

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

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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

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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	<b>1</b> 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		
Implicing wrinings to prize winners?     1c       2a Enter the number of employees reported on from W-3. Transmittal of Wage and Tax Statements.     1a       3a Bid for the calendary year onling with or within the year covered by this return     2a       3b If at least one is reported on line 2a, did the organization file all required to e-file (see Instructions)     2b       3a Did the organization have inrelated business gross income of \$1,000 or more during the year?     2a       3a Did the organization have inrelated business gross income of \$1,000 or more during the year?     3a       3b If Yee, "has if the a lean Odary year, did the organization have an interest in, or a signature or other stathority over, a financial account in a foreign outry (such as a back account, securities account, or other financial accounts (FBAR).       3c Was the organization a party to a problem fact a heater transaction at any time during the tax year?     3a       3c Was the organization have a mulai goas receipts that an normally greater then \$100,000, and did the organization solit any contributions that were not tax deductible or tax deductible or tax deductible or tax deductible or the subtact or tax deductible or tax deductible contributions?     3a       7c Organization state during the activate section 170(c).     3a     3c       8d If Yes, "to dire deductible organization an express statement that such contributions or gifts were not tax deductible or tax deductible contributions?     3b       7d Organization sective deductible contributions and party for poods and services provided to the pareital or tax deductible or the subtact or whicks, did the organization fil				(	
2a       Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       54         b       If a lead one is reported on line 2a, did the organization file all required to 4-file (see instructions)       2a       X         Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions)       3a       X         b       If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions)       3a       X         b       If Yes, 'has if filed a form 900-T for this year? If N/N, 'to line 30, provide on explanation in the sum of line ording country (such as a bank account, securities account, or other financial account)?       4a       X         b       If Yes, 'near the name of the foring noruntry (such as a bank account, securities account, or other financial account)?       5a       X         b       If Yes, 'to line 5a of 5b, did the organization hat is vaar or is a party to a prohibited tax shelter transaction?       5a       X         c       Dod any taxibito an party to a prohibited tax shelter transaction?       5a       X         b       If Yes, 'to line 5a of 5b, did the organization hat 800-77       5a       X         c       Dod any taxibito any party to a prohibited tax shelter transaction?       5a       X         c       Did the organization hat we not tax deductibles a charatable contributions?       5a       X			10		
field for the calendar year ending with or within the year covered by this return.     2a     54       b if at least one is reported on ine 2a, did the organization 6a at required idential employment tax returns?     2a     X       a Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     3a     X       11 "Ves," has till field a Form 3907 for this year?     3a     X     3a     X       41 At any time during the calendar year, did the organization have an interest in, or a signature or other authomity over, a financial account is orfoling country.     4a     A       b if "Ves," heat the aname of the forsign country.     b     5a     X       See instructions for films requirements for Films (Paptionent).     5a     X       b Did any taxable party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction scient?     5a     X       c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction scient?     5a     X       c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction scient?     5a     X       c Did any taxable party notify the organization tax transaction tax transactions scient?     5a     X       c Did any taxable party notify the organization tax transaction scient?     5					
b If at least one is reported on line 2a, did the organization file all required to <i>d</i> - <i>Rie</i> (see natructions)       20       X         Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>d</i> - <i>Rie</i> (see natructions)       3a       X         a Did the organization have unrelated business gress income of 15, 000 or more during the space?       3a       X         a H "Yes," has it field a form 900-T for this year? <i>H</i> 'No," to <i>Rie</i> 5D, provide an explanation in Schedule O       3a       X         a At any time during the calendary year, did the organization have an interest in, or a signature or other numberity over, a       4a       X         b If 'Yes," enter the name of the forsign country (buch as a bark account, securities account, or other financial accounts (FBAR).       5e       X         B Was the organization have multiprose receives that are normally greater than \$100,000, and did the organization file Form 8866-7       5e       X         G Does the organization neicule with very solicitation an express statement that such contributions or gifts were not tax deductible es charitable contributions?       5e       X         b If 'Yes," did the organization neick with very solicitation are accound 17(C).       7a       X         b If 'Yes," did the organization neick school the during the year?       7a       X         c Organization steve any funct, directivy or indicetly, to pay premium and artify for podds and services provided to the payor?       7a       X         c			4		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the yes?       3a       X         4       At any time during the calendary year, did the organization have an interest in, or a signature or other authomity year, a financial account, a foreing country (b).       3a       X         4       At any time during the calendary year, did the organization have an interest in, or a signature or other authomity year, a financial account, a foreing country (b).       3a       X         5a       If ''es', "enter the name of the foreing country (b).       5a       X         5a       in structions for filling requirements for financial account, securities account, a control to the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       it ''es', or did the organization include with every solicitation an any time during the tax year?       5a       X         6a       it ''es', or did the organization include with every solicitation an express statement that such contributions solicit       5a       X         7a       it ''es', or did the organization include with every solicitation and party for goods and services provided to the payor?       7a       X         7b       it ''es', or did the organization contributions under section 170(c).       7a       X       7a				X	
g Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b If Yee, * has filed a Form 990-T for this year? If No,* to like 3b, provide an explanation in Schedul O       3b       X         A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign county (such as a bark account, securities account, or other financial account?       4a       X         If Yee, * the rise the foreign country (such as a bark account, securities account, or other financial account?       4a       X         See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account? (BAAR).       5a       X         So at comparization have annual gross receipts that as no normally greater than \$100,000, and did the organization solid any contributions include with every solcitation and express statement that such contributions or gifts       5b       X         If Yee, * did the organization neiche with every solcitation and express statement that such contributions or gifts       6a       X         If Yee, * did the organization neiche with every solcitation and explit or goolds and services provided to the payarization solid any express statement that such contributions or gifts       6a       X         If Yee, * did the organization neiche with every colution and party for goolds and services provided to the payarization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X					
bit Yves, 'has it field a Form 990-T for this year? If 'No,' to <i>line 3b</i> , provide an explanation in Schedule O       3b       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authomy over, a financial account or other financial account, or the financial accounts for financial account, or the financial account, or the financial account or the foreign bank and Financial Accounts (FBAR).       5a       X         bit any taxable party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         bit T'ses, ' did the organization file Form 88671?       5a       X         coses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid ary taxable party notify the organization include with every soliditation an express statement that such contributions or gifts were not tax deductible as charables contributions 7?       5a       X         bit T'ses, ' did the organization include with every soliditation an express statement that such contributions or gifts were not tax deductible contributions and party tor goods and services provided to the party?       7a       X         bit T'ses, ' did the organization include with every soliditation an express statement that such contributions or gifts were notify the doron of the value of the goods or services provided or the party?       7a       X         bit the organization state as apymentin express statement that such contributions?       7a <td>3-</td> <td></td> <td></td> <td>X</td> <td></td>	3-			X	
4a       Aray time during the calendar yaar, did the organization have an interest in, or a signature or other authority over, a       financial account is a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other authority over, a       4a       X         b       If 'Yes,' enter the name of the foreign country.       5a       X         b       Was the organization a party to a prohibed tax shelter transaction ?       5c       X         b       If 'Yes,' to line 5a or 5b, did the organization file Form 88967?       5c       X         c)       If 'Yes,' to line organization include with every solicitation and express statement that such contributions or gifts       6a       X         b       If 'Yes,' did the organization include with every solicitation and party for goods and services provided to the party or the donor of the value of the goods or services provided?       7a       X         c)       Did the organization receive a payment in excess of \$75 made party bar or indirectly, to pay prohibition and party for goods and services provided to the party or party to a prohibition under section 170(c).       7a       X         f)       Did the organization receive a payment in excess of \$75 made party the water a solicit the value of the goods or services provided?       7c       X         f)       Did the organization receive a contribution				X	
financial account in a foreign county (such as a bank account, securities account, or other financial account)?     4     X       b If "Yes," enter the name of the foreign county: >     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -     -					
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
See instructions for illing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         5b       Did any taxable party notify the organization file Form 8895-17       So       Sa       X         6c       TYes, * to line 5a or 5b, did the organization file Form 8895-17       So       Sa       X         6c       Did any taxable party notify the organization file Form 8895-17       So       Sa       X         6d       Did any contributions that were not tax deductible as charitable contributions?       So       Sa       X         bit "Yes," did the organization necke exclipts that are normally greater than \$100,000, and did the organization set apyment in excess of \$57 mad party as a contribution and partly top pods and services provided to the payor?       7a       X         bit the organization necke apyment in excess of \$15 mad partly as a contribution and partly top pods and services provided to the payor?       7a       X         bit the organization necke apy torms 8282 filed during the year       7d       7a       X         col the organization necke apy torms 8282 filed during the year, or a personal benefit contract?       7d       X         dif the organization necke apy organization file form 8282?       So during the organization filed of a contribution of carls, back apilen	ь		100		
52       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       56       X         50       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         61       Yes," to line 5a or 5b, did the organization file Form 8886-17       5c       Sc       Sc         62       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions not taw deductible a charitable contributions?       Sc       Sc       Sc         63       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions?       Bi       Yes," did the organization notify the donor of the value of the goods or services provided?       Ta       X         7       Organizations that may receive deductible contributions and party for goods and services provided?       Ta       X       Ya       X         7       Tyes," indicate the number of Forms 8282 filed during the year       [7d]       Ya       X       Ya       X         10       the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract?       7a       X       Ya       X       Ya       X       Ya       X       Ya       X       Ya       X       Ya <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       6b       X         c If "Yes," to line 5 or 5b, did the organization file Form 8886-T?       5c       5c         G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?       6a       X         b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).       8b       7a       X         7 Organizations that may receive deductible contributions under section 170(c).       8b       7b       7a       X         8b       11 "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d If "Nes," indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization receive any funds, directly or indirectly, to nay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intalectual property, did the organization file Form 8899 as required?       7g       17         f If the granization received a contribution of ada	50		5a		X
bit bit and the analysistic of the organization file Form 8886-T?       6c         Ge Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6c         B If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b         7 Organization such away receive deductible contributions under section 170(c).       0b       7a       X         7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? field during the year       7d       7d         7 Did the organization receive any function of aux blast a, siphanes, or other vehicles, a premiums on a personal benefit contract?       7e       X         7 Did the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization file form 8292 field during the year       7d       7d       7t       X         7 Did the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization for file a form 1098 C?       7d       7d       7d       7d       7d       7d       7d       X         7 Did the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization file form 1098 C?       7d       7d       8d       9d       9d       9d       9d					1
G       Desite the organization have annual goes receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b       I''ves,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         7       Organizations that may receive deductible contributions under section 170(c).       Gb       Gb         8       Did the organization nective apament in excess of \$75 male parity as contribution and parity for goods and services provided to the payor?       7a       X         c       Did the organization eccess of \$75 male parity as contribution and parity for yohich it was required       7c       X         d       If 'Yes,'' indicate the number of Forms 8282 field during the year       7d       7e       X         d       Did the organization origing the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       It the organization receive a any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       It the organization male as the able of trunks, airplanes, or other vehicles, did the organization file a Form 1098 Cf       7h       X         g       Sponsoring organization male any taxable distributions under section 4966?       9a       9b       0b					1
any contributions that were not tax deducible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization fuelow de a contribution of qualified intellectual property, did the organization fuelow de a contribution of qualified intellectual property, did the organization fuelow de a contribution of qualified fuelow. Did a donor advised fund fuelow					
bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7 If Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7a       X         7 If Yes," did the organization collidy the donor of the value of the goods or services provided?       7c       X         7 If Yes," indicate the number of Forms 8282 field during the year       If did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         7 Did the organization receive a contribution of qualified intellectual property, did the organization, fulling the year, pay premium, directly or indirectly, to a parenonal benefit contract?       7r       X         7 Bit the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8 Sponsoring organization make any taxable distributions under section 49667       9a       9a       9b         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10 Section 501(c)(7) organizations. Enter:       11a       11a       11a       11a         11 Section 501(c)(12) organizations. Enter:<	0a		6a		X
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       0 bit the organization receive a payment in excess of \$57 made parity as a contribution and parity for goods and services provided to the payord     7a     X       bit 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required     7c     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       f Did the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?     7d     X       f If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       8 Sponsoring organization make any taxable distributions under section 4966?     9a     9       9 Did the sponsoring organization make a distribution to a donor, donor advised funds.     9a     9b       10 did the sponsoring organization make a distribution to a donor, donor advised funds.     9a     9b       10 did the sponsoring organization make a distribution to a donor, donor advised funds.     10a     10a       11 Sec	Ь				
7       Organizations that may receive deductible contributions under section 170(c).       a)       Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for gods and services provided to the payor?       7a       X         b       ff "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       Te         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Hi the organization receive at outribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         f       Hi the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       9a       9a         s       Did the sponsoring organizations. Enter:       10a       10a       10b       9a         s       Station 501(c)(2) organizations. Enter:       10a       10b       10b       9a       9b         s       Soros income from other sources (Do not net amounts due or paid to other sources against amoun	D D		6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       7c         c Did the organization notify the donor of the value of the goods or services provided?       7c       7c       7c         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7c       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7h       7k         8 Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b Did the sponsoring organization make any taxable distribution such advisor, or related person?       9b       9b       9b       9b       9b       9b       9b       9b       9b       9a       9b       9b       9b       9b       9b       9b       9b       9b       9b	7			1202	
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7h       7h         sponsoring organizations maintaining door advised funds.       a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations make a distribution to a donor, donor advised fund       10b       9a       9a       9a         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       11b       12a			r? 7a		X
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organizations maintaining donor advised funds.       10a       9a       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organizations. Enter:       10a       10b       10b       9b       9b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       11a       10a       10a       10b       10b       10b       10b       10b       11a       10a       11a       10a       10b       10b       10b					
to file Form 8282?       7c       X         d II "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7fi       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?       7h       X         f If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7h       X         g If the sponsoring organization have excess business holdings at any time during the year?       9a       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a					
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?			1.20		
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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				
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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	

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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

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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 <b>99</b>	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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	, 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
<ul> <li>3 Did the organization list any former tine 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> </ul>	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
<ul> <li>3 Did the organization list any former time 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is</li> </ul>	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
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a rece rendered to the organization? If "Ye</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig</li> </ul>	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	
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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)
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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
<ul> <li>3 Did the organization list any former tine 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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)
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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)
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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)
<ul> <li>3 Did the organization list any former tine 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recorrendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five hig the organization. Report compensation</li> </ul>	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			<b>(C</b> 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.
		1								
• • • • • • • • • • • • • • • • • • •										
Total to Part VII, Section A, line 1c								83,864.		5,386.

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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)

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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)

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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	<del>),</del> 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	
<b>2</b> 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 <b>дар.</b>		
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>				
				1				
					-			
			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
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Form 990 or 990-EZ. 532021 09-23-15

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## FOX LLEY WORKFORCE DEVELOPMENT BOARD,

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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			<b>18</b>	%
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

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1

2

<u>3a</u>

3b

<u>3c</u>

4a

4b

**4**c

**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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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 <b>Part VI</b> 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 <b>Part VI</b> 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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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	<ol> <li>Description them</li> </ol>	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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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 <b>2</b>
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

			<u></u>		
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:			<b>•</b>
	(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		
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	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	<b>.</b>	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

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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)			
(6) (7) (8)		· · · · · · · · · · · · · · · · · · ·	
(6) (7) (8) (9)	15.)		
(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.
(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	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	on Form 990, Part IV, line	11e or 11f. See Form 990, Part )	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)	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)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part ) (b) Book value	ζ, 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)	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)	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
1       Data Item to gate 3 and other approximants       2a         2       Amounts included on item 1 but not on Form 990, Part Vill, line 12:       2a         2       Amounts included on item 1 facilities       2a         2       2a       2a         3       Subtract line 2 from line 1       2a         4       Amounts included on Form 990, Part Vill, line 12.       4a         1       Total exponses and loases per audied financial Statements       4a         1       Total exponses and loases per audied financial statements       2a         2       Amounts included on form 190, Part Vill, line 12.       1       3., 4436, 592         2       Amounts included on form 190, Part Vill, line 23.       1       3., 4436, 592         2       Amounts included on form 190, Part Vill, line 23.       1       3., 4336, 592         2       Amounts included on form 190, Part Vill, line 23.       2a			1	3,415,353.
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		
c       Recoveries of prory sergrants       2e       2d       2e       2d       2e       2d       2e		monormanian		
a Matchines of pixe gains       2a       3a       3a				
e Add ines 2a through 2d				
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: <ul> <li>A Amounts included on Form 990, Part IX, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>d to</li> <li>d to</li> <li>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</li> </ul> <li>Part XIII Supplemental Information.</li> <li>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.</li> <li>PART IV, LINE 2B:</li> <li>THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR</li> <li>OTHER ORGANIZATIONS.</li> <li>PART XI, LINE 4B - OTHER ADJUSTMENTS:</li> <li>RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B</li>				
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		
b Other (Descriptions of pair value)       4c         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.)       5 3, 365, 87.         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:       THE FOX VALLEY WORKFORCE DEVELOPMENT BOARD ACTS AS A FISCAL AGENT FOR         OTHER ORGANIZATIONS.       OTHER ADJUSTMENTS:         PART XI, LINE 4B - OTHER ADJUSTMENTS:       -70,72         PART XII, LINE 2D - OTHER ADJUSTMENTS:				
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>
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.
				5
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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			č.	Schedule D (Forr	n 990) 2(
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	<b>X</b>	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					
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.
S32291 04-01-15 33

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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