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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

5300 N MEADE ST

Room/suite

City or town, state or country, and ZIP + 4

APPLETON, WI 54913

F Name and address of principal officer

D Employer identification no.

39-6104722

E Telephone number

(920) 739-4441**1,107,958**

G Gross receipts \$

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527J Website **NONE**H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation **1967**M State of legal domicile **WI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **SUPPORT OF FOX VALLEY LUTHERAN HIGH SCHOOL, PRIMARILY IN THE AREAS OF TUITION ASSISTANCE FOR STUDENTS AND FACULTY PROFESSIONAL GROWTH.**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	26,532	108,644
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7)	157,336	265,429
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,868	374,073
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	135,000	183,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
16b	Total fundraising expenses (Part IX, column (D), line 25)		0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,257	19,337
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	151,257	202,337
19	Revenue less expenses - Subtract line 18 from line 12	32,611	171,736

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,381,747	3,553,483
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances - Subtract line 21 from line 20	3,381,747	3,553,483

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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.

MERLE WEIHING

Signature of officer

Date

MERLE WEIHING, SECRETARY

Type or print name and title

*Merle A Weihing***8-6-12**

Print/Type preparer's name

DENNIS L PRIEBE CPA

Preparer's signature

DENNIS L PRIEBE CPA

Date

08-04-2012Check ☒ if

self-employed

PTIN

P00029870

Firm's name

PRIEBE TAX & ACCOUNTING LLC

Firm's EIN

20-4201344

Firm's address

**4527 N WATERSHED WAY
APPLETON WI 54913**

Phone no

920-733-2530May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2011)

G14 25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission
SUPPORT OF FOX VALLEY LUTHERAN HIGH SCHOOL, PRIMARILY IN THE AREAS OF TUITION ASSISTANCE FOR STUDENTS AND FACULTY PROFESSIONAL GROWTH.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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 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.
- 4a (Code) (Expenses \$ 165,000 including grants of \$) (Revenue \$)
\$130,000 OF TUITION ASSISTANCE FOR STUDENTS IN NEED OF FINANCIAL AID. PAID TO FOX VALLEY LUTHERAN HIGH SCHOOL WHICH ADMINISTERS THE PROGRAM. APPROXIMATELY 150 STUDENTS RECEIVED ASSISTANCE. ADDITIONAL \$35,000 OF OPERATIONAL SUPPORT FOR FOX VALLEY LUTHERAN HIGH SCHOOL TO SUPPORT THE EDUCATION OF IN EXCESS OF 500 STUDENTS WHO ATTEND THE SCHOOL.
- 4b (Code) (Expenses \$ 8,000 including grants of \$) (Revenue \$)
FACULTY PROFESSIONAL GROWTH. 7 TEACHERS UTILIZED FUNDS FOR PROFESSIONAL GROWTH.
- 4c (Code) (Expenses \$ 10,000 including grants of \$) (Revenue \$)
OFFICE OF THE DIRECTOR OF MISSION ADVANCEMENT. PAID TO FOX VALLEY LUTHERAN HIGH SCHOOL WHICH SUPERVISES THAT OFFICE.
- 4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e Total program service expenses **183,000**

Part 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, 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 Schedule K. If "No," go to line 25	24a	X
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	
d 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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 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 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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	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 Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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 country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VII 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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		
	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		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates? 10a	X
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? 10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X
13	Did the organization have a written whistleblower policy? 13	X
14	Did 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?	
a	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	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b	

Section 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) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT BECKER (920) 739-4441 5300 N MEADE ST APPLETON, WI 54913

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. 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.

- 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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former officer	Former key employee			
(1) DENNIS PRIEBE TREASURER	1.00	X		X					0	0	0
(2) DOUG KOPLIEN DIRECTOR	1.00	X							0	0	0
(3) GARY VANDEN HEUVEL DIRECTOR	1.00	X							0	0	0
(4) HAROLD FROEHLICH PRESIDENT	1.00	X		X					0	0	0
(5) JAMES ABITZ VICE-PRES	1.00	X		X					0	0	0
(6) KEN UHLENBRAUCK DIRECTOR	1.00	X							0	0	0
(7) MERLE WEIHING SECRETARY	1.00	X		X					0	0	0
(8) REG PFEIFER DIRECTOR	1.00	X							0	0	0
(9) ROBERT BECKER DIRECTOR	1.00	X							0	0	0
(10) TOM MEDEMA DIRECTOR	1.00	X							0	0	0
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Trustee	Officer	Key employee	Highest compensated employee	Former officer	Former employee			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	108,644			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		108,644			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and other similar amounts)		110,970	110,970		
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			888,344				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			154,459	154,459	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			374,073	265,429	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 organizations in the United States. See Part IV, line 21.	183,000	183,000		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	504		504	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	18,833		18,833	
g Other.				
12 Advertising and promotion.				
13 Office expenses.				
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.				
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 O.)				
a				
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	202,337	183,000	19,337	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A s s e t s	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		
	11 Investments - publicly traded securities	3,381,747	11	3,553,483
	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	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,381,747	16	3,553,483	
L i a b i l i t i e s	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,083,620	27	2,245,356
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,298,127	29	1,308,127
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	
	33 Total net assets or fund balances	3,381,747	33	3,553,483
	34 Total liabilities and net assets/fund balances	3,381,747	34	3,553,483

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	374,073
2	Total expenses (must equal Part IX, column (A), line 25)	2	202,337
3	Revenue less expenses Subtract line 2 from line 1	3	171,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,381,747
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,553,483

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990
- ☒
- Cash
- ☐
- Accrual
- ☐
- Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

- b Were the organization's financial statements audited by an independent accountant?

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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 separate basis, consolidated basis, or both

☐ 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 Act and OMB Circular A-133?

- 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

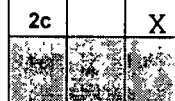
Yes No



2a X

2b X

2c X



3a X

3b

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

2011

Open to Public Inspection

Name of the organization

FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.

Employer identification number

39-6104722

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☒ Type I
 - b ☐ Type II
 - c ☐ Type III-Functionally integrated
 - d ☐ Type III-Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) FOX VALLEY LUTHERAN	39-0988994	2	X		X		X		183,000
(B)									
(C)									
(D)									
(E)									
Total									183,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2011

MA 2-4

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.

Employer identification number

39-6104722

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part IV Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,728,219	3,455,346	3,191,083	3,676,000	
b Contributions	108,644	26,532	119,369	86,223	
c Net investment earnings, gains, and losses	222,733	397,598	326,062	(373,108)	
d Grants or scholarships					
e Other expenditures for facilities and programs	183,000	135,000	167,000	182,000	
f Administrative expenses	19,337	16,257	14,168	16,032	
g End of year balance	3,857,259	3,728,219	3,455,346	3,191,083	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 33.91 %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) 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 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	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	

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

FOX VALLEY LUTHERAN HS ENDOWMENT FUND IN

Employer identification number

39-6104722

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FOX VALLEY LUTHERAN HS 5300 N MEADE ST 54913	39-0988994	509 (A) 3	183,000				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.
- Schedule I (Form 990) (2011)

Part III**Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.**

Part III can be duplicated if additional space is needed

(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
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

Monitoring procedures (Part I, line 2)

THE ORGANIZATION EVALUATES REQUESTS FOR ASSISTANCE THROUGH BOARD OF DIRECTOR REVIEW, AND VERIFIES WITH THE RECIPIENT THAT FUNDS WERE SPEN

ON THE DESIGNATED PURPOSE.

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.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.

Employer identification number

39-6104722

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Part IV**Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENNIS PRIEBE	DIRECTOR	504	SEE STATEMENT 1		X
(2) DOUGLAS KOPLEIN	DIRECTOR	18,833	SEE STATEMENT 1		X
(3) ROBERT BECKER	DIRECTOR	0	SEE STATEMENT 1		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V**Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.

39-6104722

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS MADE AVAILABLE TO ANY MEMBERS OF THE BOARD OF DIRECTORS WHO WISH TO REVIEW IT
PRIOR TO FILING THE FORM WITH THE INTERNAL REVENUE SERVICE.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A POLICY WHEREBY ANY POTENTIAL CONFLICTS OF INTEREST FOR THE
VOLUNTEER BOARD MEMBERS MUST BE DISCLOSED TO THE ENTIRE BOARD AND APPROVED BY THE BOARD IF
THERE IS ANY APPEARANCE OF A POTENTIAL CONFLICT OF INTEREST.

03. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURN FORM
990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FOX VALLEY LUTHERAN HIGH SCHOOL ENDOWMENT FUND, INC.

EIN: 39-6104722

FORM 990, Schedule L PART IV

STATEMENT 1

Mr. Dennis Priebe is a director of this organization, the Fox Valley Lutheran High School Endowment Fund.
Mr. Priebe was hired as an independent contractor by the organization to prepare Form 990.

Mr. Douglas Koplien is a director of this organization, the Fox Valley Lutheran High School Endowment Fund.
Mr. Koplien is an employee of Robert W Baird. Robert W Baird is used by this organization to monitor the investment portfolio of the organization, and thus the organization pays portfolio management fees to Robert W Baird.

Mr. Robert Becker is a director of this organization, the Fox Valley Lutheran High School Endowment Fund.
Mr. Becker is employed as the Business Manager of Fox Valley Lutheran High School. Both entities are under the common control of a Board of Regents. Mr. Becker is employed by and receives 100% of his compensation from Fox Valley Lutheran High School. For the tax year, Mr. Becker received \$58,600 in salary and \$12,000 in fringe benefits from Fox Valley Lutheran High School.

FOX VALLEY LUTHERAN HIGH SCHOOL ENDOWMENT FUND, INC.

EIN: 39-6104722

FORM 990 GAIN / LOSS ON SALE OF SECURITIES PART VIII, LINE 7

STATEMENT 2

<u>SECURITY DESCRIPTION</u>	<u>ORIGINAL COST</u>	<u>PROCEEDS</u>	<u>GAIN OR (-LOSS)</u>
Summary on page 1 of 8	142,731	149,417	6,686
Summary on page 4 of 8	462,022	575,890	113,868
Summary on page 7 of 8	119,927	153,222	33,295
Summary on page 8 of 8	9,205	9,815	610
	733,885	888,344	154,459

Taxable Bond Funds

VANGUARD TTL BD MKT ETF	04/17/08 n 02/03/11	1,260,000	76,6999	79,6500	96,704.99	100,294.07	3,589.08 (LT)
VANGUARD INTERMED BD ETF	03/31/09 n 02/03/11	600,000	76,6598	81,9229	46,025.91	49,122.83	3,096.92 (LT)
Total Taxable Bond Funds					\$142,730.90	\$149,416.90	\$6,686.00

SYMT 2

REALIZED GAINS/(-)LOSSES

This section presents estimated realized gains or losses for your information only, and should not be used for tax purposes. To calculate gains or losses, the position with the highest purchase price has been liquidated first unless you have instructed us otherwise. We suggest you review this information for accuracy and contact your Baird Financial Advisor with any questions.

Stocks/Options

	Date Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
AFLAC INC	09/11/08 n	05/03/11	70	57.3254	56.1241	4,018.95	3,928.61	-90.34 (LT)
	02/11/10 n	05/03/11	85	46.4673	56.1241	3,953.98	4,770.46	816.48 (LT)
			155			7,972.93	8,699.07	726.14
ACCENTURE PLC IRELD CL A	03/15/10 n	05/03/11	275	42.5299	56.2142	11,709.48	15,458.63	3,749.15 (LT)
ALLSTATE CORP	09/16/05 n	05/03/11	110	55.1058	34.3201	6,067.13	3,775.13	-2,292.00 (LT)
	02/11/10 n	05/03/11	85	29.3799	34.3201	2,501.55	2,917.16	415.61 (LT)
			195			8,568.68	6,692.29	-1,876.39
ALLSTATE CORP	02/11/10 n	09/20/11	755	29.3799	24.6038	22,219.60	18,575.51	-3,644.09 (LT)
ASTRAZENECA PLC ADR	08/05/09 n	05/03/11	170	46.7099	50.6901	7,949.19	8,617.15	667.96 (LT)
B M C SOFTWARE INC	03/15/10 n	05/03/11	90	38.8392	49.6341	3,500.03	4,486.98	986.95 (LT)
CEPHALON INC	06/30/10 n	06/10/11	300	57.2940	79.6914	17,203.20	23,906.96	6,703.76 (ST)
CHEVRON CORP	03/15/10 n	03/30/11	100	73.4699	108.6201	7,351.99	10,846.80	3,494.81 (LT)
CHEVRON CORP	03/15/10 n	05/03/11	70	73.4699	107.2301	5,146.40	7,505.96	2,359.56 (LT)
CLOROX COMPANY	04/26/06 n	05/03/11	60	64.0900	67.2016	3,860.40	4,032.01	171.61 (LT)
	03/15/10 n	05/03/11	75	62.9281	67.2016	4,723.36	5,040.03	316.67 (LT)
			135			8,583.76	9,072.04	488.28
EASTMAN CHEMICAL COMPANY	03/15/10 n	03/30/11	50	61.6343	99.0900	3,084.22	4,939.40	1,855.18 (LT)
EASTMAN CHEMICAL COMPANY	03/15/10 n	05/03/11	115	61.6343	104.4882	7,093.70	12,013.60	4,919.90 (LT)
EBAY INC	02/11/10 n	03/30/11	200	21.7499	31.7701	4,359.98	6,338.89	1,978.91 (LT)
EBAY INC	02/11/10 n	05/03/11	310	21.7499	33.5301	6,757.97	10,394.13	3,636.16 (LT)
EBAY INC	02/11/10 n	09/20/11	890	21.7499	33.1118	19,401.91	29,468.93	10,067.02 (LT)
EMERSON ELECTRIC COMPANY	03/15/10 n	03/30/11	50	48.3299	57.7000	2,419.00	2,869.94	450.94 (LT)
EMERSON ELECTRIC COMPANY	03/15/10 n	05/03/11	115	48.3299	57.8900	5,563.69	6,657.22	1,093.53 (LT)
ENDO PHARM HLDGS INC	03/15/10 n	05/03/11	350	23.8284	39.7324	8,357.44	13,908.07	5,548.63 (LT)
ENERGEN CORP	03/15/10 n	03/30/11	200	47.1799	63.1401	9,445.98	12,612.77	3,166.79 (LT)
ENERGEN CORP	02/11/10 n	05/03/11	30	42.2899	63.5901	1,270.20	1,907.66	637.46 (LT)
	03/15/10 n	05/03/11	100	47.1799	63.5901	4,722.99	6,358.89	1,635.90 (LT)
			130			5,993.19	8,268.55	2,273.36
ENSCO PLC ADR	09/19/08 n	03/30/11	90	60.5312	58.7201	5,447.81	5,271.20	-176.61 (LT)
	03/15/10 n	03/30/11	10	45.1799	58.7201	452.30	585.69	133.39 (LT)
			100			5,900.11	5,856.89	-43.22
ENSCO PLC ADR	03/15/10 n	05/03/11	130	45.1799	57.0900	5,879.90	7,421.55	1,541.65 (LT)
ESTEE LAUDER COMPANY INC	03/15/10 n	03/15/11	190	63.0386	88.6230	11,987.17	16,828.54	4,841.37 (ST)
	04/26/06 n	03/15/11	110	37.0200	88.6230	4,087.20	9,742.84	5,655.64 (LT)
			300			16,074.37	26,571.38	10,497.01

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Stocks/Options continued

	Date Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
EXXON MOBIL CORP	08/05/09 n	03/30/11	90	70 1799	84 7000	6 324 90	7 607 85	1 282 95 (LT)
EXXON MOBIL CORP	08/05/09 n	05/03/11	65	70 1799	86 2800	4 567 98	5 608 08	1 040 10 (LT)
	03/15/10 n	05/03/11	35	66 1799	86 2800	2 319 80	3 019 75	699 95 (LT)
			100			6 887 78	8 627 83	1 740 05
FRANKLIN RESOURCES	12/27/07 n	05/03/11	80	113 9400	127 8101	9 124 44	10 224 61	1 100 17 (LT)
GLAXOSMITHKLINE PLC ADR	03/28/06 n	05/03/11	215	52 6600	43 5801	11 332 65	9 369 54	-1 963 11 (LT)
HUNT J B TRANS SVC INC	03/15/10 n	03/30/11	100	35 7082	44 3801	3 575 83	4 422 92	847 09 (LT)
HUNT J B TRANS SVC INC	03/15/10 n	05/03/11	200	35 7082	46 4540	7 151 64	9 290 62	2 138 98 (LT)
INTL BUSINESS MACHS CORP	02/11/10 n	03/30/11	30	122 3499	163 8800	3 672 75	4 910 68	1 237 93 (LT)
	03/15/10 n	03/30/11	50	127 7800	163 8800	6 404 00	8 184 46	1 780 46 (LT)
			80			10 076 75	13 095 14	3 018 39
INTL BUSINESS MACHS CORP	02/11/10 n	05/03/11	60	122 3499	173 3300	7 345 50	10 399 60	3 054 10 (LT)
JPMORGAN CHASE & COMPANY	03/15/10 n	05/03/11	180	43 1399	45 8101	7 774 19	8 245 66	471 47 (LT)
KIMBERLY CLARK CORP	03/15/10 n	05/03/11	115	60 3299	66 7801	6 943 70	7 679 56	735 86 (LT)
MSC INDL DIRECT CL A	03/15/10 n	05/03/11	145	49 0233	71 1101	7 115 64	10 310 76	3 195 12 (LT)
NIKE INC CLASS B	03/15/10 n	05/03/11	50	70 4180	82 0900	3 525 31	4 104 42	579 11 (LT)
NU SKIN ENTERPRISES INC	03/15/11 c	05/03/11	165	28 1880	32 8740	4 659 27	5 424 10	764 83 (ST)
NUCOR CORP	03/15/10 n	03/15/11	500	45 0981	46 2876	22 574 05	23 118 35	544 30 (ST)
	05/08/09 n	03/15/11	300	43 5778	46 2876	13 088 35	13 871 01	782 66 (LT)
			800			35 662 40	36 989 36	1 326 96
OCCIDENTAL PETRO CORP	03/15/10 n	05/03/11	100	80 9768	112 5850	8 106 50	11 258 28	3 151 78 (LT)
PFIZER INC	06/26/00 n	05/03/11	235	36 1767	20 4700	8 579 76	4 810 35	-3 769 41 (LT)
	12/23/04 n	05/03/11	100	26 1000	20 4700	2 625 00	2 046 96	-578 04 (LT)
	08/12/05 n	05/03/11	50	26 4800	20 4700	1 339 00	1 023 48	-315 52 (LT)
	09/14/06 n	05/03/11	40	28 0400	20 4700	1 136 60	818 79	-317 81 (LT)
			425			13 680 36	8 699 58	-4 980 78
RENAISSANCE HLDGS LTD	03/15/10 n	05/03/11	140	55 9399	69 9000	7 838 59	9 785 81	1 947 22 (LT)
ROGERS COMMUNIS B NON VTG	03/15/11 c	05/03/11	255	34 3325	37 5722	8 767 54	9 580 73	813 19 (ST)
SYSCO CORP	09/02/03 n	05/03/11	25	31 5100	29 0641	789 75	726 58	-63 17 (LT)
	08/05/09 n	05/03/11	95	24 7273	29 0641	2 354 80	2 761 04	406 24 (LT)
			120			3 144 55	3 487 62	343 07
TJX COMPANIES INC NEW	03/15/10 n	05/03/11	200	42 8599	53 3801	8 585 03	10 675 81	2 090 78 (LT)
3M COMPANY	03/15/10 n	05/03/11	125	81 2499	97 3001	10 170 67	12 162 27	1 991 60 (LT)
TOTAL SYSTEMS SVC INC	03/28/06 n	05/03/11	18 344	31 5638	19 0001	582 21	348 54	-233 67 (LT)
	12/27/07 n	05/03/11	150	27 9300	19 0001	4 204 50	2 849 95	-1 354 55 (LT)
	12/27/07 n	05/03/11	231 655	28 1504	19 0001	6 552 33	4 401 38	-2 150 95 (LT)
	02/11/10 n	05/03/11	375	14 1499	19 0001	5 324 97	7 124 92	1 799 95 (LT)
			775			16 664 01	14 724 79	-1 939 22
ULTRA PETROLEUM CORP	09/28/10 n	05/03/11	200	39 2721	49 2340	7 864 42	9 846 61	1 982 19 (ST)
UNITED PARCEL SVC INC B	07/16/07 n	05/03/11	130	75 5500	74 9601	9 830 17	9 744 62	-85 55 (LT)
UNITED TECHNOLOGIES CORP	03/15/10 n	05/03/11	105	71 8283	89 8441	7 550 73	9 433 44	1 882 71 (LT)
WALGREEN COMPANY	12/27/07 n	05/03/11	90	38 4000	42 7001	3 471 00	3 842 93	371 93 (LT)
	03/15/10 n	05/03/11	195	34 1699	42 7001	6 672 89	8 326 36	1 653 47 (LT)
			285			10 143 89	12 169 29	2 025 40
WEIGHT WATCHERS INTL INC	06/30/10 n	03/15/11	200	25 7989	61 4381	5 169 78	12 272 39	7 102 61 (ST)

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REALIZED GAINS/(-)LOSSES continued

Stocks/Options continued

	Date, Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
WEIGHT WATCHERS INTL INC	06/30/10 n	05/03/11	140	25.7989	75.4008	3,618.85	10,555.90	6,937.05(ST)
WEIGHT WATCHERS INTL INC	06/30/10 n	06/10/11	260	25.7989	70.5062	6,720.71	18,331.25	11,610.54(ST)
WESTERN DIGITAL CORP	03/15/10 n	05/03/11	160	38.2599	38.8200	6,129.59	6,211.08	81.49(LT)
Total Stocks/Options						\$482,022.11	\$575,890.15	\$113,868.04

Total Realized Gains/(-)Losses **\$462,022.11** **\$575,890.15** **\$113,868.04**

Total Net Short-Term (ST) **\$88,564.99** **\$129,864.83** **\$41,299.84**
Total Net Long-Term Subject to 15% Maximum Tax Rate (LT) **\$373,457.12** **\$446,025.32** **\$72,568.20**

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REALIZED GAINS/(-)LOSSES

This section presents estimated realized gains or losses for your information only, and should not be used for tax purposes. To calculate gains or losses, the position with the highest purchase price has been liquidated first unless you have instructed us otherwise. We suggest you review this information for accuracy and contact your Baird Financial Advisor with any questions.

Stocks/Options

	Date Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
AFLAC INC	09/11/08 n	05/03/11	30	57.3254	56.1241	1,734.76	1,683.68	-51.08 (LT)
	02/11/10 n	05/03/11	5	46.4673	56.1241	232.72	280.62	47.90 (LT)
			35			1,967.48	1,964.30	-3.18
ACCENTURE PLC IRELD CL A	03/15/10 n	05/03/11	75	42.5299	56.2142	3,193.84	4,215.98	1,022.14 (LT)
	09/16/05 n	05/03/11	25	55.1058	34.3201	1,378.89	857.98	-520.91 (LT)
	10/31/06 n	05/03/11	10	61.1300	34.3201	626.30	343.19	-283.11 (LT)
	02/11/10 n	05/03/11	30	29.3799	34.3201	882.90	1,029.59	146.69 (LT)
			65			2,888.09	2,230.76	-657.33
ALLSTATE CORP	02/11/10 n	09/20/11	270	29.3799	24.6038	7,946.08	6,642.90	-1,303.18 (LT)
	08/05/09 n	05/03/11	35	46.7200	50.6901	1,638.70	1,774.11	135.41 (LT)
	03/15/10 n	05/03/11	30	38.8392	49.6341	1,169.68	1,488.99	319.31 (LT)
	06/30/10 n	06/10/11	100	57.2940	79.6914	5,744.40	7,968.98	2,224.58 (ST)
	08/16/05 n	05/03/11	10	61.4600	107.2301	622.10	1,072.27	450.17 (LT)
	08/05/09 n	05/03/11	20	89.9200	107.2301	1,404.40	2,144.56	740.16 (LT)
			30			2,026.50	3,216.83	1,190.33
CLOROX COMPANY	04/26/06 n	05/03/11	10	64.0900	67.2016	655.90	672.00	16.10 (LT)
	03/15/10 n	05/03/11	20	62.9281	67.2016	1,260.57	1,344.01	83.44 (LT)
			30			1,916.47	2,016.01	99.54
EASTMAN CHEMICAL COMPANY	03/15/10 n	05/03/11	40	61.6343	104.4682	2,468.71	4,178.64	1,709.93 (LT)
	02/11/10 n	05/03/11	145	21.7499	33.5301	3,160.99	4,861.76	1,700.77 (LT)
	02/11/10 n	09/20/11	320	21.7499	33.1118	6,975.96	10,595.57	3,619.61 (LT)
EMERSON ELECTRIC COMPANY	03/15/10 n	05/03/11	20	48.3299	57.8900	968.82	1,157.77	188.95 (LT)

57MT 2

Stocks/Options continued

	Date Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
ENDO PHARM HLDGS INC	03/15/10 n	05/03/11	65	23.8284	39.7324	1,552.10	2,582.56	1,030.46 (LT)
ENERGEN CORP	03/15/10 n	05/03/11	90	47.1799	63.5901	4,253.49	5,723.00	1,469.51 (LT)
ENSCO PLC ADR	09/19/08 n	05/03/11	25	60.9644	57.0900	1,524.11	1,427.22	-96.89 (LT)
	03/15/10 n	05/03/11	35	45.1799	57.0900	1,584.07	1,998.11	414.04 (LT)
			60			3,108.18	3,425.33	317.15
ESTEE LAUDER COMPANY INC	03/15/10 n	03/15/11	80	63.0386	88.6230	5,054.00	7,077.69	2,023.69 (ST)
	04/26/06 n	03/15/11	20	37.0200	88.6230	755.40	1,769.43	1,014.03 (LT)
			100			5,809.40	8,847.12	3,037.72
EXXON MOBIL CORP	08/05/09 n	05/03/11	35	70.1600	86.2800	2,463.10	3,019.74	556.64 (LT)
FRANKLIN RESOURCES	12/27/07 n	05/03/11	20	113.9400	127.8101	2,293.80	2,556.15	262.35 (LT)
GLAXOSMITHKLINE PLC ADR	09/20/06 n	05/03/11	10	54.1000	43.5801	544.00	435.79	-108.21 (LT)
	09/14/07 n	05/03/11	40	53.5300	43.5801	2,149.20	1,743.17	-406.03 (LT)
			50			2,693.20	2,178.96	-514.24
HUNT J B TRANS SVC INC	03/15/10 n	05/03/11	75	35.7082	46.4540	2,683.01	3,483.98	800.97 (LT)
INTL BUSINESS MACHS CORP	02/11/10 n	05/03/11	35	122.3499	173.3300	4,287.50	6,066.43	1,778.93 (LT)
JPMORGAN CHASE & COMPANY	03/15/10 n	05/03/11	40	43.1399	45.8101	1,728.05	1,832.36	104.31 (LT)
KIMBERLY CLARK CORP	10/31/06 n	05/03/11	5	66.4000	66.7801	347.00	333.89	-13.11 (LT)
	03/15/10 n	05/03/11	20	60.3299	66.7801	1,208.67	1,335.57	126.90 (LT)
			25			1,555.67	1,669.46	113.79
MSC INDL DIRECT CLA	03/15/10 n	05/03/11	20	49.0233	71.1101	982.14	1,422.17	440.03 (LT)
NIKE INC CLASS B	03/15/10 n	05/03/11	25	70.4180	82.0900	1,764.87	2,052.21	287.34 (LT)
NIJ SKIN ENTERPRISES INC	03/15/11 c	05/03/11	50	28.1880	32.8740	1,412.08	1,643.66	231.58 (ST)
NUCOR CORP	03/15/10 n	03/15/11	235	45.0981	46.2876	10,613.05	10,864.06	251.01 (ST)
	05/08/09 n	03/15/11	30	43.5778	46.2876	1,322.34	1,386.91	64.57 (LT)
			265			11,935.39	12,250.97	315.58
OCCIDENTAL PETRO CORP	03/15/10 n	05/03/11	45	80.9768	112.5850	3,650.71	5,066.23	1,415.52 (LT)
PFIZER INC	06/26/00 n	05/03/11	40	36.1767	20.4700	1,460.38	818.78	-641.60 (LT)
	10/31/06 n	05/03/11	10	26.4900	20.4700	279.90	204.69	-75.21 (LT)
	03/15/10 n	05/03/11	60	17.2499	20.4700	1,038.00	1,228.18	190.18 (LT)
			110			2,778.28	2,251.65	-526.63
REMASSANCERE HLDGS LTD	03/15/10 n	05/03/11	35	55.9399	69.9000	1,962.47	2,446.45	483.98 (LT)
ROGERS COMMUNS B NON VTG	03/15/11 c	05/03/11	90	34.3325	37.5722	3,094.43	3,381.43	287.00 (ST)
SYSO CORP	08/05/09 n	05/03/11	20	24.7273	29.0841	495.55	581.26	85.71 (LT)
TJX COMPANIES INC NEW	03/15/10 n	05/03/11	55	42.8599	53.3801	2,363.19	2,935.85	572.66 (LT)
3M COMPANY	03/28/06 n	05/03/11	10	76.4100	97.3001	771.60	972.98	201.38 (LT)
	10/31/06 n	05/03/11	10	78.2300	97.3001	797.30	972.98	175.68 (LT)
	03/12/07 n	05/03/11	5	74.7100	97.3001	374.80	486.49	111.69 (LT)
			25			1,943.70	2,432.45	488.75
TOTAL SYSTEMS SVC INC	02/11/10 n	05/03/11	215	14.1499	19.0001	3,052.98	4,084.94	1,031.96 (LT)
UNITED TECHNOLOGIES CORP	03/15/10 n	05/03/11	30	71.8283	89.8441	2,160.48	2,695.26	534.78 (LT)
WALGREEN COMPANY	03/15/10 n	05/03/11	65	34.1699	42.7001	2,224.95	2,775.45	550.50 (LT)
WEIGHT WATCHERS INTL INC	06/30/10 n	05/03/11	40	25.7989	61.4381	1,034.36	2,442.48	1,408.12 (ST)
WEIGHT WATCHERS INTL INC	06/30/10 n	05/03/11	45	25.7989	75.4008	1,163.65	3,392.97	2,229.32 (ST)
WEIGHT WATCHERS INTL INC	06/30/10 n	06/10/11	95	25.7989	70.5062	2,456.59	6,697.96	4,241.37 (ST)
WESTERN DIGITAL CORP	03/15/10 n	05/03/11	25	38.2599	38.8200	957.89	970.48	12.59 (LT)

Sheet 2

REALIZED GAINS/(-)LOSSES continued

Stocks/Options continued

	Date Acquired	Date Sold	Quantity	Purchase Price	Sale Price	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss*
Total Stocks/Options						\$119,926.93	\$153,221.56	\$33,294.63
Total Realized Gains/(-)Losses						\$119,926.93	\$153,221.56	\$33,294.63
Total Net Short-Term (ST)						\$30,572.56	\$43,469.23	\$12,896.67
Total Net Long-Term Subject to 15% Maximum Tax Rate (LT)						\$89,354.37	\$109,752.33	\$20,397.96

STMT 2

Taxable Bond Funds

VANGUARD INTERMED BD ETF	03/31/09 n 02/03/11	120 000	76 6598	81 9229	9,205 19	9,815 57	610 38 (LT)
Total Taxable Bond Funds					\$9,205.19	\$9,815.57	\$610.38

STMT 2

8/8

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions FOX VALLEY LUTHERAN HS ENDOWMENT FUND INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 39-6104722
	Number, street, and room or suite no. If a P.O. box, see instructions 5300 N MEADE ST	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions APPLETON, WI 54913	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **ROBERT BECKER 5300 N MEADE ST APPLETON, WI 54913**

Telephone No. ► **920-739-4441**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 **11** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions