501(c)(2) organization make any taxable distributions under section 4966? Did the sopnooring organization make as taxable funds. Did a donor advised fund maintained by the sponsoring organization make as taxable distributions and restry for the organization file Form 1089. Cos 'Did 'Did 'Yes,'' enter the amount of ascempt any taxable distributions or during the year? Section 501(c)(2) organizations maintalning door advised funds, Did a donor | -14 | | 4a | 1 | X |
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| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 9 Sponsoring organizations maintaining donor advised funds. 0 a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organizations make any taxable distributions under section 4966? 9a 9b 9b 9b 10 Section 501(c)(12) organizations. Enter: a lott sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a forss income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 10b 10b 12a 12 Section 501(c)(12) organizations. Enter: a forss income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 10b 12a 12a 12a 12a< | ы | | | | |
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| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organizations maintaining donor advised funds. 8 0 Id the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 4 Yes, enter the amount of reserves the organization must report on Schedule O. 13b <tr< td=""><td>f</td><td></td><td></td><td></td><td>X</td></tr<> | f | | | | X |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 49667 9a b Did the sponsoring organization make any taxable distributions under section 49667 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 11b 11b 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 12a 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a 13a 14a 13b 13b 13b 13b 13b <tr< td=""><td></td><td></td><td></td><td></td><td></td></tr<> | | | | | |
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| 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 | 3 | | | | |
| organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a | h | | | | |
| c Enter the amount of reserves on hand | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | ~ | - | | 3 | |
| | | | <u>14</u> | a | X |
| | | | | b | |

FOX VALI WORKFORCE DEVELOPMENT BO 7,

532005 12-16-15

Form 990 (2015)

| Form 990 (2015) | INC. | | <u> </u> | <u>39-15/1085 Pag</u> |
|-----------------|------|---|-----------|-----------------------------------|
| | | and Disclosure For each "Yes" response to lines | 2 through | 7b below, and for a "No" response |

INC.

WORKFORCE DEVELOPMENT BO FOX VALL

39-1571085 Page 6

| ec | Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management | | | _ |
|------------|---|------------|-------------|----|
| | | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the tax year1a26 | and the | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 1b 26 | | | |
| 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 | | |
| 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 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | |
| | Did the organization have members or stockholders? | 6 | | |
| 6 | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | Γ |
| 7a | | 7a | | |
| | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | t |
| D | | 7b | | |
| | persons other than the governing body? | 70 | | t |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0.0 | x | 1 |
| а | The governing body? | 8a ob | X | ┢ |
| Ь | Each committee with authority to act on behalf of the governing body? | <u>8b</u> | <u>A</u> | ╞ |
| 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 | | 1 |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Т |
| | | | Yes | ╞ |
| | Did the organization have local chapters, branches, or affiliates? | <u>10a</u> | | ╀ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | <u>10b</u> | | Ļ |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | 4 |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1 | 1 | μ |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | 1 |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | a the second with the policy? If "Ves" describe | | | |
| - | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | X | T |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | 1000 | T |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 111PA | | ł |
| | The organization's CEO, Executive Director, or top management official | 15a | x | T |
| | - | 15b | | 1 |
| b | | | 0-30 | t |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | I. |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | | 1 |
| | taxable entity during the year? | 108 | | t |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 5.11 | 100 | l |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 101 | | 1 |
| | exempt status with respect to such arrangements? | 16b | ł | 1 |
| <u>Sec</u> | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | - |
| 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) | availat | sle | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website 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, an | d finar | icial | |
| | statements available to the public during the tax year. | | | |
| | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | _ |
| 20 | | | - 10 | |
| | GARY NOW - 920-720-5600 | | | |
| | <u>GARY NOW - 920-720-5600</u> 1401 MCMAHON DR, NEENAH, WI 54956-6305 | | | |
| 20 | | For | n 99 | 0 |

| Form 990 () | FOX VALL WORKFORCE DEVELOPMENT | | <u>39-1571085</u> | Page 7 |
|-------------|--|----------------------|----------------------------|--------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees | , Highest Comp | pensated | |
| | Employees, and Independent Contractors | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | <u> [</u> |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp | loyees | | |
| 1a Comple | te this table for all persons required to be listed. Report compensation for the calence | lar 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 nor any related organization compensated any current officer, director, or trustee. -

| (A) | (B) | | | (C Posi | 2) ition | | | (D) | (E) | (F) Estimated |
|--------------------------------------|--|--------------------------------|-----------------------|------------------|----------------|---------------------------------|------------|--|--|--|
| Name and Title | Average hours per week | box. | not cl unle: | heck i ss per | more rson i | than (is bot) r/trus | h an | Reportable compensation from | Reportable compensation from related | amount of other |
| | (list any hours for related organizations below line) | Individual brustee or director | institutional trustee | Officer | Key employee | Heghest compensated employee | former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JODIE LARSEN | 1.00 | | | | | | 1 | | · · · | |
| CHAIR | | X | | X | | | <u> </u> | 0. | 0. | 0. |
| (2) AIMEE HOSTETTLER VICE CHAIR | 1.00 | x | | x | | | | 0. | 0. | 0. |
| (3) JASON HENDRICKS | 1.00 | x | | x | | | | 0. | 0. | 0. |
| SECRETARY (4) JOSE MARTINEZ | 1.00 | <u> </u> | <u> </u> | | | | | | | |
| TREASURER | | x | | X | | | | 0. | 0. | 0. |
| (5) MARK WESTPHAL | 1.00 | x | | | | | | o. | 0. | 0. |
| DIRECTOR | 1.00 | | | | T | 1 | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | X | + | | + | | + | <u> </u> | | |
| (7) TREVOR MARTIN | 1.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | | | | \uparrow | - | \uparrow | 0. | | 0. |
| DIRECTOR | 1 00 | X | + | ┼╼╴ | | + | | U. | | <u> </u> |
| (9) DALE WALKER | 1.00 | x | | | | | | 0. | | . 0. |
| DIRECTOR | 1.00 | 10 | + | + | - | + | | | | |
| (10) DEBRA BEHRINGER | 1.00 | $ _{\mathbf{x}}$ | | | | | | 0. | | 0. |
| DIRECTOR | 1.00 | | + | + | | + | | | | |
| (11) DAVE THIEL | | $ \mathbf{x} $ | | | | | | 0 | . 0. | 0. |
| DIRECTOR (12) PATTI ANDRESEN-SHEW | 1.00 | _ | | + | | 1 | 1 | | | |
| DIRECTOR | | ٦x | | | | | | 0 | . 0. | . <u>0</u> . |
| (13) CRAIG WEHNER | 1.00 | | | Τ | | Τ | | | | |
| DIRECTOR | | X | | | | | | 0 | . 0. | . 0. |
| (14) AMY GROSHEK | 1.00 | | | | | | | | | |
| DIRECTOR | | <u>X</u> | <u> </u> | | | | | 0 | 0 | . 0. |
| (15) LAURA BIEHN | 1.00 | | | | | | | | . 0 | 0. |
| DIRECTOR | | X | 4 | _ _ | + | | + | 0 | · | • • • |
| (16) CRAIG CHRISTENSON | 1.00 | | | | | | | 0 | . 0 | 0. |
| DIRECTOR | 1 00 | <u>x</u> | ╇ | - | + | _ _ | + | | · | · · · · · |
| (17) BRAD GRANT | 1.00 | אר גר | | | | | | 0 | . 0 | 0. |
| DIRECTOR | | | | | | | | | <u> </u> | Form 990 (2015) |
| 532007 12-18-15 | | | | | | 7 | | | | |

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2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01

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| | , Trustees, Key Emp | oloy | ees, | and | Hig | hes | st Co | mpensated Employee | es (continued) | | - 1001 |
|--|--|--|--|---|--|--|---------------------------|--|---|--------------------|--|
| (A) Name and title | (B) Average hours per week | (do | not ci | (C Posif heck n ss per d a di | tion nore t son is | ihan (s boti | one nan | (D) Reportable compensation from | (E) Reportable compensation from related | Esti amo | (F) imated ount of other |
| | (list any hours for related organizations below | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W·2/1099·MISC) | organizations (W-2/1099-MISC) | fro orga and | ensation m the nization related nization |
| 18) CAROL KARLS | line) | 1 | lnsi | 5 | Ker | E E | For | 0. | 0. | | 2 |
| IRECTOR 19) BRIAN KAMINSKE | 1.00 | X | | | | | | 0. | 0. | | 0 |
| IRECTOR 20) TERRI LICK | 1.00 | X | - | | | | | 0. | 0. | | |
| IRECTOR 21) JAMES NITZ | 1.00 | X | | | | | | 0. | 0. | | |
| IRECTOR 22) BOB PEDERSEN | 1.00 | <u>X</u> | | | | | | 0. | 0. | | |
| IRECTOR 23) MIKE VANDER ZANDEN | 1.00 | x x | | \vdash | | | | 0. | 0. | | |
| IRECTOR 24) AMANDA KOPETSKY | 1.00 | X | | - | | | $\left \right $ | 0. | 0. | | |
| IRECTOR 25) DEBBIE WARGA | 1.00 | X | | | | t | | 0. | 0. | | |
| IRECTOR 26) MARGARET WINN IRECTOR | 1.00 | X | | | | | | 0. | 0. | | |
| 1b Sub-total | | | | | | | | 0. | 0. | | 5,38 |
| d Total (add lines 1b and 1c) | | | | | | | | 83,864. | 0. 0,000 of reportable | | 5,38 |
| compensation from the organization | | | | | | | | | | | |
| | | | | | _ | | | | | | Yes |
| 3 Did the organization list any former tine 1a? If "Yes," complete Schedule | e J for such individua | Ι | | | | | | | | 3 | Yes |
| 3 Did the organization list any former tine 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th | e J for such individua s the sum of reportal an \$150,000? If "Yes | / ble c s, " co | :omp | oens lete | atio Sch | n an edu | id ot le J i | her compensation from for such individual | the organization | | Yes |
| 3 Did the organization list any former time 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is | e J for such individua s the sum of reportal an \$150,000? If "Yes eive or accrue compe | / ble c s, " co ensa | :omp omp Ition | oens lete from | atio Sch | n an <i>edu</i> y un | id ot le J i irelat | her compensation from for such individual ed organization or indiv | the organization | | Yes |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a rece rendered to the organization? If "Ye Section B. Independent Contractors 1 Complete this table for your five hig | e J for such individua s the sum of reportal an \$150,000? If "Yes eive or accrue compe is," complete Schedu phest compensated in | / ole c s, " co ensa <u>ile J</u> ndep | comp omp tion for s | oens lete from such | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ed organization or individual that received more than | the organization vidual for services | 45 | |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal aan \$150,000? If "Yes eive or accrue compe- s," complete Schedu hest compensated in tion for the calendar (A) | / ole c s, " co ensa <u>ile J</u> ndep year | comp omp tion for s | bens lete from <u>such</u> lent ling | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ted organization or individual that received more thar in the organization's tax (B) | the organization vidual for services \$100,000 of compen year. | 4 5 sation f | irom C) |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal an \$150,000? If "Yes eive or accrue compe- es," complete Schedu hest compensated in tion for the calendar | / ole c s, " co ensa <u>ile J</u> ndep year | comp omp tion for s | bens lete from <u>such</u> lent ling | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ted organization or individual that received more than in the organization's tax | the organization vidual for services \$100,000 of compen year. | 4 5 sation f | irom |
| 3 Did the organization list any former tine 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal aan \$150,000? If "Yes eive or accrue compe- s," complete Schedu hest compensated in tion for the calendar (A) | / ole c s, " co ensa <u>ile J</u> ndep year | comp omp tion for s | bens lete from <u>such</u> lent ling | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ted organization or individual that received more thar in the organization's tax (B) | the organization vidual for services \$100,000 of compen year. | 4 5 sation f | irom C) |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal aan \$150,000? If "Yes eive or accrue compe- s," complete Schedu hest compensated in tion for the calendar (A) | / ole c s, " co ensa <u>ile J</u> ndep year | comp omp tion for s | bens lete from <u>such</u> lent ling | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ted organization or individual that received more thar in the organization's tax (B) | the organization vidual for services \$100,000 of compen year. | 4 5 sation f | irom C) |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal aan \$150,000? If "Yes eive or accrue compe- s," complete Schedu hest compensated in tion for the calendar (A) | / ole c s, " co ensa <u>ile J</u> ndep year | comp omp tion for s | bens lete from <u>such</u> lent ling | ation Sch n any per cont | n an edu y un <u>son</u> traci | id ot le J i irelat | her compensation from for such individual ted organization or individual that received more thar in the organization's tax (B) | the organization vidual for services \$100,000 of compen year. | 4 5 sation f | irom C) |
| 3 Did the organization list any former tine 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is and related organizations greater th 5 Did any person listed on line 1a recorrendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five hig the organization. Report compensation | e J for such individua s the sum of reportal aan \$150,000? If "Yes eive or accrue compe- es," <u>complete Schedu</u> thest compensated in tion for the calendar (A) usiness address | / ole c s, * co ensa <u>ile J</u> ndep year N | comp omp tion for s oend r end ION | lete from such | ation Schanary per cont with | n an edu y un son tract | id ot ke J i irelat | her compensation from for such individual ted organization or individual that received more than n the organization's tax (B) Description of | the organization vidual for services \$100,000 of compen year. services | 4 5 sation f | irom C) |

| Form 990 INC. | | | | | | | | MENT BOARD, | 39-157 | 1085 |
|---|--|---------------------------------|-----------------------|-------------------|--------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, Tr | ustees, Kev Er | npla | oyee | s, ai | nd H | ligh | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours per | | | (C Posi | 2) ition | l | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | week (list any hours for related organizations below line) | Indrividual trustee or director | Institutional trustee | Officer | key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (27) ANTHONY SNYDER CEO | 40.00 | | | x | | | | 0. | 0. | 0. |
| (28) PAUL STELTER CEO | 32.00 | | | x | | | | 83,864. | 0. | 5,386. |
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| • • • • • • • • • • • • • • • • • • • | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 83,864. | | 5,386. |

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| m | 990 | (201) | 5) |
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INC.

FOX VALL WORKFORCE DEVELOPMENT BO

Page 9 39-1571085

| Form 9 | | | | | 39-1571 | U85 Page 9 |
|---|-----------------------|--|--|---|---|--|
| Parl | C AIII | | no io this Dect VIII | | | |
| | | Check if Schedule O contains a response or note to any li | (A) Total revenue | (8) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e 3,324,104. All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| a di | g | Noncash contributions included in lines 1a-1f: \$ | 3,324,104. | | | |
| | h | Total. Add lines 1a-1f | | | | |
| Program Service Revenue | | OTHER PROGRAM SERVICES624310EMPLOYMENT TRAINING AN624310 | <u>17,418.</u> 95. | <u>17,418.</u> 95. | | |
| Rev | d | [| | | | <u> </u> |
| bro | e | All other program service revenue | | | | |
| | 1 0 | Total. Add lines 2a-2f | 17,513. | | | |
| \rightarrow | 3 | Investment income (including dividends, interest, and | | | | |
| | 4 | other similar amounts) | 3. | | | 3. |
| | 5 6 a b | Royalties (i) Real (ii) Personal Gross rents 73,733. Less: rental expenses 70,720. | | | | |
| | C | Rental income or (loss) 3,013. | 3,013. | | 3,013. | |
| | | Net rental income or (loss) Gross amount from sales of | | | <u> </u> | |
| | _ | Less: cost or other basis and sales expenses | | | | |
| | | Gain or (loss) | | | | |
| ne | d 8a | Gross income from fundraising events (not | | | | 144 |
| Other Revenue | | including \$ of contributions reported on line 1c). See Part IV, line 18 a | | | | |
| her | ь | | | | | |
| Ö | | A ST T I I I I I I I I I I I I I I I I I | | | | |
| | 9 a | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 a | | | | 1 - 1 - 1 - 4 - 8 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 |
| | | Less: direct expenses b | | | | |
| | | Net income or (loss) from garning activities | | | | |
| | ם טר | Gross sales of inventory, less returns and allowancesa | | | | : particular and the |
| | Ь | Less: cost of goods sold b | and the second second | La L | | La successiones |
| | | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Coo | te internet | | Show The | |
| | 11 a | | | | | |
| 4 | Ь | · | | | | |
| | C | | | | | |
| | l q | All other revenue | | The second second | | |
| | - | Total. Add lines 11a-11d | | | | |

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FOX VALL

Part IX Statement of Functional Expenses

Form 990 (2015)

LI WORKFORCE DEVELOPMENT BO

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 1,771,947 1,771,947 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 557,648. 557,648 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 45,743. 91,486. 45,743. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 378,909 75,350. 454,259 Other salaries and wages 7 Pension plan accruals and contributions (include 8 4,959. 15,507 20,466. section 401(k) and 403(b) employer contributions) 32,872. 16,699. 49,571. Other employee benefits 9 13,085. 35,251 48,336. 10 Payroli taxes Fees for services (non-employees): 11 Management а 788. 788 Legal Ь 13,000 13,000. Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, 40,487. 13.233. 27,254. column (A) amount, list line 11g expenses on Sch 0.) 5.013. 3,431. 8,444 Advertising and promotion 12 18,824 96,608. 77,784. Office expenses 13 Information technology 14 Royalties 15 8,295 89,827. 81,532 16 Occupancy 5,705. 23,158. 28,863. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,610 39,655. 34,045. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 14,859. 18,021 32,880. Depreciation, depletion, and amortization 22 6,205. 5,249. 11,454 23 Insurance 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 D.) 4,468. 10,153 5,685 DUES а b C d All other expenses e 0. 3,102,553. 263,319. Total functional expenses. Add lines 1 through 24e 3,365,872. 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2015)

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| INC |

Form 990 (2015)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 53,254 80,638. 1 1 Cash · non-interest-bearing 12,188. 13,069. 2 Savings and temporary cash investments 2 164,764. 277,260. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 22,120. 29,794. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,028,565. basis. Complete Part VI of Schedule D 576,329. 634,480. 452,236. 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 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 15 856,039. 1,007,857 Total assets, Add lines 1 through 15 (must equal line 34) 16 16 173,641. 245,040. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 15,727. 53,372. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 6,562. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 614,293. 629,266. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 102,645. 102,645 25 Schedule D 906,306. 1,036,885. 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔯 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -50,267. -29,028. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 -50,267. -29,028. 33 Total net assets or fund balances 33 856,039. 1,007,857. 34 Total liabilities and net assets/fund balances 34 Form 990 (2015)

532011 12-16-15

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2015.05040 FOX VALLEY WORKFORCE DEVELO 10187_01

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| Form | 990 (2015) INC. | 39-15/1 | .000 | Mag | |
|------------|---|-------------|-----------|-----------------|-------------|
| | t 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) | | 3,344 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 3,365 | | |
| | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u> 39.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -2 |), 0 | <u>28.</u> |
| 5 | Net unrealized gains (losses) on investments | _5 | | | |
| 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 | -5 | J <u>, 2</u> | 67. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | 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 | a O. | | 120 | |
| 2 a | 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 reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | 1.25 |
| Ь | Were the organization's financial statements audited by an independent accountant? | | <u>2b</u> | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | 1000 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t | he audit, | 11000 | | |
| | 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 Scl | nedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ingle Audit | | 7.5 | |
| | Act and OMB Circular A-133? | | <u>3a</u> | X | · |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req | uired audit | | 37 | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 36 | | |
| | | | Form | 990 | (2015) |

532012 12-15-15

| | | | | | (| | i | OMB No. 1545-0047 |
|--------------------------------|--|---|---|--------------------------|------------------------|--------------------------|---------------------------|-------------------------------------|
| SCHEDULE A | P | ublic Chari | ty Status and | l Publ | lic Sup | port | ŀ | 20115 |
| (Form 990 or 990-EZ) | Соп | plete if the organiz | ation is a section 501(| c)(3) orgar | nization or | a section | | 2013 |
| Department of the Treasury | | ► At | (a)(1) nonexempt chari tach to Form 990 or Fo | rm 990-E | Ζ. | | 1 | Open to Public |
| Internal Revenue Service | Information | n about Schedule A (Fo | orm 990 or 990-EZ) and its | instruction | ns is at www | w.irs.gov/fc | orm990. | Inspection identification number |
| Name of the organization | INC. | | FORCE DEVELO | | | | 3 | 9-1571085 |
| | | | organizations must con | | | instruction | 15. | |
| The organization is not a | private foundat | tion because it is: (Fo | or lines 1 through 11, ch | eck only o | ne box.) | A 3/13 | | |
| 1 A church, cor | ivention of chui | rches, or association | of churches described | IN Section 990 or 990 |)-FZ).): | м дар. | | |
| 2 A school des | cooperative h | n 170(0)(1)(A)(II). (A) | ttach Schedule & (Form nization described in sec | tion 170(| ь)(1)(А)(ііі). | | | |
| 4 A medical res | earch organizat | tion operated in conj | unction with a hospital (| described | in section | 170(b)(1)(/ | A)(iii). Enter | the hospital's name, |
| | on operated for | | ege or university owned | or operate | ed by a gov | remmental | unit describ | ed in |
| section 170 | b)(1)(A)(IV), (CC te. or local dovi | omplete Part II,) emment or governme | ental unit described in s | ection 170 | D(b)(1)(A)(v |). | | |
| 7 X An organizati | on that normall | y receives a substan | tial part of its support fr | om a gove | rnmental u | nit or from | the general | public described in |
| section 170(| b)(1)(A)(vi). (Co | mplete Part II.) | | | | | | |
| 8 A community | trust described | d in section 170(b)(1 |)(A)(vi). (Complete Part | IL.) | | | whin food in | nd aross receipts from |
| 9 An organizati | on that normall | ly receives: (1) more t | than 33 1/3% of its supp | ont from c | more than | 33 1/3% c | of its suppor | t from gross investment |
| activities rela | uprelated busin | pt functions + subjec ess taxable income (| less section 511 tax) fro | m busines | ses acquir | ed by the | organization | after June 30, 1975. |
| | 509(a)(2). (Com | | | | | | | 20 C |
| 10 An organizat | ion organized a | nd operated exclusiv | vely to test for public sat | ety. See s | ection 509 |)(a)(4). | | |
| 11 An organizat | ion organized a | nd operated exclusiv | vely for the benefit of, to | perform ti | he function | is of, of to | carry out the | back the box in |
| more publicly | / supported org | panizations described | d in section 509(a)(1) or supporting organization | section c | nlete lines | ee secuur 11e. 11f. a | nd 11a. | |
| a Type I. A s | upporting orga | nization operated, su | supporting organization | by its supp | ported orga | anization(s) |), typically by | y giving |
| the support | ted organizatio | on(s) the power to reg | jularly appoint or elect a | majority c | of the direc | tors or trus | stees of the s | supporting |
| organizatio | on. You must c | omplete Part IV, Se | ctions A and B. | | | | | |
| ь 🛄 Туре II. А | supporting orga | anization supervised | or controlled in connect | ion with it | s supporte | d organiza | tion(s), by hi | aving |
| | | | inization vested in the s | ame perso | ins triat coi | ittoi or ma | nage me sul | pputed |
| organizatio | n(s). You must | t complete Part IV, supporting | organization operated | in connect | tion with, a | nd function | nally integrat | ted with, |
| c Type III tu its suppor | ted organization | n(s) (see instructions |). You must complete F | Part IV, Se | ctions A, I | D, and E. | | |
| d 🗌 Type ill n | on-functionally | integrated. A supp | orting organization oper | ated in col | nnection w | ith its sup | ported organ | ization(s) |
| that is not | functionally int | egrated. The organiz | ation generally must sat | isfy a dist | ribution rec | juirement a | and an atten | tiveness |
| requireme | nt (see instructi | ions). You must con | plete Part IV, Sections | A and D, | and Part v | V. Typel Ty | ne II. Type II | 1 |
| e Check this | box if the orga | r Type III ponfunctio | written determination fro nally integrated support | ing organia | zation. | турот, ту | pe II, 13pe II | |
| | | | hally integrated copport | | | | | |
| | | n about the supporte | d organization(s). | | | | | |
| (i) Name of sup organizatio | • | (ii) EiN | (iii) Type of organization (described on lines 1-9 | listed i | rganization in your | | t of monetary ort (see | other support (see |
| Organizario | M F | | above (see instructions)) | governing Yes | document? | instr | uctions) | instructions) |
| <u> </u> | | | | | | | Prove 1 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | <u> </u> | | | | |
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| | | | | 1 | | | | |
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| | | | | | | | | |
| | | | | | - | | | |
| | | | Filese B. Files | | | | | _ |
| Total LHA For Paperwork F | leduction Act | Notice, see the Inst | ructions for | | | So | hedule A (F | orm 990 or 990-EZ) 2015 |
| | THE MEMORY SERVICE FRANK | | the second se | | | | | |

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

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FOX LLEY WORKFORCE DEVELOPMENT BOARD,

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| э. | 2 - | <u>т</u> | - 2 | - 2 | - | v | 0 | ~ | гаче | ~ |

| Sche | dule A (Form 990 or 990 EZ) 2015 | NC | | | \bigcirc | 39-157 | 1085 Page 2 |
|------|---|-----------------------|----------------------|---------------------|-----------------------|-----------------------|-----------------------|
| | rt II Support Schedule for | Organizations | Described in | Sections 170(| b)(1)(A)(iv) and | 170(b)(1)(A)(v | vi) |
| | (Complete only if you checked | the box on line 5, | 7, or 8 of Part I or | if the organization | n failed to qualify u | nder Part III. If the | e organization |
| | fails to qualify under the tests | listed below, pleas | se complete Part II | l.) | | | |
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3514809. | 2439679. | 2848218. | <u>3251153.</u> | 3324104. | <u>15377963.</u> |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | ~ | | |
| | or expended on its behalf | | | | | | <u></u> |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | 4 |
| 4 | Total. Add lines 1 through 3 | 3514809. | 2439679. | 2848218. | 3251153. | 3324104. | 15377963. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | 10000 | 1018 BAR | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | 25.000 I.H. 14 | | |
| | amount shown on line 11, | | | | 이 가슴에 다 가격했다. | | |
| | column (f) | | | | | | 15277062 |
| | Public support. Subtract line 5 from line 4. | | | | | | 15377963. |
| Se | ction B. Total Support | | | | | | (0.T-1-) |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total 15377963 |
| 7 | Amounts from line 4 | 3514809. | 2439679. | 2848218. | 3251153. | 3324104 | 12211202. |
| 8 | Gross income from interest, | | | | | | ~ |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 0.07 | 10 | 12. | 3 | . 641. |
| | and income from similar sources | 323. | 287. | 16. | 14. | | . 041. |
| 9 | Net income from unrelated business | | | | | | 2 |
| | activities, whether or not the | | | | 4,704. | 2,279 | 6,983. |
| | business is regularly carried on | | | | 4,704. | | . 0,505. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 1 | 1117000 | 15385587. |
| 11 | | | · | | | 12 | 76,495. |
| 12 | Gross receipts from related activities | s, etc. (see instruct | ionsj | | iov yoor op o coctic | | |
| 13 | | | | | | | |
| Se | organization, check this box and sto ction C. Computation of Pub | lic Support Pe | rcentage | | | | |
| | | | | column (fi) | | 14 | 99.95 % |
| 14 | | | | | | 15 | 99.99 % |
| 15 | a 33 1/3% support test - 2015. If the | organization did n | ot check the box o | n line 13, and line | 14 is 33 1/3% or i | | box and |
| 10 | stop here. The organization qualifies | | | | | | |
| | b 33 1/3% support test - 2014. If the | organization did n | ot check a box on | line 13 or 16a, an | d line 15 is 33 1/39 | 6 or more, check | this box |
| | and stop here. The organization qui | alifies as a publicly | supported organiz | zation | | | |
| 17 | a 10% -facts-and-circumstances te | st - 2015. If the or | panization did not | check a box on lir | ne 13, 16a, or 16b, | and line 14 is 10 | % or more, |
| 17 | and if the organization meets the "fa | icts-and-circumsta | nces" test. check | his box and stop | here. Explain in Pa | art VI how the org | anization |
| | meets the "facts-and-circumstances | " test. The organiz | ation qualifies as a | publicly supporte | ed organization | | |
| | b 10% -facts-and-circumstances te | st - 2014. If the or | ganization did not | check a box on lir | ne 13, 16a, 16b, or | 17a, and line 15 | is 10% or |
| | more, and if the organization meets | the "facts-and-circ | umstances" test, o | check this box and | d stop here. Explai | n in Part VI how I | he |
| | organization meets the "facts-and-c | ircumstances" test | . The organization | qualifies as a pub | licly supported org | anization | ▶□ |
| 18 | Private foundation. If the organizat | ion did not check a | a box on line 13, 10 | 5a, 16b, 17a, or 17 | 7b, check this box | and see instructi | ons 🕨 🛄 |

Schedule A (Form 990 or 990-EZ) 2015

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|---------------|---|-----------------------|----------------------------|-----------------------|----------------------|---------------------------------------|--------------------|
| Par | t III Support Schedule for O | rganizations [| Described in S | Section 509(a) | (2) | | |
| | (Complete only if you checked to | | | ganization failed to | o qualify under Par | t II. If the organiza | tion fails to |
| | qualify under the tests listed be | low, please compl | ete Part II.) | | | | |
| 191 | ion A. Public Support | | | | | () 0015 | (6 Totol |
| | lar year (or fiscal year beginning in) 🕨 | <u>(a) 2011</u> | <u>(b) 2012</u> | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | nembership fees received. (Do not | | | | | | |
| | nclude any "unusual grants.") | | | | | | |
| 1 1 | Bross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 (| Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | · · · · · · · · · · · · · · · · · · · | |
| i | ness under section 513 | | | | | | |
| | Tax revenues levied for the organ- | | | | | | |
| | zation's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | <u> </u> | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | <u> </u> | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | 1 | | | | |
| | tion B. Total Support | . <u> </u> | | 1 | | (1) 0015 | (f) Total |
| | ıdar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | |
| | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | 2 |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | <u> </u> | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 0. | | |
| 13 | Total support, (Add lines 9, 10c, 11, and 12.) | | 1 | | | <u> </u> | 1 |
| 14 | First five years. If the Form 990 is for | or the organization | 's first, second, th | ird, fourth, or fifth | tax year as a secti | on 501(c)(3) organ | ization, |
| | check this box and stop here | | <u></u> | | ····· | | |
| Se | ction C. Computation of Pub | lic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2015 | (line 8, column (f) a | divided by line 13, | . coiumn (f)) | | 15 | % |
| 16 | Public support percentage from 201 | 4 Schedule A, Par | t III, line 15 | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incon | ne Percentag | 8 | | | |
| 17 | Investment income percentage for 2 | 2015 (line 10c, colu | ımn (f) divided by | line 13, column (f) |) | 17 | <u>%</u> |
| 18 | Investment income percentage from | 2014 Schedule A | , Part III, line 17 | | | 18 | % |
| 19: | a 33 1/3% support tests - 2015. If th | e organization did | not check the bo | x on line 14, and li | ine 15 is more than | 33 1/3%, and line | n 17 is not |
| | more than 33 1/3%, check this box | and stop here. Th | e organization qu | alifies as a publicl | y supported organ | ization | |
| 1 | a 33 1/3% support tests - 2014. If th | e organization did | not check a box (| on line 14 or line 1 | 9a, and line 16 is r | nore than 33 1/3% | , and |
| | line 18 is not more than 33 1/3%, ch | neck this box and : | stop here. The or | ganization qualifie | es as a publicly sup | ported organizatio | n 🕨 🛄 |
| 20 | Private foundation. If the organizat | ion did not check : | <u>a box on line 14, 1</u> | 19a, or 19b, check | this box and see i | nstructions | |
| | 123 09-23-15 | | | 16 | Sc | hedule A (Form 9 | 90 or 990-EZ) 2015 |

| X LLEY WORKFORCE DEVELOPMENT 30A |
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1

2

<u>3a</u>

3b

<u>3c</u>

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

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

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- Did the organization have any supported organization that does not have an IRS determination of status 2 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 6 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 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.}

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Schedule A (Form 990 or 990-EZ) 2015

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|-------------------------------------|----------------------|------------|----|

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1...

Yes

2a

2b

<u>3a</u>

3b

No

I ...

| | | | Yes | No |
|---------|---|-----|-----|----|
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 116 | | |
| С | 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 | | |
| | tion B. Type I Supporting Organizations | | T | |

| | | | 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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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 | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported 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 | | |

| Section 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 | | | | | |

Section D. All Type III Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | | | 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 | | | |
| | 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 | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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 | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satis | sfy the Integral Part Test during the yea(see instructions): |
|---|--|--|

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI*.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2015

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| ichedule / | A (Form 990 or 990 EZ) 2015 INC. | | | <u>39-1571085 Page</u> |
|------------|---|---------------|--------------------------|--------------------------------|
| Part V | Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organi | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | lov. 20, 1970. See instr | uctions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sec | ctions A through E. | |
| ection A | - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net | short-term capital gain | 1 | | |
| | overies of prior-year distributions | 2 | | |
| | er gross income (see instructions) | 3 | | |
| | lines 1 through 3 | 4 | | |
| | reciation and depletion | 5 | <u> </u> | |
| | tion of operating expenses paid or ancurred for production or | | | |
| | ection of gross income or for management, conservation, or | | | |
| | ntenance of property held for production of income (see instructions) | 6 | | |
| | er expenses (see instructions) | 7 | | |
| | usted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | 3 - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Ago | pregate fair market value of all non-exempt-use assets (see | | | |
| | ructions for short tax year or assets held for part of year): | | | |
| a Ave | arage monthly value of securities | <u>1a</u> | | |
| | arage monthly cash balances | 1b | | |
| | market value of other non-exempt-use assets | 10 | | |
| d Tot | at (add lines 1a, 1b, and 1c) | 1d | | |
| | count claimed for blockage or other | | | |
| | tors (explain in detail in Part VI): | | | |
| | quisition indebtedness applicable to non-exempt-use assets | _2 | | |
| | btract line 2 from line 1d | 3 | | |
| 4 Ca: | sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | instructions). | 4 | | |
| 5 Nei | t value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Itiply line 5 by .035 | 6 | | |
| 7 Re | coveries of prior-year distributions | 7 | | |
| 8 Mi | nimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | C - Distributable Amount | | | Current Year |
| 1 Ad | justed net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | ter 85% of line 1 | 2 | | |
| 100 | nimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | ter greater of line 2 or line 3 | 4 | | |
| | come tax imposed in prior year | 5 | | |
| | stributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | nergency temporary reduction (see instructions) | 6_ | Carl State | |
| 7 | Check here if the current year is the organization's first as a non-function | ally-integrat | ed Type III supporting o | rganization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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FOX LEY WORKFORCE DEVELOPMENT OARD,

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| | lule A (Form 990 or 990 EZ) 2015 LNC. | (a)(2) Supporting Orga | nizations (continued) | |
|-----------|---|-------------------------------|--|---|
| Par | | | Current Year | |
| Sectio | on D - Distributions | | | <u>Ourient roun</u> |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| | Administrative expenses paid to accomplish exempt purpos | es of supported organizations | 5 | |
| | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set aside amounts (prior IRS approval required) | | | |
| | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | <u>_</u> |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| _ <u></u> | | | | |
| | | | | |
| | | | | |
| _ | From 2013 | | | |
| | From 2014 | | | |
| _ | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount | | | |
| | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| <u> </u> | | | | |
| 4 | Distributions for 2015 from Section D, | | | |
| | | | | |
| | Applied to underdistributions of prior years | | | |
| | 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). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see | | | |
| 7 | instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| | Breakdown of line 7: | | | |
| | | | | |
| 3 | | | | |
| t | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

| art VI | Form 990 or 990-EZ) 201 Supplemental Info | 5 INC | Description them | evalanction | | Part IL line | 10: Part II | line 17a o | r 17b: Part II | 71085 , line 12; | |
|------------|--|-------------|--------------------------------------|--------------------------------|-------------------------------|-------------------------|-------------|--|----------------|---------------------|------------|
| | Supplemental Into Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.) | 1, 2, 3b, 3 | 3c, 4b, 4c, 5a, | 6, 9a, 9b, 9c Section E lin | , 11a, 11b, an es 1c 2a 2b | d 11c; Par Baland Bh | Part V. lin | n B, lines e 1: Part V | . Section B. | line 1e; Par | C, t V, |
| | | | | | | | | | | | |
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| 32028 09-2 | 3-15 | | | | | | | Sche | dule A (Forπ | 990 or 99 | 0-E2 |

| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990. | OMB No. 1545-0047 |
|--|--|--------------------------------|
| | TOX VALLEY WORKFORCE DEVELOPMENT BOARD, | Employer identification number |
| Organization type (check | k one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| Schedule I | B (Form 990, 990-EZ, or 990-PF) (2015 | 0 | Page 2 |
|------------|---|----------------------------|--|
| Name of or | | | er identification number |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addi | tional space is needed. | 8 <u> </u> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u></u> \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>2,686,313.</u> | Person X Payroli Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| <u>No.</u> | Name, address, and ZIP + 4 | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| | | I |
|------------------------|--|---|
| i Complete Part II for | (Complete Part II for noncash contributions.) | |

(d)

Type of contribution

Person Payroll Noncash

(c)

Total contributions

523452 10-26-15

(a)

No.

\$

23

(b)

Name, address, and ZIP + 4

| ame of org OX VA | anization ALLEY WORKFORCE DEVELOPMENT BOARD, | | oyer identification number |
|------------------------------|---|--|----------------------------|
| NC. | | 3 | 9-1571085 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part I | l if additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | (s | |
| 523453 10- | | | rm 990, 990-EZ, or 990-PF |

| T.T.AV | EY WORKFORCE DEVELOPM | ENT BOARD, | | |
|--------------------|--|--|---|--|
| | | | ~ | 39-1571085 |
| | xclusively religious, charitable, etc., contrib te year from any one contributor. Complete col ompleting Part III, enter the total of exclusively religious, o Jse duplicate copies of Part III if additional | umns (a) through (e) and the follow charitable, etc.; contributions of \$1,000 or I | n section 501(c)(7), (8), or ing line entry. For organizations ess for the year. (Enter this Info. once | (10) that total more than \$1,000 f 5 > 5 |
| No. Min rti | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held |
| | | | | |
| | | (e) Transfer of gift | | |
| | Transferee's name, address, and | <u>d ZIP + 4</u> | Relationship of tra | nsferor to transferee |
| | | | | <u></u> |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held |
| _ _ | | | | |
| | | (e) Transfer of gif | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | nsteror to transferee |
| - | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| | | | | |
| | Transferee's name, address, ar | (e) Transfer of gir | | ansferor to transferee |
| 0. <u>-</u> | | | | |
|) No. rom | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held |
| Part I | | | | |
| | | | | |
| | Transferee's name, address, a | e) Transfer of g | | ansferor to transferee |
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|---------------|--|--|---|----------------|-----------------------------------|
| ecu | EDULE D | Supulementa | I Financial Statemen | | OMB No. 1545-0047 |
| (Form | | Complete if the orga | nization answered "Yes" on Form 990. | | 2015 |
| (Form | 550) | Part IV, line 6, 7, 8, 9, 10, | 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. | | Open to Public |
| | ent of the Treasury levenue Service | Information about Schedule D (Formation about Schedule D) | m 990) and its instructions is at www.irs.ge | ov/form990. | Inspection |
| | of the organizati | | CE DEVELOPMENT BOARD, | Empl | oyer identification number |
| Harris | | TNC | | | <u>39-1571085</u> |
| Part | 1 Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accou | its.Complete if the |
| | | n answered "Yes" on Form 990, Part IV, lin | 96 | | |
| | | | (a) Donor advised funds | (b) Fund | s and other accounts |
| | | nd of year | | | |
| 2 / | Aggregate value o | of contributions to (during year) | | | |
| 3 / | Aggregate value d | of grants from (during year) | | | |
| 4 / | Aggregate value a | at end of year | | | |
| 5 | Did the organizati | on inform all donors and donor advisors in v | writing that the assets held in donor advised | nunas | Yes No |
| i | are the organizati | on's property, subject to the organization's | exclusive legal control? | ed only | |
| 6 | Did the organizati | on inform all grantees, donors, and donor a | dvisors in writing that grant funds can be us | oferring | |
| | for charitable pur | poses and not for the benefit of the donor of | or donor advisor, or for any other purpose co | inciting | Yes No |
| | impermissible priv | vate benefit? | ganization answered "Yes" on Form 990, Pa | rt IV, line 7. | |
| Par | | | | | <u></u> |
| 1 | | servation easements held by the organization or served for public upp (or a programition or served to a program) | | cally impor | ant land area |
| | | n of land for public use (e.g., recreation or e | Preservation of a certific | | |
| | | of natural habitat | | | |
| | Preservatio | n of open space | fied conservation contribution in the form of | a conserva | tion easement on the last |
| 2 | | | | | Held at the End of the Tax Year |
| | day of the tax ye | | | 2a | |
| | | | | | |
| b | Total acreage res | SINCLED by conservation easements | ructure included in (a) | | |
| ç | Number of conse | evation easements on a certiled historic st | after 8/17/06, and not on a historic structur | | |
| d | | | | | |
| | Number of soos | poration easements modified transferred. | leased, extinguished, or terminated by the | organization | u during the tax |
| 3 | vear ► | a validit basements modified, it enderties | | - | |
| | Vear | s where property subject to conservation ea | asement is located | | |
| * 5 | Does the organiz | ation have a written policy regarding the pe | priodic monitoring, inspection, handling of | | |
| 9 | violations, and a | nforcement of the conservation easements | it holds? | | Yes No |
| 6 | Staff and volunte | eer hours devoted to monitoring, inspecting | , handling of violations, and enforcing conse | ervation eas | ements during the year |
| Ŭ | | | | | |
| 7 | Amount of exper | nses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservati | on easeme | nts during the year |
| | ► \$ | | | | |
| 8 | Does each cons | ervation easement reported on line 2(d) abo | ove satisfy the requirements of section 170(h | n)(4)(B)(i) | |
| - | and section 170 | (h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, desc | ribe how the organization reports conserva | tion easements in its revenue and expense : | statement, | and balance sheet, and |
| | include, if applic | able, the text of the footnote to the organiz | ation's financial statements that describes t | he organiza | tion's accounting for |
| | annonintion of | comonte | | | |
| Pa | rt III Organi | zations Maintaining Collections | of Art, Historical Treasures, or Ot | ner Simi | lar Assets. |
| | Complete | e if the organization answered "Yes" on For | m 990, Part IV, line 8. | | |
| 1a | If the organization | on elected, as permitted under SFAS 116 (A | SC 958), not to report in its revenue statem | ent and ba | ance sheet works of art, |
| | historical treasu | res, or other similar assets held for public e | xhibition, education, or research in furtherar | ice of publi | c service, provide, in Part XIII, |
| | the text of the fo | potnote to its financial statements that desc | cribes these items. | | to at works of art historical |
| b | If the organizati | on elected, as permitted under SFAS 116 (A | ASC 958), to report in its revenue statement | and balanc | e sneet works of art, historical |
| | treasures, or oth | ner similar assets held for public exhibition, | education, or research in furtherance of put | olic service, | provide the following amounts |
| | relating to these | e items: | | | • |
| | (i) Revenue in | cluded on Form 990, Part VIII, line 1 | | | ¢ |
| | (iii) Assets inclu | uded in Form 990, Part X | | | φ |
| 2 | If the organizati | on received or held works of art, historical t | reasures, or other similar assets for financial | i gain, provi | |
| | | nounts required to be reported under SFAS | | | \$ |
| a | Revenue includ | ed on Form 990, Part VIII, line 1 | | | ¢ |
| | | | | | -> Schedule D (Form 990) 2015 |
| | | Reduction Act Notice, see the Instruction | ans for Form 990. | | |
| 5320 11-02 | 2-15 | | 26 | | |
| 1 4 2 2 4 | 1016 7000 | 29 10197 12001 2015 | 20 05040 FOX VALLEY WORK | FORCE | DEVELO 10187_01 |

| | FOX VI | EY WORKFOR | RCE I |)EVELO | PMENT 🤇 | ARD | • | | |
|-------|---|---------------------------------|---------------|---------------|-----------------------|-------------|------------------------|----------------|-----------|
| Scheo | lule D (Form 990) 2015 INC . 🚬 | | | | | 1 | | <u>.571085</u> | |
| | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check | any of the | following that | are a sig | nificant use of i | ts collection | items |
| | (check all that apply): | | _ | | | | | | |
| а | Public exhibition | d | L | oan or excl | hange prograr | ns | | | |
| b | Scholarly research | e | | ther | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | lections and explain | how the | ey further th | ne organizatio | n's exem | pt purpose in F | Part XIII. | |
| 5 | During the year, did the organization solicit or | r receive donations c | of art, his | torical treas | sures, or othe | r similar a | assets | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | he organ | ization's co | lection? | <u></u> | | Yes | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | te if the | organizatio | n answered "\ | res" on F | Form 990, Part | V, line 9, or | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for c | ontribution | s or other ass | ets not ir | ncluded | | _ |
| | on Form 990, Part X? | | | | | | | Yes | X No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | | | | | | | | Amount | |
| с | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | X Yes | No No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatio | n has been | provided on P | Part XIII | | | X |
| Par | | | | | | | 0. | | |
| | | (a) Current year | | ior year | | | d) Three years ba | ck (e) Four | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| e | Other expenditures for facilities | | | | | 1 | | | |
| e | and programs | | | | | | | _ | |
| | Administrative expenses | | | | - | | | 1 | |
| | End of year balance | | | | | | | | |
| 9 | Provide the estimated percentage of the cur | root year and balanc | o (line 1/ | column (s |)) bold as: | | | | |
| 2 | | | % % | , column (a | | | | | |
| a | Board designated or quasi-endowment | | | | | | | | |
| D | | % | | | | | | | |
| c | Temporarily restricted endowment | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sho | | ndin in Almin | . | ومعادة أشامه الرور | طفحك أحجا | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | t are neid a | ino aominister | ed for th | e organization | Г | Vee Ne |
| | by: | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | |
| | (ii) related organizations | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | <u>3b</u> | |
| 4 | Describe in Part XIII the intended uses of the | | owment i | unds | | | | | |
| Pa | t VI Land, Buildings, and Equipn | | | | | - | 10 | | |
| _ | Complete if the organization answere | | | | T | | | | |
| | Description of property | (a) Cost or o basis (investr | | | t or other (other) | · · · | cumulated reciation | (d) Book | value |
| 1a | Land | | | 12 | 27,363. | | | 127 | 7,363. |
| h | Buildings | | | | 04,336. | 2 | 20,803. | | 3,533. |
| - | Leasehold improvements | | | | 38,714. | | 12,758. | | 5,956. |
| d | Equipment | | | | 36,183. | 1 | .36,183. | | 0. |
| - | Other | | | | 21,969. | | 82,492. | 39 | 9,477. |
| _ | I. Add lines 1a through 1e. (Column (d) must e | | X colur | | | Section 201 | | | 5,329. |
| Tota | i. nou illea ra larougir re, joolunin (oj muste | agaan onn 330, Fall | n coluli | at ph nue | | | | | |

Schedule D (Form 990) 2015

532052 09-21-15

ARD,

| Schedule D (Form 990) 2015 INC. | | | <u>39-1571085</u> Page |
|---|----------------------------|--|---------------------------------------|
| Part VII Investments - Other Securities. | Form 000 Dart IV line | 11b. Coo Form 000. Bort V. Keo 1 | 0 |
| Complete if the organization answered "Yes" c (a) Description of security or category (including name of security) | (b) Book value | | z. st or end-of-year market value |
| | | | TO BID DI YEAR MARKET VAIDE |
| 1) Financial derivatives | | | |
| 2) Closely-held equity interests 3) Other | | | |
| | | | <u> </u> |
| (A) (B) | | | |
| (C) | | 1 <u></u> | |
| (D) | | | · |
| (E) | | | |
| (F) | | | |
| (G) | 8 | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | you is not the second second | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11c. See Form 990. Part X. line 1 | 3. |
| (a) Description of investment | (b) Book value | | st or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | 1 | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line | 15. |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | | |
| [5] | | | |
| (5) | | | |
| (6) | | | |
| (6) (7) | | | |
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| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 9 15.) | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | (, line 25.) |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | (, line 25. |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability | | 11e or 11f. See Form 990, Part) | <, line 25. |
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| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PROVISION FOR GRANT REPAY (3) (4) (5) (6) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part) (b) Book value | 4, line 25. |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PROVISION FOR GRANT REPAY (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part) (b) Book value | (, line 25. |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PROVISION FOR GRANT REPAY (3) (4) (5) (6) (7) (8) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part) (b) Book value | 4. line 25. |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PROVISION FOR GRANT REPAY (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part) (b) Book value | 4. line 25. |

Schedule D (Form 990) 2015

| Complete the organization answered Year on Form 990, Part V, line 12a 1 3, 415, 353 1 Total revenue, gains, and other support par audited financial statements 1 3, 415, 353 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a 2 2a 2a 2a 2a 2 3 Subtract line 26 from line 1 3 3, 415, 353 3 Subtract line 26 from line 1 3 3, 415, 353 4 Amounts included on Form 980, Part VIII, line 12; but not on line 1: 3 44 a Investment segmense not included on Form 990, Part VIII, line 7b 4a -70, 720 4 Amounts included on Form 980, Part VIII, line 7b 4a -70, 720 5 Total sevenes, Add lines 3 and 4c, (This must equal Form 980, Part V, line 72 5 3, 3, 415, 557 5 Total sevenes, Add lines 3 and 4c, (This must equal Form 980, Part V, line 12; 1 3, 435, 557 1 Total expenses and losses per audied financial Statements 1 3, 435, 557 2 Amounts included on Form 990, Part VI, line 75; | Schedule D (Form 990) 2015 INC. | \bigcirc | 39-: | 1571085 Page 4 |
|---|---|--|---------------------|-------------------------|
| 1 Total revenue, gains, and other support per audited financial statements 1 3,415,353 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2 Donated services and use of facilities 2a 4 Microsoftes 2a 2a 4 Amounts included on Form 980, Part VIII, line 12, but not on line 1: 3 3,415,353 4 Amounts included on Form 980, Part VIII, line 7b 4a -70,720 5 Total evenue, Add lines 3 and 4e, (This must could form 980, Part I, line 12) 4c -70,720 5 Total evenue, Add lines 3 and 4e, (This must could form 690, Part I, line 12) 5a 3,344.633 7 Total evenue, Add lines 3 and 4e, (This must could form 690, Part IV, line 12a 1 3,435,597 2 Amounts included on line 1 1 3,436,597 3 3,436,597 3 Anounts included on line 1 2a 70,720 | | | ue per Heturn | 5 |
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| a National services and use of facilities 2a b Donated services and use of facilities 2a c Recoveries of prior year grants 2a d Other (Describe in Part XIII) 2a c And sines 2a through 2d 3 3 Subtract line 2a from line 1 3 a Announts included on Form 990, Part VIII, line 12, but not on line 1: 4a b Other (Describe in Part XIII) 4a c Add lines 4a and 4b 5 3 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part VII, line 12) 4a Part XIII (Becchibe in Part XIII) 4a c Complete if the organization answered "Yes" on Form 990, Part VI, line 12a 1 1 Total segments and losses pro addref difficult al statements 1 2 Announts included on Form 990, Part VI, line 25. 2a a Donated services and use of facilities 2a 2 Announts included on Form 990, Part VI, line 7b 4a 9 For year adjustments 2a 1 Other (Describe in Part XIII) 2a 2 Add lines 2a through 2d 70, 720, 2d 3 Subtract line 2a through 2d 3, 3, 365, 877 4 Announts included on Form 990, Part VI, line 7b 4a b Other (Descri | | 0110 | | |
| b Donaled services and use of facilities 2b c Recoveries of pior year grants 2a 2ad 2ad 2ad dines 2a through 2d 3 3 Subtract line 2a from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a 4 Dother (Describe in Part XIII) 4a - 70, 720. 4c 6 Other (Describe in Part XIII) 4a - 70, 720. 4c - 70, 720. 5 - 70, 720. 4c - 70, 720. 5 - 70, 720. 2a - 70, 720. 2a </td <td></td> <td>2a</td> <td></td> <td></td> | | 2a | | |
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| a Matchines of pixe gains 2a 3a 3a | | | | |
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| 3 Subtract line 2a from line 1 3 3,415,553 4 Amounts included on Form 390, Part VIII, Ine 7D b 4a a Investment expanses not included on Form 390, Part VIII, Ine 7D b 4a b Other (Describe in Part XIII) 4c -70,720. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 390, Part VIII, Ine 7D 4c -70,720. 5 2 Amounts included on Form 390, Part VIII, Ine 7D 4c -70,720. 5 3 3,444,533 4 a -70,720. 4 a -70,720. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 390, Part IV, Ine 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, Ine 12. 1 Total expenses and losses are audited financial statements 2 Amounts included on Form 990, Part IV, Ine 25. 2 Add lines 2a through 24 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IV, Ine 7b 4 Amounts included on Form 990, Part IV, Ine 7b 4 a 5 Totat expenses not included on Form 990, Part IV, Ine 7b 4 b 5 Totat expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 7b <td></td> <td></td> <td>2e</td> <td>0.</td> | | | 2e | 0. |
| 4 Amounts included on Form 990, Part VIII, Ine 12, but not on line 1: a -70,720. a Modified as and 4b 4c -70,720. -70,720. c Add lines 4a and 4b 4c -70,720. -70,720. c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 3,436,532 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. 1 3,436,592 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 3,436,592 2 Amounts included on Form 990, Part IX, line 25: 2a 1 3,436,592 2 Amounts included on Form 990, Part IX, line 25: 2a 1 3,436,592 3 Donated services and use of facilities 2a 2a 70,720. 2 Add lines 2a through 2d 2a 70,720. 2e 70,722. 3 Add lines 2a through 2d 3 3,365,87. 3 3,365,87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,365,87. 4d 4e 3 3,365,87. | | | | 3,415,353. |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b -70, 720. b Other (Describe in Part XIII.) 4c -70, 720. c 3 3,344,633 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 3,436,592 c Amounts included on line of Bup near Sep Part IV, line 12a 1 3,436,592 c Amounts included on line on 990, Part IV, line 25: a Donated services and use of facilities 22 b Phor year adjustments 22 c Other Iosesse included on line 10 and on Form 990, Part IV, line 25: a Donated services and use of facilities 22 c Other Iosesse included on line 10 and on Form 990, Part IV, line 7b 4a 4b 4b 4c 70,720. c Add lines 2a through 2d 3 3,365,877 4 Amounts included on line 10 and on Form 990, Part IV, line 7b 4a 4b 4c 3,365,877 5 Total separses. Add lines 3 and 4c. (<i>This must equal Form 990, Part IV</i> , line 10a 4cb 4cb 4c 3,365,877 Forvide the descriptions required for Part IV, line 3.5, and 9; Part IV, line 10a 4cb 4cb 4c 3,365,877 Forvide the descriptions required for Part IV, lines 3.5, and 9; Part IV, line 10a 4cb | | | | |
| b Other (Describe in Part XIII.) 4b -70,720. c Add ines 3 and 4b 4c -70,720. 5 Total revoue. Add lines 3 and 4c, (This must equal Form 390, Part I, line 12) 4c -70,720. Fart XII.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 3,344,633 Complete if the organization answered "Yes" on Form 990, Part IX, line 12a. 1 3,436,592 2 Anounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2a 2a 70,720. 2 Add lines 2a through 2d 3 3,365,872 3 Subtract line 2e from line 1 3 3,365,872 4 Anounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,365,872 4 Anounts included on Form 990, Part IX, line 7b 4a 4b 4c 5 Total expenses Add lines 3 and 4c, (This must equal Form 390, Part II, line 7b 4a 4c 5 3,365,872 Part XIII Subtract line 2 and 4b, (This must equal Form 390, Part II, line 7b 4a 4c 5 3,365,872 Par | | 4a | | |
| c Add lines 4a and 4b | | | 0,720. | |
| 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part IV, line 12) 1 5 3,344,53: (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. 1 3,435,592 1 Total expenses and losses per audited financial statements 1 3,435,592 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2a 2a 70,720. 2 Other losses 2a 70,720. 2a 70,720. 2 Add lines 2a through 2d 3,365,87. 3,365,87. 3 Subtract line 2a from line 1 3,3,365,87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3,3,365,87. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 4e 4e 6 Other (Describe in Part XIII.) 4a 4b 4e 5 6 Other (Describe in Part XIII.) 5.5, and 9. Part III. line 18) 4e 5 3,365,87. Feart XIII Supplemental Information. | | | 4c | -70,720. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Neturn. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 total expenses and losses per audited financial statements. 1 3, 436, 592 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a 2 Driot year adjustments 2a 2a 2a 70, 720. 2 Add lines 2a through 2d 2a 70, 720. 2a 70, 720. 3 Subtract line 2a from line 1 3, 3, 365, 87. 3 3, 3, 365, 87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3, 365, 87. 4 mounts included on Form 990, Part XIII, line 7b 4a 4a 4a b Other (Describe in Part XIII.) 4a 4b 4c 5 3, 365, 87. Fart XIII Supplemental Information. Fort arguements. fort arguements. <td< td=""><td>5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I</td><td>l. line 12.)</td><td>5</td><td>3,344,633.</td></td<> | 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I | l. line 12.) | 5 | 3,344,633. |
| 1 Total expenses and losses per audited financial statements 1 3,436,592 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2a 2a 2 Donated services and use of facilities 2a 2a 2 Other (Describe in Part XIII.) 2a 70,720. 2 Add lines 2a through 2d 3 3,365,87. 3 Subtract line 2e from line 1 3 3,365,87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,365,87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,365,87. 5 Total expenses not included on Form 990, Part VIII, line 7b 4a 4c 4c 5 Total expenses Add lines 3 and 4e. (This must equal Form 990, Part IX, line 18.) 5 3,365,87. 1 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part IV, lines 1a and 4: Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. Part IV, LINE 2B : THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR | Part XII Reconciliation of Expenses per Audited Finan | cial Statements With Expen | nses per Retu | ım. |
| 1 101at Byperies allowses parabulated matching sources of the part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c) Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e form 1890, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b d 4a d Investment expenses not included on Form 990, Part VIII, line 7b 4 4b b Other (Describe in Part XIII.) c Add lines 4 and 4b d 4c fort (Nill mes 2d and 4c. (This must equal Form 990, Part II, line 7b for total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) for total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18.) for total expenses. Add for Part III, 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, Also complete this part to provide any additional information. | | | | 3 136 502 |
| a Donated services and use of facilities 2a b Prior year adjustments 2b c Other (Describe in Part XIII.) 2c a Add lines 2a through 2d 2a 3 Subtract line 2e from line 1 3 3,365,87.2 4 Amounts included on Form 930, Part IX, line 25, but not on line 1: 4a a hrowstment expenses not included on Form 930, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c d Athes 4a and 4b 4c s Total expenses. Add lines 3 and 4c. (This must equal Form 930, Part I, line 18.) 4c 5 Total expenses. Add lines 3 and 4b. Also complete this part lop provide any additional 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS & FISCAL AGENT FOR OTHER ORGANIZATIONS. | | | 1 | <u> </u> |
| a boliate stand use and | | | | |
| b Prior year adjustments 22 c Other (Describe in Part XIII.) 22 e Add lines 2a through 2d 2a 3 Subtract line 2e from line 1 3 3,365,877 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3,365,877 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,365,877 Part XIII] Supplemental Information. 1 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| Content coses 2ad 70,720. 2 70,720. 2 70,720. 2 70,720. 2 70,720. 2 70,720. 2 70,720. 2 70,720. 2 70,720. 2 20,720. 3 3,365,87. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 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 IV, LINE 2B: | b Prior year adjustments | | | |
| a doi lines 2a through 2d 2e 70,720 3 Subtract line 2e from line 1 2a 3,365,87 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c b Other (Describe in Part XIII.) 4a 4b 4c c Add lines 4a and 4b 4c 5 3,365,87 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c 5 Fork the descriptions required for Part II, lines 3,5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS . PART XI, LINE 4B - OTHER ADJUSTMENTS: PART XI, LINE 4B - OTHER ADJUSTMENTS: -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: -70,72 | | | 0 720 | |
| a Subtract line 2e from line 1 3 3,365,87: 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c 4c c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,365,87: Fart XIII Supplemental Information. 5 3,365,87: Part XIII Supplemental Information. 5 3,365,87: Part XIII Supplemental Information. 5 3,365,87: 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. Also complete this part to provide any additional information. PART IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: PART XI, LINE 4B - OTHER ADJUSTMENTS: -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: -70,72 | | | | 70 720 |
| 3 Subtract line 28 form # 90, Part IX, line 25, but not on line 1: A Amounts included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b d to d to 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, also complete this part to provide any additional information. PART IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c Fart XIII] Supplemental Information. 5 3,365,87: 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. | | | | 3,303,072+ |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b f total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Fart 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. Also complete this part to provide any additional information. PART IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | 1.1 | | |
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| c Add files 4 and 4b 5 3,365,87: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,365,87: Fart XIII Supplemental Information. 5 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 IV, LINE 2B: | b Other (Describe in Part XIII.) | 4b | | 0 |
| 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | 2 265 972 |
| 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 IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | rt I, line 18.) | 1 5 | 3,303,072. |
| Lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | Part XIII Supplemental Information. | | Deat M. Beer A. Dea | A V. Kee Q: Dert VI |
| PART IV, LINE 2B: THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | s 1a and 4; Part IV, lines 10 and 20; provide any additional information. | Part V, sine 4; Par | τ Α, III θ Ζ, Γάιτ Αι, |
| THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | lines 20 and 40; and Part XII, lines 20 and 40. Also complete this part to | | | |
| THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | - <u></u> | | |
| OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | PART IV, LINE 2B: | | | <u> </u> |
| OTHER ORGANIZATIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | THE FOX VALLEY WORKFORCE DEVELOPMENT | BOARD ACTS AS A F | ISCAL AGE | ENT_FOR |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | OTHER ORGANIZATIONS. | | | |
| RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B -70,72 PART XII, LINE 2D - OTHER ADJUSTMENTS: | | • | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | RENTAL EXPENSES REPORTED ON FORM 990 | , PART VIII, LINE | 6B | <u>-70,720.</u> |
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| RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 70,72 | PART XII, LINE 2D - OTHER ADJUSTMENT | 'S: | | |
| | RENTAL EXPENSES REPORTED ON FORM 990 | , PART VIII, LINE | <u>6B</u> | 70,720. |
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| 532054 Schedule D (Form 990) | 532054 | | Sch | edule D (Form 990) 2015 |

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| chedule D (Form 990) 2015 | FOX CLLEY | WORKFORCE | DEVELOPMEN | OARD, 39-1571085 | Page 5 |
|---|-----------------------|-----------|------------|---------------------|-----------|
| chedule D (Form 990) 2015 Part XIII Supplemental Int | formation (continued) | | | | |
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| 32055 9-2 1- 15 | | | | | |
| Da-2 1- 10 | | | 30 | | |

| SCHEDULE I Form 990) | O O | Grants and Othe Governments, and | er Assistand Individual: | Other Assistance to Organizations, , and Individuals in the United States | zations, ed States | | 2015 047 |
|--|-----------------------|---|-----------------------------|--|---|--|--|
| epartment of the Treasury | Comple | Complete if the organization answered "Yes" on Form 880, Fart IV, IIIIE 21 of 22 Attach to Form 990. | Attach to Form 990. | on Form 990, Part 1 990, 1 - American in at | . IV, IIITE Z.) OF ZZ. | | Open to Public Inspection |
| Vame of the organization FOX VALLEY | X | WORKFORCE DEVELOPMENT BOARD, | TILL BOARD | | | | Employer identification number 39-1571085 |
| Part I General Information on Grants and Assistance | ind Assistance | | | | | | |
| loes iter | to substantiate the | amount of the grants of | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the select | ion X Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ocedures for monit | ioring the use of grant fi | unds in the United | States. | | | |
| 「夏」 | Domestic Organi | zations and Domestic | Governments. Co | omplete if the organ | nization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than \$5,000. Part if can be oublicated in auditorial space to mount of table (d) Amount of team 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of team or government if applicable cash grant | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Meth of of valuation (book, FMV, app raisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ADVOCAP, INC. 19 W IST ST POWN DUITAC WI 54935-4122 | 39-1053365 | 501(C)(3) | 1,087,473, | 0 | | | EMPLOYMENT AND TRAINING PROGRAMS |
| 15605 | 39-1852871 | 501(C)(3) | 433,026. | 0 | | | EMPLOYMENT AND TRAINING PROGRAMS |
| 63 26 1 | 39- <u>1080897</u> | 501(C)(3) | 55,980. | 0 | | | EMPLOYMENT AND TRAINING PROGRAMS |
| FOX VALLEY TECHNICAL COLLEGE 1825 N BLUEMOUND RD APPLETON WI 54914-1643 | 39-1087276 | MISCONSIN TECHNICAL | AL 195,468. | 0 | | | EMPLOYMENT AND TRAINING PROGRAMS |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | and government o | rganizations listed in the | e line 1 table | | | | 4. |
| 3 Enter total number of other organizations listed in the line 1 table | ns listed in the line | 1 table | | | | | Schadule 1 (Form 990) (2015) |

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

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| FOX VALLEY | WORKFORCE DE | DEVELOPMENT | BOARD, | | 39-1571085 Page 2 |
|---|--------------------------|--------------------------|---------------------------------------|--|--|
| Schedule I (Form 990) (2015) <u>LNC</u> . Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | . Complete if the | organization answe | sted "Yes" on Form 9 | 90, Part IV, line 22. | |
| (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 |
| PAYMENTS FOR SECONDARY EDUCATION AND SUPPORTIVE SERVICES TO OR ON BEHALF OF SPECIFIC WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM | 650 | 557,648, | 0 | | 1 |
| PARTICIPANTS | | | | | |
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| 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, li | ne 2, Part III, columr | n (b), and any other a | dditional information. | |
| NE 2: mo wontmod whe lige OF | GRANT FUR | FUNDS INCLUDE | E ON-SITE N | ON-SITE MONITORING | |
| R, REVIEW OF | ANNUAL | L HI | RTS OF THE | GRANTEES, AND | |
| CONSTANT COMMUNICATION WITH GRANTEES | | ON-SITE VISITS | TS INCLUDES | S REVIEWS OF | |
| FILES AND COMPARISON OF INFORMATION | ON ENTERED | IN THE | SHARED DAT? | DATABASE, | |
| PROCEDURAL REVIEWS, AND DISCUSSIONS | HTIW | MANAGEMENT. | | PROGRAM PERSONNEL | |
| REVIEW ACTIVITY OF THE GRANT RECE | RECEIPIENTS | IN THE SHA | SHARED DATABASE | SE ON AN | |
| ON-GOING BASIS AND REVIEW VARIOUS | FINAN | CIAL AND PRO | PROGRAM REPORTS | 'S REQUIRED OF | |
| THE GRANTEES. GRANTS TO INDIVIDUALS | RE | OUIRE AUTHOR 32 | AUTHORIZATION BY 32 | CASE MANAGERS | Schedule I (Form 990) (2015) |

| FOX V LEY WORKFORCE DEVELOPMENT OARD, Schedule I (Form 990) INC. Part IV Supplemental Information |
|---|
| AND SUPPORTING DOCUMENTATION PRIOR TO PAYMENT BEING MADE. THERE ARE A |
| LARGE AMOUNT OF GRANTS TO INDIVIDUALS TO PAY FOR TUITION AND BOOKS. THESE |
| FUNDS ARE NORMALLY PAID DIRECTLY TO THE INSTITUTION ON BEHALF OF THE |
| SPECIFIED INDIVIDUALS AND THE ORGANIZATION IS LISTED ON ACCOUNT. |
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| SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on | -EZ | OMB No. 1545-0047 |
|--|----------------|---------------------------------|
| Form 990 or 990-EZ or to provide any additional information. | | Open to Public |
| Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/ | | Inspection |
| Name of the organization FOX VALLEY WORKFORCE DEVELOPMENT BOARD, INC. | | identification number 571085 |
| INC | | |
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS | SION: | |
| WORKFORCE IN NORTHEAST WISCONSIN SERVING SIX COUNTIES: CA | LUMET, | FOND_DU |
| LAC, WINNEBAGO, WAUSHARA, WAUPACA, AND GREEN LAKE. FVWDH | COLLA | BORATES |
| WITH A NUMBER OF STATE AND LOCAL AGENCIES TO HELP JOB SEN | KERS G | AIN THE |
| SKILLS NEEDED TO FIND EMPLOYMENT AND TO HELP BUSINESSES H | TIND TH | E HIGHLY |
| SKILLED WORKERS THEY NEED. | | |
| | | <u></u> |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 1 | <u>AISSION</u> | 1: |
| AND LOCAL AGENCIES TO HELP JOB SEEKERS GAIN THE SKILLS N | EEDED I | O FIND |
| EMPLOYMENT AND TO HELP BUSINESSES FIND THE HIGHLY SKILLE |) WORKE | ERS THEY |
| NEED. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 11: | | <u> </u> |
| THE PREPARED FORM 990 IS REVIEWED BY THE MEMBERS OF THE | EXECUTI | VE COMMITTE |
| UPON_COMPLETION. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | |
| ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A | <u>STATEM</u> | ENT THAT |
| PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE | OF THI | EIR_FAMILY |
| MEMBERS_THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS | OF THE | GOVERNING |
| BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AN | <u>D_REVI</u> | EW ACTUAL |
| CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FRO | <u>M PART</u> | ICIPATING I <u>N</u> |
| THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE | TRANSA | CTION. |
| | | |
| FORM 990, PART VI, SECTION B, LINE 15A: | | |

 THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY ANNUALLY CONDUCTS A

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

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| Schedule O (Form 990 or 990 EZ) (2015) | | \bigcirc | Page 2 |
|--|----------|------------|---|
| Name of the organization FOX VALLEY WORKFORCE DEVELO | PMENT BO | ARD, | Employer identification number 39-1571085 |
| PERFORMANCE REVIEW OF THE CEO. THE EXECU | TIVE COM | MITTEE U | SES DATA ON |
| COMPENSATION PAID BY COMPARABLE ORGANIZAT | IONS IN_ | SIMILAR | COMMUNITIES FOR |
| SIMILAR SERVICES TO DETERMINE THE COMPENS | ATION OF | THE CEO | • |
| FORM 990, PART_VI, SECTION_C, LINE 19: | | | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCU | MENTS,_C | ONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABL | E TO THE | PUBLIC | UPON REQUEST. |
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