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_{50m} 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning $\mathrm{JUL}1,2009$	ل nding	UN 30, 2010	
В	Check if applicab		TON	D Employer identific	cation number
	Addre	USE IRS FOX VALLEY TECHNICAL COLLEGE FOUNDATE INC.	ION,		
F	chang	Avan a series of the series of		39-1	264389
F	chang lnıtıal return	Don Live and American D.C. have district and delivered the absent addresses.	oom/suite	E Telephone numbe	
Ē	Termi ated	Specific P.O. BOX 2277			735-5608
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	2719552.
L	Applie tion pendi	REFERENCE, WI 34312 2277		H(a) Is this a group re	
	pond	F Name and address of principal officer: ALICE DUMKE		for affiliates?	Yes X No
_		P.O. BOX 2277, APPLETON, WI 54912-2277		H(b) Are all affiliates inc	
÷	Tax-ex	empt status: X 501(c) (3)		•	list. (see instructions)
		f organization: Corporation Trust X Association Other	I Vear	H(c) Group exemption 1976	n number ► ¶ State of legal domicile: WI
_	art I	Summary	L Toal (or iorination. 1970 N	J State of legal doffliche. W.L.
_	14	Briefly describe the organization's mission or most significant activities: TO SUI	PPORT	, PROMOTE A	ND
Governance	'	FACILITATE THE ACTIVITIES OF THE FOX VALLE	EY TE	CHNICAL COL	
rna	2	Check this box I if the organization discontinued its operations or disposed			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
)	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19
	5	Total number of employees (Part V, line 2a)		5	0
\ - } \frac{1}{2}	6	Total number of volunteers (estimate if necessary)		6	0
レニし 1 Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_ور:		Net unrelated business taxable income from Form 990 T, line 34	\neg	7b	0.
2010 Revenue	_,	<u> </u>	, ⊢	Prior Year	Current Year
큳	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	ပ္တု —	1428088.	1321878.
Ven	9)SO-S:	83456.	103957.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[麗] 一	561031.	903227.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and state) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	"⁻/├─	2072575.	2329062.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1020619.	1378197.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
ű	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
e d	ь	Total fundraising expenses (Part IX, column (D), line 25)	5.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		382224.	32715.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1402843.	1410912.
	19	Revenue less expenses. Subtract line 18 from line 12		669732.	918150.
Sor	<u>[</u>		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	11365514.	12386975.
Net Assets or	21	Total liabilities (Part X, line 26)	<u> </u>	4322346. 7043168.	4009659. 8377316.
즴	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		/043100.	03//310.
	ait II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s and complety Declaration of preparer (other than offiner) is based on all information of which preparer has any	statements, a	and to the best of my knowleds	ge and belief, it is true, correct.
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any	/ knowledge	ulu	
Sig	n	She M. He we		1 (4) (5)	1 10
He	-	Signature of officer		Date	
		ALYCE DUMKE, EXECUTIVE DIRECTOR			
		Type or print name and title			
— Pa	id	Preparer's Date	l colf	_ (see ins	er's identifying number structions)
_	o eparer's	signature DAVID L. MACCOUX 11/11,	/10 em	ployed 🕨 💹	
	e Only	vours if SCHENCK SC		EIN ►	
		self-employed), address, and CDRFN DAY MICCONGINE FACONGINE FACONG			0001426 7000
_		ZIP+4 GREEN BAY, WISCONSIN 54305-3819		Phone no.	920)436-7800
Ma	ly the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

INC.

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	TO SUPPORT, PROMOTE, AND FACILITATE THE ACTIVITIES OF THE FOX VALLEY TECHNICAL COLLEGE, ITS STUDENTS, ALUMNI, AND RETIREES BY SOLICITING
	CONTRIBUTIONS OF FUNDS, EQUIPMENT AND OTHER RESOURCES.
	CONTRIBUTIONS OF TONDS, BOTTIME TELD OTHER RESOURCES.
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 O.
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 exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	504440
4a	(Code:) (Expenses \$ 594112. including grants of \$ 594112.) (Revenue \$)
	TO ADMINISTER SCHOLARSHIPS TO 579 STUDENTS ATTENDING FOX VALLEY TECHNICAL COLLEGE TO HELP SUBSIDIZE THE COST OF TUITION AND BOOKS
	DURING THE CURRENT FISCAL YEAR.
	DURING THE CURRENT FISCAL TEAR.
	
4b	(Code:) (Expenses \$ 784085 • including grants of \$ 391753 •) (Revenue \$)
	TO HELP FOX VALLEY TECHNICAL COLLEGE MAINTAIN CURRENT TECHNOLOGY, THE
	FOUNDATION CONTINUOUSLY SEEKS MAJOR MONETARY GIFTS AND IN-KIND
	DONATIONS OF STATE-OF-THE-INDUSTRY TECHNOLOGY, AS WELL AS PROVIDING
	OTHER SUPPORT.
4c	OTHER SUPPORT.
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	OTHER SUPPORT. (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	OTHER SUPPORT. (Code:) (Expenses \$ including grants of \$) (Revenue \$) Other program services. (Describe in Schedule O)
4d	OTHER SUPPORT. (Code:) (Expenses \$ including grants of \$) (Revenue \$) Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	OTHER SUPPORT. (Code:) (Expenses \$ including grants of \$) (Revenue \$) Other program services. (Describe in Schedule O)

Form 990 (2009)	INC.	39-126438	89 Page
Part IV Checklist of	f 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١,		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	8		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
10	If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	10	х	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	71	
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
,	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		"	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		v
00	complete Schedule G, Part III	19		$\frac{\mathbf{x}}{\mathbf{x}}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (
		OHII	(_UU3)

Form 990 (2009) INC. Part IV | Checklist of Required Schedules (continued)

		i	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		:	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		7.7	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			77
	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		v	
	Schedule K. If "No", go to line 25	24a	_X_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			х
	any tax-exempt bonds?	24c		X
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
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			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			х
٥.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25		X
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	35		- 21
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_ <u>~</u> _		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2009)
			- (/

	990 (2	2009) INC.		39-1204	309	P	age ɔ
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance					
				_		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
		nformation Returns. Enter -0- if not applicable	1a	0			
b	Enter	the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ible gaming			
		pling) winnings to prize winners?			1c	X	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		or the calendar year ending with or within the year covered by this return	2a	0			
b		east one is reported on line 2a, did the organization file all required federal employment tax retur	rns?		2b		
		. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions)			
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year covere	d by t	this retum?	3a		X
b	If "Ye	s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At an	y time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financ	cial account in a foreign country (such as a bank account, secunties account, or other financial	accou	nt)?	4a		X
b	If "Ye	s," enter the name of the foreign country:		·			İ
	See t	he instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			1
	Finan	cial Accounts					
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	>	5b		X
С	If "Ye	s," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding	Prohibited			
		Shelter Transaction?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anızatıon solıcıt			
	any c	ontributions that were not tax deductible?			6a		X
b	If "Ye	s," did the organization include with every solicitation an express statement that such contribut	tions o	or gifts	,		
	were	not tax deductible?			6b		
7	_	nizations that may receive deductible contributions under section 170(c).					1
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services		37	
	•	ded to the payor?			7a	X	
		s," did the organization notify the donor of the value of the goods or services provided?			7b	X	ļ
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired			.
		Form 8282?	ı	į.	7c		X
		es," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	┨		
е		ne organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persor	nai	٦.		х
_		fit contract?			7e		X
f		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		A
9		Il contributions of qualified intellectual property, did the organization file Form 8899 as required? ontributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		aurod?	7g 7h		x
n		ontributions of cars, boats, airplanes, and other vehicles, did the organization lie a roll rose of sorting organizations maintaining donor advised funds and section 509(a)(3) supporting or			 		<u> </u>
8		orting organization, or a donor advised fund maintained by a sponsoring organization, have exc					
			-c33 D	usiness notuings	8		
9		y time dunng the year? nsoring organizations maintaining donor advised funds.			-		
a		the organization make any taxable distributions under section 4966?			9a		i
b		the organization make a distribution to a donor, donor advisor, or related person?			9b		
10		ion 501(c)(7) organizations. Enter:					<u> </u>
а		tion fees and capital contributions included on Part VIII, line 12	10a	[1		
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		}
11		ion 501(c)(12) organizations. Enter:		·	1		
''a		s income from members or shareholders	11a	[
b		s income from other sources (Do not net amounts due or paid to other sources against			1		
~		unts due or received from them)	11b				
12a		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	Ì	[

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

39-1264389

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

sec	tion A. Governing Body and Management										
	` I I 44	.—	Yes	No							
1a	Enter the number of voting members of the governing body 13 14										
b	Enter the number of voting members that are independent 1b 15	4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			**							
	officer, director, trustee, or key employee?	2		<u>X</u>							
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	3		х							
	of officers, directors or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X							
5	5 ,										
6	· ·										
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?										
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	by the following:										
	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No X							
	Does the organization have local chapters, branches, or affiliates?	10a									
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	405									
	and branches to ensure their operations are consistent with those of the organization?	10b	X								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	х								
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	12a									
	to conflicts?	12b	х								
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
Ī	in Schedule O how this is done	12c	х								
13	Does the organization have a written whistleblower policy?	13	X								
14	Does the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		_X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		<u>X</u>							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed WI										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for									
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request										
40		nd &									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	riciai								
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ition 🕨									
20	MICHELLE LEITERITZ - 920-735-5603	MOII P		•——							
	PO BOX 2277, APPLETON, WI 54912										
		Form	990 (2009)							

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INC.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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. 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 the organization did n	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	١.,	Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KITTY ALAILY									_	_
DIRECTOR	0.50	X	_	_		L		0.	0.	0.
DR. JOHN BARKMEIER			ŀ	İ	ŀ			_ `	_	_
PRESIDENT	0.50	X		Х			<u> </u>	0.	0.	0.
WILLIAM BRAUN										
TREASURER	0.50	Х		Х		L		0.	0.	0.
MICHAEL FOX		l				İ				
DIRECTOR	0.50	X	┖		_	ļ.,	_	0.	0.	0.
JAMES HEMES										_
DIRECTOR	0.50	X	L					0.	0.	0.
ROBERT HERNKE		l							_	_
DIRECTOR	0.50	X	<u> </u>	<u> </u>	ļ	ļ		0.	0.	0.
DENNIS HULTGREN	0.50								_	_
DIRECTOR	0.50	X	<u> </u>	<u> </u>	┕	<u> </u>	_	0.	0.	0.
VANCE LINDEN	0.50	١,,						0.	0.	_
DIRECTOR	0.50	X	├	├	├	-	_	U •	0.	0.
CHRISTOPHER MATHENY	0.50	x						0.	0.	0.
EX-OFFICIO DR. SUSAN MAY	0.50	₽	┝	⊢	⊢	₩	-	0.	0.	<u> </u>
EX-OFFICIO	0.50	x		Į				0.	0.	0.
SALLY MIELKE	0.50	^	-	┢	├	-		0.	· ·	- •
FVTC BOARD REP	0.50	x				İ		0.	0.	0.
BETH NEMECEK	0.50	^	╁	┢	┢	╁			· ·	- 0.
DIRECTOR	0.50	x			1			0.	0.	0.
DOUG PEARSON	0.50		╁╾		\vdash	╁	H			•
DIRECTOR	0.50	X						0.	0.	0.
JAMES PIERCE	1 0100	-		╁	 	\vdash	\vdash			
DIRECTOR	0.50	x				1	1	0.	0.	0.
JOHN RANKIN		╀	t	\vdash	╁	†	 			-
DIRECTOR	0.50	x						0.	0.	0.
ADAM SHEA			T	1	Т	\vdash	T			
DIRECTOR	0.50	x						0.	0.	0.
JOHN SHREVE	_	1		T		1	Ī			-
VICE PRESIDENT	0.50	X		X	1	1		0.	0.	0.

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Part VII Section A. Officers, Directors, Tru (A)	(B)	mpi	oyee		<u>na i</u> C)	High	est	(D)	ees (continuea) (E)	I	(F)	
Name and title	Average	Position						Reportable	Reportable		Estimat	:ed
•	hours per week	Individual trustee or director	heck	Officer Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	>)	amount other compense from the organization	ation ne tion ted
ROLLIE STEPHENSON DIRECTOR	0.50	х						0.		0.		0.
CATHIE TIERNEY PAST PRESIDENT	0.50	х		х				0.		0.		0.
STEVE TYINK SECRETARY	0.50	x		х				0.		0.		0.
MARGIE WEISS DIRECTOR	0.50	х						0.	•	0.		0.
Total Total Total number of individuals (including but recompensation from the organization ▶	not limited to th	nose	liste	ed al	bov	► e) wi	no r	0 . eceived more than \$100	l	0.	Yes	0. 0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	nplo	yee,	or h	nighest compensated er	mployee on	[3	х
 For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes,	," cc	mpl	ete S	Sch	edul	e J i	for such individual	_		4	х
the organization? If "Yes," complete Sched	-						-				5	Х
Complete this table for your five highest contains the organization. NONE	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation from	
(A) Name and business	address							(B) Description of s	ervices	C	(C) ompensatio	on .
		_										
Total number of independent contractors (\$100,000 in compensation from the organi	_	not li	mıte	d to		se Ir	stec	d above) who received n	nore than			
# 100,000 ii) ooniponoadon nom alo olgani						_			1		Form 990	(2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			•	<u> </u>
	organizations in the U.S. See Part IV, line 21	784085.	784085.		
2	Grants and other assistance to individuals in				
_	the U.S See Part IV, line 22	594112.	594112.		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_	· · · · · · · · · · · · · · · · · · ·				
7	Other salaries and wages Pension plan contributions (include section 401(k)				
8	· · · · · · · · · · · · · · · · · · ·	ļ			
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				<u> </u>
	Legal	4700.		4700.	
	Accounting	4700.		4700.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17	14758.		14758.	
f	Investment management fees	1372.		1372.	
g	Other	13/4.		13/2•	
12	Advertising and promotion				202
13	Office expenses	302.			302.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1100		1100	
23	Insurance	1182.		1182.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MISCELLANEOUS	4428.		4428.	
a b	BAD DEBT	3124.		3124.	
G -	HOSPITALITY/CULTIVATION	2749.		926.	1823.
ب 2	PROMOTIONAL/PUBLIC RELA	100.		2201	100.
d	TROTOTTOTTOTTO REDA	100.			1001
e 4	All other expenses				
f	All other expenses Total functional expenses. Add lines 1 through 24f	1410912.	1378197.	30490.	2225.
25	Joint costs. Check here X If following	T-10712.	13/013/1	20470.	
26	,				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)
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<u>'ar</u>	t X	Balance Sheet		-		
				(A) Beginning of year		(B) End of year
7	1	Cash - non-interest-bearing		345.	1	· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments	1980319.	2	1958950	
İ	3	Pledges and grants receivable, net	872459.	3	707944	
	4	Accounts receivable, net		12459.	4	476947
	5	Receivables from current and former officers, di	rectors trustees key			
	_	employees, and highest compensated employe	· · · · · · · · · · · · · · · · · · ·			
		of Schedule L	es. Complete Fait ii		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	_	-		
		Part II of Schedule L	So(C)(S)(B) Complete		6	
	_				7	·
	7	Notes and loans receivable, net			8	
	8	Inventones for sale or use			9	
	9	Prepaid expenses and deferred charges		-		
	ıua	Land, buildings, and equipment cost or other	10a 6016348.			
		basis Complete Part VI of Schedule D	440050	5587001.	40.	5567089
		Less accumulated depreciation	10b 449259.	2760436.		3570460
	11	Investments - publicly traded securities		152495.	11	105585
	12	Investments - other securities. See Part IV, line	152495.	12	103363	
	13	Investments - program-related See Part IV, line	- · · ·	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	11265514	15	10000075	
_	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	11365514.	16	12386975
	17	Accounts payable and accrued expenses		51012.	17	59029
	18	Grants payable	199372.	18	187041	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	<u> </u>
3	21	Escrow or custodial account liability Complete			21	5000
	22	Payables to current and former officers, directo	· ·			
2		highest compensated employees, and disqualif	ed persons Complete Part II			
'		of Schedule L		4000400	22	0.5554.00
	23	Secured mortgages and notes payable to unrel	ated third parties	4070173.	23	3757120
	24	Unsecured notes and loans payable to unrelate	d third parties	1=00	24	4.460
	25	Other liabilities Complete Part X of Schedule D		1789.	25	1469
	26	Total liabilities. Add lines 17 through 25		4322346.	26	4009659
		Organizations that follow SFAS 117, check h	ere X and complete			
23		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		3157185.	27	4224516
)alc	28	Temporanly restricted net assets		2399569.	28	2576319
2	29	Permanently restricted net assets		1486414.	29	1576481
5		Organizations that do not follow SFAS 117, o	heck here 🕨 📖 and			
5		complete lines 30 through 34.		_		
Net Assets of Fully Dalainess	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
	32	Retained earnings, endowment, accumulated in			32	
	33	Total net assets or fund balances	·	7043168.	33	8377316
	1			11365514.	34	12386975

Form 990 (2009)

39-1264389 Page 12 INC. Form 990 (2009) Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of t	he organizati	on FOX VA	LLEY TECHNICA	AL COL	LEGE	FOUND	ATION	ſ,		identification		mber
Part I	Reason		arity Status (All organi	zations mu	et complet	te this nar) See ins	tructions		, 1204.	303	
								LI UCIONS.	·			
1 🔲		•	n because it is (For lines ies, or association of chui									
2 🗀	•		170(b)(1)(A)(ii). (Attach Sc			CHOII 170	(0)(1)(^)(1)					
3 🗔			pital service organization			170(b)(1)	(A)(iii)					
4	•	•	n operated in conjunction					/h\/ 1\/ Δ\/	iii) Entertl	he hospital'	e nam	_
-	city, and stat		Toperated in conjunction	withanos	pital dese	11000 111 30	01.011 170	(2)(1)(2)(ing. Critoi ti	ic nospital	JIIAIII	Ο,
5 <u> </u>			e benefit of a college or u	niversity o	wned or or	perated by	a govern	mental ur	ut describe	ed in		
• —	-	(b)(1)(A)(iv). (Com				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u goro					
6 🗀			ment or governmental uni	it describe	d in sectio	n 170(h)(·	IΥΔΥν					
7 X		•	eceives a substantial part					or from th	e general r	oublic descr	nbed i	n
,	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🗆	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	-		eceives: (1) more than 33			rom contri	butions, n	nembersh	no fees, an	id aross rec	eipts	from
- —	-	-	unctions - subject to cert						•	-	•	
			taxable income (less sec							-		
		509(a)(2). (Comple	·		,		•				,	
10 🗔			operated exclusively to te	est for publ	ic safety. S	See sec tio	n 509(a)(4	4).				
11 🔲	An organizat	on organized and	operated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of	or to car	ry out the	purposes o	f one o	or
	more publicly	supported organi	zations described in sect	ion 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509	(a)(3). Che	ck the box	that	
	describes the	e type of supportin	g organization and comp	lete lines 1	1e through	11h.						
	а 🔲 Туре	. Б	Type II	с 🗀 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - O	ther	
e 🗀	By checking	this box, I certify t	hat the organization is not	t controlled	d directly o	r indirectly	by one o	r more di:	squalified p	ersons oth	er tha	n
	foundation m	nanagers and other	r than one or more publicl	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509	(a)(2)	
f	If the organiz	ation received a w	ritten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check	this box									L
9	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pe	rsons?	r	<u> </u>	
	(i) A perso	n who directly or ir	ndirectly controls, either a	lone or tog	ether with	persons o	lescribed	in (ıi) and	(III) below,		Yes	No
			supported organization?							11g(i)		
		•	on described in (i) above?							11g(ii)		
		•	a person described in (i)							11g(iii)		
h ,	Provide the f	ollowing information	on about the supported or	rganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	notify the	(vi)	s the	(vii) Am	ount of	
• •	anization	(11) = 114	organization	in col. (i) la	sted in your	organizat	ion in col.	lorganizat	ion in col. zed in the	supp		ı
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.	S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
											_	
		ļ		<u> </u>	ļ	ļ			\bot			_
						ļ	ļ	ļ	\bot			
								ŀ				
Total		L						<u> </u>				
LHA For F	Privacy Act ar	nd Paperwork Red	luction Act Notice, see t	he Instruc	tions for			Schedu	le A (Form	n 990 or 990	0-EZ)	2009

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Form 990 or 990-EZ.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and					•	
	membership fees received (Do not						
	include any "unusual grants.")	1114777.	1456516.	2141933.	1428088.	1321878.	7463192.
2	Tax revenues levied for the organ-	-		-			
	ization's benefit and either paid to						
	or expended on its behalf	_					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1114777.	1456516.	2141933.	1428088.	1321878.	7463192.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						451354.
6	Public support. Subtract line 5 from line 4						7011838.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1114777.	1456516.	2141933.	1428088.	1321878.	7463192.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	433517.	436484.	739846.	793223.	1315427.	3718497.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	34388.	48008.	115110.	-88085.	26601.	136022.
10	Other income. Do not include gain				_		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						11317711.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	520561.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Se	organization, check this box and storetion C. Computation of Publ	here ic Support Pe	rcentage		·		<u>▶</u>
	Public support percentage for 2009 (-	_	column (f))		14	61.95 %
	Public support percentage from 2008		-	`''		15	68.20 %
	33 1/3% support test - 2009.If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	-				,	$\triangleright X$
b	33 1/3% support test - 2008.If the o		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	-				,	▶□
17a	17a 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances"		·	•	•		>
b	10% -facts-and-circumstances tes	-	•		•	7a, and line 15 is	10% or
	more, and if the organization meets the	•					
	organization meets the "facts-and-cire				-		
18	Private foundation. If the organization		•				s 🕨
			, . <u></u>			dule A (Form 990	

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t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	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 IV.)							
13	Total support (Add lines 9, 10c, 11, and 12)			<u></u>	<u>l</u>	<u> </u>		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) orga	inization,	
	check this box and stop here							ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2009 (line 8, column (f) d	livided by line 13,	column (f))		15		%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16		%
Se	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 20	09 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17		- %
18	Investment income percentage from:	2008 Schedule A,	Part III, line 17			18		%
198	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	-					e 17 is not	▶ □
k	33 1/3% support tests - 2008. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and	
	line 18 is not more than 33 1/3%, che	ck this box andst	op here. The orga	inization qualifies	as a publicly supp	orted organizatio	on !	ightharpoons

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

FOX VALLEY TECHNICAL COLLEGE FOUNDATION, INC.

Employer identification number 39-1264389

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u>-</u>	e used only
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	22, 5. 11.5 12.1, 50.11.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		
	year >		o organization daming the text
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		, F
-	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(II)?	, .	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 INC .						3	9-12	64389	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, c	r Othe	r Simila	r Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a sig	nificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	<u> </u>	_oan or excl	hange progra	ms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	he organizatio	on's exem	pt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er sımılar a	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	<u>└</u> No_
Par	t IV Escrow and Custodial Arran		ete if org	anızatıon ar	nswered "Yes	to Fom	990, Parl	t IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	s or other as:	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:						
							\vdash		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			5000.
е	Distributions during the year						1e			
f	Ending balance						1f			5000.
	Did the organization include an amount on F		217					LX	Yes	L No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete								г -	
		(a) Current year		rior year	(c) Two year	s back (ქ) Three ye	ars back	(e) Four ye	ears back
	Beginning of year balance	2912930.		74398.						
b	Contributions	354389.		29550						
С	Net investment earnings, gains, and losses	479464.		87210. 92338.						
	Grants or scholarships	55980.		94330.						
е	Other expenditures for facilities								Į.	
	and programs	14758.		11470.						
f	Administrative expenses	3676045.		$\frac{11470.}{12930.}$				· · · · · · · · · · · · · · · · · · ·	-	
g	End of year balance			14930.	l					
2	Provide the estimated percentage of the year	ir end balance held a								
a	Board designated or quasi-endowment ► Permanent endowment ► 40.50		_%							
b		% %								
C		· ·	_4 41			حالة برجاة أم مرد				
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are neid a	na aaministe	rea for the	e organiza	tton	L.	an Ma
	by									es No
	(i) unrelated organizations								3a(i)	$\frac{x}{x}$
L.	(ii) related organizations If "Yes" to 3a(ii), are the related organization:	a hatad aa raayurad a	n Sabaa	tulo D2					3a(ii)	
4	Describe in Part XIV the intended uses of the	•							OD	
_	t VI Investments - Land, Building				. Part X. line 1	10				
	Description of investment	(a) Cost or o			or other		cumulated	,	(d) Book v	value
	Description of investment	basis (investr			(other)		reciation	1	(a) 500K	aide
10	Land		120.		29406.			 	51	9526.
	Buildings				96822.		44925	9.		7563.
	Leasehold improvements	-								<u> </u>
	Equipment							$\neg \vdash$		
	Other			· · ·						
-	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. colun	nn (B), line 1	10(c))				556	7089.
1014	The most reading of the following to made		. ,	1-//				<u></u>	D /Earm 0	

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Met	nod of valuation: of-year market value
Financial derivatives Closely-held equity interests Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Meti	nod of valuation: -of-year market value
	-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lir	ne 15		
	a) Description	-	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) in Part X Other Liabilities. See Form 990, Part X	ne 15.) K, line 25		<u> </u>
(a) Description of liability Federal income taxes		(b) Amount	
ANNUITIES PAYABLE		1469.	
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 25.)	1469.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Sche	dule D (Form 990) 2009 INC.					264389	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial	State	ment	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_	1			2329	9062.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1410	912.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			918	3150.
4	Net unrealized gains (losses) on investments		4			415	5998.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net) Add lines 4 through 8		9			415	5998.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10			1334	<u>4148.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue p	er R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	2728	<u>3460.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	4159	98.			
b	Donated services and use of facilities	2b			1		
С	Recoveries of prior year grants	2c			1		
d	Other (Describe in Part XIV)	2d	3904	90.	1		
е	Add lines 2a through 2d				2e	806	5488.
3	Subtract line 2e from line 1				3	192:	L972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147	58.			
b	Other (Describe in Part XIV.)	4b	3923	32.	1		
С	Add lines 4a and 4b				4c	407	7090.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		9062.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses	per	Retur	'n	
1	Total expenses and losses per audited financial statements				1	1394	1312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					-	
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			1		
С	Other losses	2c			1		
d	Other (Describe in Part XIV)	2d	3904	90.	1		
е	Add lines 2a through 2d				2e	390	0490.
3	Subtract line 2e from line 1				3	1003	3822.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147	58.			
ь	Other (Describe in Part XIV.)	4b	3923	32.	1		
c	Add lines 4a and 4b				4c	407	7090.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1410	912.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines	1a and 4; Part IV, I	ines 1	b and 2	b, Part V, line	4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp						.,
•	•		•	•			
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
						_	
REI	NTAL EXPENSES OF \$336,079						
_							
SP	ECIAL EVENT EXPENSES OF \$54,411						
			·· -		-		
PA	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
IN	-KIND SUPPLIES & EQUIPMENT		. —				
			 				
					Schedu	ile D (Form 9	90) 2009

Schedule D (Form 990) 2009 INC.	39-1264389 ₁	Page 5
Part XIV Supplemental Information (continued)		r ugo o
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES OF \$336,079		
SPECIAL EVENT EXPENSES OF \$54,411		
		_
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
IN-KIND SUPPLIES & EQUIPMENT		
	<u> </u>	
		

932055 02-01-10

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

FOX VALLEY TECHNICAL COLLEGE FOUNDATION, INC.

Employer identification number 39-1264389

Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "\	es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) pursu	on of on of fundra (include rofess	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
•						
Total						-
3 List all states in which the organization	on is registered or licensed to solicit f	unds (or has	been notified it is ex	empt from registrati	on or licensing.
					· ···	
	·					

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Schedule G (Form 990 or 990-EZ) 2009

FOX VALLEY TECHNICAL COLLEGE FOUNDATION, 39-1264389 Page 2 INC. Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CULTURAL NONE (add col. (a) through GOLF OUTINGSCUISINE col. (c)) (event type) (event type) (total number) 119783 35485 155268. Gross receipts 74256 74256. 2 Less: Charitable contributions 45527 35485 81012. Gross income (line 1 minus line 2) Cash prizes Noncash prizes **Direct Expenses** Rent/facility costs 7 Food and beverages 8 Entertainment 24793. 29618 54411. Other direct expenses 54411, 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash pnzes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b if "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

932082 02-03-10

b If "Yes," explain

11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer chantable gaming?

Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2009 INC. 39	<u>-126438</u>	9 P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
Name ▶			
Address			,
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name >			ı
Gaming manager compensation > \$			1
Description of services provided			
			,
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	<u></u>	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e -		
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

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

▶ Attach to Form 990.

<u>&</u> Employer identification number 39-1264389 LEARNING AND WORKFORCE EVELOPMENT THROUGHOUT (h) Purpose of grant TO PROMOTE LIFELONG or assistance X recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of organization (box) if applicable cash grant or government assistance or government or government assistance assistance or government or government assistance or government or government assistance or government or government assistance or government or governmen Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. COLLEGE FOUNDATION, FOX VALLEY TECHNICAL General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization FOX VALLEY TECHNICAL COLLEGE 1825 N. BLUEMOUND DRIVE Name of the organization Part Part II

THE COMMUNITY.

EQUIPMENT

392332. FMV

391753

501(C)(3)

38-1087276

APPLETON, WI 54912-2277

8	2 Enter total number of section 501(c)(3) and government organizations	
က	3 Enter total number of other organizations	

Schedule I (Form 990) 2009

29

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Schedule I (Form 990) 2009

INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

Page 2

39-1264389

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information O.FMV (d) Amount of non-cash assistance 594112. (c) Amount of cash grant (b) Number of recipients 579 (a) Type of grant or assistance SCHOLARSHIPS Part IV

Schedule I (Form 990) 2009

(h) On behalf Employer identification number 39-1264389 OMB No 1545-0047 of issuer 2009 Open to Public Inspection Yes ш (g) Defeased Yes Yes ŝ × Yes ŝ ŝ S . WAUPACA REGIONAL ۵ ۵ (f) Description of purpose Yes Yes THE Supplemental Information on Tax-Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, FO BUILD ŝ ŝ explanations, and any additional information on Schedule O (Form 990)

Attach to Form 990. See separate instructions.

TECHNICAL COLLEGE FOUNDATION, O (F) CONTINUATIONS Yes Yes 2500000 (e) Issue price ŝ ŝ 8 (d) Date issued 07/26/07 Yes Yes SEE SCHEDULE O FOR COLUMN 2500000 ₽× ŝ 2008 × × (c) CUSIP# ⋖ ⋖ 39-0281100NONE Yes Yes × (b) Issuer EIN Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds VALLEY to support the final allocation of proceeds? NATIONAL BANK Capital expenditures from proceeds Gross proceeds in reserve funds FOX Year of substantial completion INC Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Total proceeds of issue Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK FIRST (Form 990) Part ! 6 ဖ Ŋ N ⋖ ш N 4 Φ 9 $\mathbf{\omega}$ ပ 42

No.

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Schedule K (Form 990) 2009

832121 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for F와h 990.

property which may result in private business use?

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Page 2 Schedule K (Form 990) 2009 ŝ ŝ Yes Yes % % % ŝ ŝ ۵ ٥ Yes Yes 39-1264389 % % % ŝ ŝ ပ Yes Yes % % % ŝ ŝ œ 8 Yes Yes % % % શ્ર∞ ž × × × × × × × × × Yes Yes business use as a result of unrelated trade or business activity d Was the regulatory safe harbor for establishing the fair market to the financed property which may result in private business 3a Are there any management or service contracts with respect financed property which may result in private business use? other outside counsel to review any management or service Enter the percentage of financed property used in a private Enter the percentage of financed property used in a private Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect contracts or research agreements relating to the financed 3a Has the organization or the governmental issuer identified Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its carried on by your organization, another section 501(c)(3) a hedge with respect to the bond issue on its books and c Does the organization routinely engage bond counsel or Were any gross proceeds invested beyond an available b Are there any research agreements with respect to the business use by entities other than a section 501(c)(3) 6 Did the bond issue qualify for an exception to rebate? 932122 02-03-10 organization, or a state or local government organization or a state or local government 4a Were gross proceeds invested in a GIC? Part III Private Business Use (Continued) 2 Is the bond issue a variable rate issue? tax-exempt bond liabilities? value of the GIC satisfied? Schedule K (Form 990) 2009 Total of lines 4 and 5 to the bond issue? temporary period? **b** Name of provider b Name of provider Part IV Arbitrage c Term of hedge c Term of GIC records? use? 9 ß 4

%

%

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Name of the organization FOX VALLEY TECHNICAL COLLEGE FOUNDATION,

2009

Open To Public Inspection

Employer identification number

	INC. 39-1264389 I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)					9									
Part Excess Benefit	Transacti	ons (section	on 501(c)(3)	and section	n 501(c)(4)	organizatio	ns only)								
Complete if the orga	anization ansv	wered "Yes"	on Form 9	90, Part IV,	line 25a or	25b, or Fo	rm 990-E	Z, Part	V, line 40	0b					
1 (2)				(b) Description of transaction						(c) Corrected					
(a) Name of dis	squaillied per	5011			(0)	escription	UI (I'alisa	CHOIT			Yes	No			
				<u>. </u>											
															
			<u> </u>												
2 Enter the amount of tax imp	osed on the	organization	managers	or disqualifi	ed person:	s during the	year ur	der	. .						
section 4958 3 Enter the amount of tax, if a	ny on line 2	abovo rom	buread by	the organiza	ntion				▶ \$						
5 Enter the amount of tax, if a	rry, Orr in te 2,	above, reim	ibuiseu by	une organiza	ation				ΨΨ						
Part II Loans to and/o	r From Int	erested	Persons.	•											
Complete if the orga	anization ansv	wered "Yes'	on Form 9	90, Part IV,	line 26, or	Form 990-E	Z, Part \	/, line 38	За.						
(a) Name of interested person and purpose	(b) Loan	to or from	m (c) Original principal (d) Bala		ence due	(e) In ault?	(f) App	proved pard or nittee?	(g) W agree					
	То	From	1				Yes		Yes	No	Yes	No			
· · · · · · · · · · · · · · · · · · ·			 								ļ				
			-				<u> </u>								
			+			<u></u> _	 								
		<u>l</u>	.L	▶ \$	L		 	l	 	<u>l</u>					
Part III Grants or Assis	stance Bei	nefiting l	ntereste		s.		<u> </u>		1						
Complete if the orga	anization ansv	wered "Yes	on Form 9	90, Part IV,	line 27.										
(a) Name of interested				nship betwe	en interes	ted person	and				d type o	f			
				the or	ganızatıon					assistar	ic e				
<u></u>								_							
								-							
								+							
								+							
					-			+							
Part IV Business Trans	sactions Ir	volving	ntereste	d Person	s.				•						
Complete if the orga	anızatıon ansı	wered "Yes	on Form 9	90, Part IV,	line 28a, 2	8b, or 28c.						_			
(a) Name of interested	person			o between ir I the organiz		(c) Amo transa			Descript transact		(e) Sha organiz reven	ation's			
											Yes	No			
CATHIE TIERNEY		DIF	RECTOR			116	9937	·CA1	HIE	TIER		X			
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_HA For Privacy Act and Pape	rwork Reduc	tion Act N	ntice see t					Schedul	e L (For	m 990 a	r 990-E	Z) 2000			

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

FOX VALLEY TECHNICAL COLLEGE FOUNDATION,

OMB No 1545-0047

ZUUJ

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2009

39-1264389 Types of Property Part I (d) (a) (c) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial Real estate · Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts (EQUIPMENT/SUP) 365703. COST/FMV 150 X 25 Other -208 26629. COST EVENT PRIZES X 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a X the entire holding period? **b** If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

932141 03-12-10

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FOX VALLEY TECHNICAL COLLEGE FOUNDATION,

Employer identification number 39-1264389

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STUDENTS, ALUMNI AND RETIREES BY SOLICITING CONTRIBUTIONS OF FUNDS,
EQUIPMENT AND OTHER RESOURCES.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD MEMBERS RECEIVE AN
ELECTRONIC COPY REQUESTING THAT THEY REVIEW RETURN AND EMAIL BACK STATING
THEIR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS REQUIRED TO ANNUALLY
FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY CONFLICTS OF
INTEREST.
THE ORGANIZATION HAS NO EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE CLIENTS FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: FIRST NATIONAL BANK
(B) DESCRIPTION OF PURPOSE: TO BUILD THE WAUPACA REGIONAL CENTER
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: CATHIE TIERNEY
(D) DESCRIPTION OF TRANSACTION: CATHLE TIERNEY IS THE CEO OF COMMUNITY
FIRST CREDIT UNION WHERE THE ORGANIZATION BANKS AND HAS TWO LOANS.

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

Schedule O (Form 990) 2009