

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED FEB 2 1 2013

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

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

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Inspection July 1 For the 2011 calendar year, or tax year beginning 2011, and ending C Name of organization North Central Wisconsin Workforce Development Board D Employer identification number Check if applicable Doing Business As 39-1453475 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change \Box 3118 Post Road Initial return 715 204 1640 City or town, state or country, and ZIP + 4 Terminated Stevens Point, WI 54481-6451 Amended return G Gross receipts \$ 4,443,782 F Name and address of principal officer Rene Daniels Application pending H(a) Is this a group return for affiliates? Yes No Same as C above H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **✓** 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status www ncwwdb org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ WI 1984 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. To create the highest quality of life in our communities by focusing on solutions to workforce development issues Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 34 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 34 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Pnor Year Current Year Contributions and grants Part VII) ine 1h 8 5,785,502 4,421,929 Program service revenue (Part-VIII, line 2) 40,094 21,853 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue—add lines 8 through 11 (hight equal Part VIII, column (A), line 12) 10 0 11 0 12 5,825,596 4,443,782 13 1,878,500 1,277,102 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 445,408 556,306 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 髓 囊斑色络松田虫科 电影戏 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,492,212 2,549,930 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 5,816,120 4,383,338 19 Revenue less expenses Subtract line 18 from line 12 9.476 60.444 **Beginning of Current Year** 20 Total assets (Part X, line 16) 1,241,480 552,685 21 Total liabilities (Part X, line 26) . 1.193.554 444,315 22 Net assets or fund balances Subtract line 21 from line 20 47.926 108,370 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 Sign Here print name and title Rene R. Daniels; Executive Director Print/Type preparer's name Preparer's signature Paid Check | if self-employed Preparer Firm's name ▶ Firm's EIN ▶ **Use Only**

🗌 Yes 🔲 No

Form 990 (2011)

Phone no

Form 99	90 (2011) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: To create the highest quality of life in our communities by focusing on solutions to workforce development issues
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$ 4.017.419 including grants of \$ 1.277,102) (Revenue \$) Services include providing training and education to more than 1,890 persons during the fiscal year 7/1/11-6/30/12
4b	(Code) (Expenses \$ 20.921 including grants of \$) (Revenue \$ 21.853) Community Outreach The goals of this program are to educate business on proper observation of labor laws and assess workplace skills
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other and the second of the se
4d 	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 4,038,340

Part	IV Checklist of Required Schedules			rage
1	le the exceptation department in election 501/a)/2) or 4047/a)/1) (ather there is a which foundation)? If #\/- "		Yes	No
,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	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	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	11d		1
e f	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	<u> </u>	✓
D	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.	14b		1
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.	15		1
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	16		√
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)	17		1
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		1
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	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			rage
			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		1
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	1	
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		1
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		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		✓ ✓
С	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	√	•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		,
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		✓
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			√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		V ✓
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		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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,			
38	Part VI	37	✓	✓
			990	(0011

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- "		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	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?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	<u>"</u>		
	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/ _
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible?	6a		./
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Jua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: 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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	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 b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	{		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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			
С	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
n	ου των τον τον πωρίο είναι του το πουσα του και συμπορίου τι "ΝΙΑ" ηγουίδο ου ονοίουστου το Σουοδοίο (1)			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	structi	ons
	Check if Schedule O contains a response to any question in this Part VI		· · ·	√
Secti	on 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 34			
	If there are material differences in voting rights among members of the governing body, or			
	of 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 29		:	
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?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>v</u>
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		_
	one or more members of the governing body?	7a		1
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Delther was also be a least of the second of		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	V	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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		✓
D	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?	164		
Section	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made 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 made its governing documents, conflict of	f inter	rest p	olicy.
	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	9	
	organization: ► John Cokl, 3118 Post Road Suite A, Stevens Point, WI 54481, 715 204 1643			

Form	990	(2011)	

Page 7

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

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 no		d ora	aniz	atio	on c	ompe	nsa	ated any curren	it officer, director	r. or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do n	ot ch	Pos neck ss pe	C) sition more erson	than of the state	one n an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Allcorn, Dax Director	0	√						0	0	0
(2) Anderson, Elizabeth Director	0	· ·						0	0	0
(3) Bruso, Dan Director	0	✓						0	0	0
(4) Burmaster, Elizabeth Director	0	→						0	0	0
(5) Christiansen, Marcia Director	0	√						0	0	0
(6) Clements, Deb Director	0	1						0	0	0
(7) Drengler, Kathy Director	0	✓						0	0	0
(8) Durst, Paul Director	0	✓						0	0	0
(9) Faber, Cındy Dırector	0	✓						0	0	0
(10) Fausti, Robert Director	0	✓						0	0	0
(11) Fleisner, Barb Director	0	✓						0	0	0
(12) Hoppa, Deb Director	0	✓						0	0	0
(13) Jackson, Dana Director	0	~						0	0	0
(14) Karl, Ron Director	0	✓						0	_ 0	0

Form 990 (2011)

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

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 no	r any relate	d org	aniz	atlo	on c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	office	unles er and	Pos neck sa pe d a d	rson	e than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(26) Sargent, Jeff		ĺ								
Director] 0	1				ļ		0	0	0
(27) Schulfer, LouAnn										
Director	0	1						0	0	0
(28) Slevert, Scott	j									
Director	0	✓						0	0	0
(29) Sobczak, Lisa					l				Ï	
Director] 0	✓						0	0	0
(30) Swan, DuWayne										
Director	0	1						0	0	0
(31) Ulrich, Carol										
Director	0	✓					<u> </u>	0	0	0
(32) Wetterau, Natasha										
Director	0	✓						0	0	0
(33) Weyers, Lori										
Director	0	\						0	0	0
(34) Willfahrt, Connie										
Director	0	√						0	0	0
(35) Younger, Thomas							[
Director	0	1						0	0	0
'36) Zelazoski, Ben										
Director	0	✓						0	0	0
(37) Zimmerman, Ron										
Director	0	✓						0	0	0
(38) Agnoli, Steven										
Vice President	0	1		1			L_	o	0	0
(39) Daniels, Rene										
Executive Director	50			✓				77,617	0	595

Form	990	(2011)

				-
р	2	n	a	1

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

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 no	r any relate	d org	anlz	atio	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	or director	unle	Pos heck	rson Irect	than thouse the bottom than the bottom	h an tee)	(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
(40) Kinsella, Joe Treasurer/Secretary	0	~		√				0	0	o
(41) Olson, Kent Board Chair	0	~		1				0	0	0
-										
-										
								_		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
			0.		C)							
(A)	(B)	١			ition			(D)	(E)		(F)	
Name and title	Average					than o		Reportable	Reportable	E	stimate	ed
	hours per					or/trust		compensation	compensation from		mount d	
	week		TT		_			from	related		other	
	(describe hours for	, d ≤	S :	Officer	Keye	필호	Former	the organization	organizations (W-2/1099-MISC)		npensatirom the	
	related	없습	[हू	¥	ğ	st c	4	(W-2/1099-MISC)	(ganızatı	
	organizations in Schedule	7 5	힐		employee	<u> </u>					nd relate	
	O)	Individual trustee or director	Institutional trustee		ő) ens				org	janizatio	3115
		"	e		İ	Highest compensated employee						
(15) Kiesling, Cindy	 	 -	\vdash				-	 				
Director Director	0	1						0	o			0
(16) Kramer, Mark	- -	- `	\vdash			_		 				
Director	0	1				1		0	o			0
(17) Landru Jr, Jimmy	 -	-					-					
Director	0	1						0	o			0
(18) Mayne, Lisa		- <u>`</u> -	$\left \cdot \cdot \right $	-	-							
Director	0	1						0	0			0
		_	 					-	<u> </u>			
(19) McDonald, Hang	1	,					Ì					0
Director (90) Mondham Dhul	0	-	\vdash				-	0	0			0
(20) Mendham, Phil Director	0	1						0	0			0
		-					-	ļ -	U			
(21) Michalsen, Bill	0	1	1				l					0
Director (00) National Dathy	0	V					ļ	0	0			0
(22) Noland, Patty	,	,				!						•
Director	0	✓	<u> </u>		<u> </u>		-	0	0			0
(23) Peet, Jolene		,	ŀ					_				_
Director	0	✓			ļ		<u> </u>	0	0			0
(24) Pomeroy, Kım								_	_			_
Director	0	✓	\sqcup		_		 	0	0			0
(25) Quigley, Carolynne			i									
Director	0	✓						0	0			0
1b Sub-total				•				0	0			0
c Total from continuation sheets to Part	•							77,617	0			595
d Total (add lines 1b and 1c)							<u> </u>	77,617	0			595
2 Total number of individuals (including but	not limited	i to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,00	0 of		
reportable compensation from the organi	zation ► 0					_						
										. —	Ye	s No
3 Did the organization list any former of							emp	oloyee, or high	est compensate		_	
employee on line 1a? If "Yes," complete s	Schedule J	for su	ich i	ındi	vid	ıal				3		✓
4 For any individual listed on line 1a, is the												
organization and related organizations	-							· · · · · · · · · · · · · · · · · · ·	edule J for suc	:h		
ındıvıdual										4		√
5 Did any person listed on line 1a receive of									ation or individu	al		
for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	iedi	ıle J f	or s	such person	<u> </u>	5		/
Section B. Independent Contractors												
1 Complete this table for your five highest	compensat	ed ind	depe	ende	ent	contr	acto	ors that receive	ed more than \$10	00,000	of	
compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the oi	rganıza	tion's	tax
year.												
(A)												
Name and business address Description of services Compensation												
WI State AFL-CIO LETC, 2811 8th St S STE 30, W	Rapids, Wi	5449	4				sul	bcontractor			1,0	039,602
Forward Service Corp., 1402 Pankratz St STE 101,	Madison, W	1 5370)4				sul	bcontractor				849,177
Northcentral Technical College, 1000 W Campus I	Or , Wausau	, WI 5	4401				tra	ining				726,346
Mid-State Technical College, 500 32nd St N, WI Ra	pids, WI 544	94					tra	ınıng				494,045
CESA #5, PO Box 564, Portage, WI 53901							sul	bcontractor			;	365,305
2 Total number of independent contractor	rs (includir	ng bu	it no	ot I	imit	ed to	th	ose listed abo	ove) who			
received, more than \$100,000 of compens	sation from	the o	roan	uzai	tion			4	l			

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
ts	1a	Federated campaigns 1a					
ra Z	ь	Membership dues 1b			}		
۾ ڳا	С	Fundraising events 1c	 		[
iffs	d	Related organizations 1d		-	}		
ວ :≘		Government grants (contributions) 1e	4,337,262	-	İ		}
Sin	e f	All other contributions, gifts, grants,	4,337,202				
흊호	•	and similar amounts not included above	04.667				
£ \$		<u></u>	84,667				1
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f \$	70,014		İ		
	h	Total. Add lines 1a-1f		4,421,929			
Ę			Business Code				
eVe.	2a	Fee for Svc - Community Outreach	900099	21,853	21,853		
Program Service Revenue	b						
ξ̈	С						
Ser	d						
뗥	е						
gr	f	All other program service revenue.					
ځ	g	Total. Add lines 2a-2f		21,853			
	3	Investment income (including divid	lends, interest,				
		and other similar amounts)	▶ {				
	4	Income from investment of tax-exempt b	ond proceeds ►				
	5	Royalties	. <u>.</u> . > [
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					}
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					1
	b	Less. cost or other basis and sales expenses .					
	С	Gain or (loss)		Ì			
'	ď	Net gain or (loss)					
i	_	1101 gam or (1000)	<u> </u>				
ne	8a	Gross income from fundraising					
en '		events (not including \$		Ì			
Revenue		of contributions reported on line 1c).					
		See Part IV, line 18 a			ľ		
Other	ь	Less direct expenses b					
O	1	Net income or (loss) from fundraising	<u> </u>				
		Gross income from gaming activities.					
		See Part IV, line 19 a	,				
	b	Less direct expenses b					1
		Net income or (loss) from gaming act					\
		Gross sales of inventory, less					
		returns and allowances a					
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inv					
	┝▔	Miscellaneous Revenue	Business Code			·	
	11a			·			· · · · · · · · · · · · · · · · · · ·
	ь						
	c						
	ď	All other revenue					
	_	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions	1	4,443,782	21,853		

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								
	t include amounts reported on lines 6b, 7b, o, 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			**************************************	·····			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,277,102	1,277,102					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			, <u>.</u> `				
4 5	Benefits paid to or for members	83,439	10,934	72,505				
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	339,428	240,789	98,639				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,378	5,261	2,117				
9	Other employee benefits	87,069	61,745	25,324				
10	Payroll taxes	38,992	23,741	15,251				
11	Fees for services (non-employees):							
a	Management							
b	Legal	1,520	0	1,520				
c d	Accounting	10,260	0	10,260				
e	Lobbying							
f	Investment management fees							
g	Other							
12	Advertising and promotion	2,853	268	2,585				
13	Office expenses	64,714	36,279	28,435				
14	Information technology				-			
15	Royalties							
16	Occupancy	41,160	24,228	16,932				
17	Travel	49,010	19,062	29,948	· · · · · · · · · · · · · · · · · · ·			
18	Payments of travel or entertainment expenses		İ					
10	for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings . Interest	5,931	2,914	3,017				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	10,502	10,502					
23	Insurance	922	0	922				
24	Other expenses. Itemize expenses not covered	i i						
	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	Subcontractor	2,270,708	2,270,708					
b	Contractual	72,935	53,467	19,468				
C	Dues/Memberships	8,908	0	8,908				
d	Board Expenses	7,833	0	7,833				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	2,674	1,340	1,334				
<u>25</u> 26	Joint costs. Complete this line only if the	4,383,338	4,038,340	344,998				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

19	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	90,686	1	101,920
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,149,194	3	390,333
	4	Accounts receivable, net	1,600	4	920
	5	Receivables from current and former officers, directors, trustees, key	1	ļ,	
		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			
Assets	_	employees' beneficiary organizations (see instructions)		6	
SS	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	iva	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 85 011	-		1
	L	100			
	11	Less accumulated depreciation	0.	10c	59,512
	12	Investments – publicly traded securities Investments – other securities See Part IV, line 11		11	
	13	Investments—other securities See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,241,480	16	552,685
	17	Accounts payable and accrued expenses	900,297	17	436,241
	18	Grants payable	500,297	18	430,241
	19	Deferred revenue	293,257	19	8,074
	20	Tax-exempt bond liabilities	200,207	20	0,074
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key			
謹		employees, highest compensated employees, and disqualified persons.		-	
Liabilities		Complete Part II of Schedule L		22	·
Ľ	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	1,193,554	26	444,315
ses		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	-		
ä	27	Unrestricted net assets	47,926	27	48,858
Bal	28	Temporarily restricted net assets		28	59,512
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.	_		J •
ts (30	Capital stock or trust principal, or current funds		30	
se		Paid-in or capital surplus, or land, building, or equipment fund		31	
As		Retained earnings, endowment, accumulated income, or other funds .		32	
Zet		Total net assets or fund balances	47,926	33	108,370
-	34	Total liabilities and net assets/fund balances	1,241,480		552,685

Form 9	90 (2011)			Pa	ige 12
Par					
	Check 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		4,44	3,782
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,38	3,338
3	Revenue less expenses. Subtract line 2 from line 1	3		6	0,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		4	7,926
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		10	8.370
1	Check if Schedule O contains a response to any question in this Part XII			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	aın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were	,		

☐ 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

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

☐ Separate basis

Form **990** (2011)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Employer identification number

2011

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

OMB No 1545-0047

Nort	h Central Wisconsi	n Workforce Deve	elopment Board						39-145	3475		
			rity Status (All orga						nstructio	ns.		
The	-		ation because it is: (Fo		_		-					
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).			
2			170(b)(1)(A)(ii). (Attac		-							
3			spital service organiza									
4			on operated in conjunc	ction with	n a hospit	al descrit	bed in se	ction 170	0(b)(1)(A)(i	iii). Ente	r the	
_	nospitai's nan	ne, city, and state	e: 									
5		on operated for a complete on the complete of	the benefit of a colleg	ge or uni	versity o	wned or	operated	by a go	vernmenta	al unit c	lescrib	ed in
6			nment or government									
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental ur	nit or from	the ge	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	art II.)						
9	_		receives (1) more that				om contri	butions,	membersh	nip fees	, and	gross
	receipts from	activities related	d to its exempt funct	ions-sul	bject to d	certain ex	xceptions	s, and (2)	no more	than 3	31/3%	of its
			ent income and unrel						n 511 tax	() from	busin	esses
	acquired by the	ne organization a	fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	plete Par	t III.)				
10	An organization	on organized and	l operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).			
11			nd operated exclusive									
			olicly supported organ								See se	ction
	509(a)(3). Che	eck the box that	describes the type of	supportin	ng organi:	zation an	d comple	ete lines 1	1e throug	h 11h		
	_a 🗌 Type I					ionally in				Type I		
е			that the organization									
			ers and other than one	e or more	publicly	support	ed organ	izations o	described	ın secti	on 509	9(a)(1)
_	or section 509	• • • •					_					
f			a written determination	on from 1	the IRS	that it is	a Type	i, Type	II, or Type	e III su	oportii	ng _
_	•	check this box .		، ، استخم							• • •	. [_]
g	following pers	sons?	he organization accep									
			ndirectly controls, eitl				persons	describe	d in (ii) an	d	Yes	No
			ody of the supported o	-						11g(i)	
			on described in (i) abo							11g(ıı)	
		-	a person described in							11g(ıı)	<u> </u>
h	Provide the fo	llowing informati	on about the support	ed organı	zation(s).							
(1)	Name of supported	(ii) EIN	(iii) Type of organization		organization sted in your		ou notify		s the		Amount	of
	organization		(described on lines 1-9 above or IRC section		document?	col (i)	nization in of your		tion in col zed in the	St	upport	
		1	(see instructions))				oort?		\$?			
				Yes	No	Yes	No	Yes	No			
A)						1						
		 							 	 -		
B)												
C)												
D)									 			
												
E)												
					,							

Part							
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	(1)0007			1 1 2 2 2 2	r	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	ĺ					
	include any "unusual grants.")	2,727,640	3,738,004	5,012,505	5,785,502	4,421,929	21,685,580
2	Tax revenues levied for the	2,727,040	3,738,004	3,012,303	3,763,302	4,421,525	21,000,000
-	organization'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	2,727,640	3,738,004	5,012,505	5,785,502	4,421,929	21,685,580
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)						
6	Public support. Subtract line 5 from line 4.						21,685,580
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,727,640	3,738,004	5,012,505	5,785,502	4,421,929	21,685,580
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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						21,685,580
12	Gross receipts from related activities, etc.	•	•			12	165,598
13	First five years. If the Form 990 is for the	-		d, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her			<u> </u>	·		<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6		-			14 15	100 %
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organization						100 %
.00	box and stop here . The organization qua						
b	331/3% support test—2010. If the organ check this box and stop here. The organic	nization did not	t check a box	on line 13 or		15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	011. If the orga	nization did no and-circumsta	ot check a box nces" test, che	on line 13, 16 eck this box ar	nd stop here . E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	tion meets the	"facts-and-ci	rcumstances"	test, check th	ns box and st	op here
40	supported organization			40-40-47			. •
18	Private foundation. If the organization di instructions	u not check a t	OUX OF IME 13	, 10a, 160, 1/a 	i, or i/b, cnec	k unis dox and	see . ▶ □

Part III	Support Schedule	for Organizations I	Described in Sect	ion 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, [,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			<u> </u>			- V/
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	*	 				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose					:	
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513	ļ	1				
4	Tax revenues levied for the		-				
7	organization's benefit and either paid						
	to or expended on its behalf	Ì					
5	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·					
•	furnished by a governmental unit to the				İ		
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		 		-		
D	received from other than disqualified	İ					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year]		
С	Add lines 7a and 7b				1		
8	Public support (Subtract line 7c from						
	line 6.)	,	- ;				
Secti	on B. Total Support	I			<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	.,				<u> </u>	(4)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			,			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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	<u></u>				İ	
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·			▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	%_
16	Public support percentage from 2010 Sch	nedule A, Part	III, line 15 .	<u></u>	<u></u>	16	<u> </u>
	on D. Computation of Investment In			<u></u> .		·	
17	Investment income percentage for 2011 (17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests—2011. If the organ						
_	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz						_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o	check this box	and see instru	ctions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

North	Central Wisconsin Workforce Development Boa	ard	39-1453475
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F		
		(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		hald on description
5	Did the organization inform all donors and funds are the organization's property, subje		
6		_	
U	Did the organization inform all grantees, do only for charitable purposes and not for the		
		· · · · · · · · · · · · · · · · · · · ·	
Par	I Conservation Easements. Comp	olete if the organization answered "Yes	" to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,		of an historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation ear		
C	Number of conservation easements on a ce Number of conservation easements include		
d	historic structure listed in the National Regis	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modifie		· 2d
•	tax year ►	e, manerenes, releases, example lenes, en te	armatod by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	n easements during the year
	>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
•	> \$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	· · · · · · _
^			
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the	•	•
	organization's accounting for conservation		mandar statements that describes the
Part		ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text	of the footnote to its financial statements t	nat describes these items.
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VIII	i, line 1	· · · · • • • • • • • • • • • • • • • •
•	(ii) Assets included in Form 990, Part X.		
2	If the organization received or held works following amounts required to be reported u		
_			
a	Revenues included in Form 990, Part VIII, Iir	IC I	· · · · ▶ \$

D	•
Page	4

Part	Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures,	, or Ot	her Similar A	ssets	(cont	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces	ssion, and o	ther reco	ds, chec	k any of th	e follov	ving that are a	signific	ant u	se of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research			е	Other	•					
С	Preservation for future generations										
4	Provide a description of the organizat XIV.		collections	and expla	ain how tl	hey further	the org	anızatıon's exe	mpt p	urpos	e in Part
=	During the year, did the organization	مالم	.t or room.o	donation	a af art	historical tr		a or other simi	lor		
5	assets to be sold to raise funds rather									Yes	☐ No
Part	IV Escrow and Custodial Arra										
	line 9, or reported an amoun									,	,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	cust	todian or oth	ner intern	nediary fo						
b	If "Yes," explain the arrangement in Pa						• •			Yes	☐ No
	•		•		_			1	Amoun	t	
С	Beginning balance						10	:			
d	Additions during the year						1d				-
е	Distributions during the year						1e				
f							1f				
2a	Did the organization include an amour									Yes	□ No
	If "Yes," explain the arrangement in Pa								_		
	Endowment Funds. Comple	ete ıf	the organiz	zation ar	swered	"Yes" to F	orm 9	90, Part IV, lin	e 10.		
			Current year		or year	(c) Two year		(d) Three years ba		Four ye	ears back
1a	Beginning of year balance							<u>-</u>			j
b	Contributions			 							
c	Net investment earnings, gains, and		•						- ''		
Ŭ	losses									, т	į
d	Grants or scholarships									-	
	Other expenditures for facilities and										<u>-</u>
C	programs			1							,
f	Administrative expenses			 							
g	End of year balance				. ()	l	N la a l al				
2	Provide the estimated percentage of the	ne cu	urrent year ei	na balanc	e (line 1g	, column (a	ij) neid	as			
a	Board designated or quasi-endowmer	ıτ ►		%							
b	Permanent endowment ▶										
С	Temporarily restricted endowment		%								
	The percentages in lines 2a, 2b, and 2				4' 41						
3a	Are there endowment funds not in the	pos	ssession of the	ne organi	zation tha	at are neid	and ad	ministered for t	ine	<u></u>	
	organization by								_	- + -	es No
	(i) unrelated organizations							• • •	_	a(i)	
	(ii) related organizations		• •		· · . · .					a(ii)	
_	If "Yes" to 3a(II), are the related organi								· 📑	3b	j
4	Describe in Part XIV the intended uses										
Part		mer	nt. See Forn	n 990, P	art X, lin	e 10.					
	Description of property		(a) Cost or o (investin			or other basis ther)		Accumulated epreciation	(d)	Book v	/alue
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment					85,011		25,499			59,512
е	Other										
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part	X, columr	(B), line 10	D(c))				59,512
							_				

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 valu Cost or end-of-year m	
(1) Financia				
	neld equity interests			
(A)				
(B)				·
(C) (D)				
(E)				
(F)		·		
(G)				
(H)			, , , , , , , , , , , , , , , , , , , ,	
(1)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				······································
	(b) must equal Form 990, Part X, col (B) line 13) ▶		,	
Part IX	Other Assets. See Form 990, Pa	ırt X, line 15.		
	(a	n) Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>		-		
(5) (6)				
(7)		 		
(8)				
(9)		***************************************		
(10)				
	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	, , , , , , , , , , , , , , , , , , , 	4	
(2)			-	
(3)			-	ļ
(5)	. P-184		4	
(6)			1	}
(7)			-	
(8)			1	
(9)			1	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 🕨		1	
	CC 740) Factores In Dark VIV provide		, , , , , , , , , , , , , , , , , , , 	

Sched	ule D (Form 990) 2011		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,443,782
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,383,338
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	60,444
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	60,444
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	4,443,782
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	c
3	Subtract line 2e from line 1	3	4,443,782
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		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	. 4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,443,782
Part		per Return	
1	Total expenses and losses per audited financial statements	. 1	4,383,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	C
3	Subtract line 2e from line 1	3	4,383,338
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		
b	Other (Describe in Part XIV.)		
_C	Add lines 4a and 4b	4c	C
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,383,338
Part			
Comp	lete 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;
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mplete this p	art to provide
-	dditional information.		
In ord	er to account for any uncertain tax positions, ASC Topic 740-10, Accounting for Uncertainty in Income Ta	exes, requires	an organization
to ass	ess whether it is more likely than not that a tax position will be sustained upon examination of the techn	ical merits of t	he position,
assun	ning the taxing authority has full knowledge of all information. If the tax position does not meet the more	likely than no	t recognition
thresh	old, the benefit of the tax position is not recognized in the financial statements		
The O	rganization recorded no assets or liabilities for uncertain tax positions or unrecognized tax benefits. Fed	eral returns fo	r tax years
2009 a	and beyond remain subject to examination by the Internal Revenue Service		

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

Open to Public Inspection

Schedule I (Form 990) (2011) **%**□ (h) Purpose of grant Employer identification number or assistance 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. ✓ Yes 39-1453475 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) . Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. North Central Wisconsin Workforce Development Board (p) EIN 1 (a) Name and address of organization or government Name of the organization Partl Part II N (12) N Ξ 2 ව ₹ 9 9 Ε 8 6 Ξ

Schedule I (F	Schedule I (Form 990) (2011)					Page 2
Part III	Grants and Other Assistance to Individual Part III can be duplicated if additional space	viduals in the Un space is needed.	nited States. Com	plete if the organiza	ation answered "Yes" to	Is in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 Educa	1 Education assistance for participants in WDA	1,890	1,277,102			
2						
က						
4						
2						
9						
^						
Part IV	Supplemental Information. Complete this p	this part to prov	ride the information	required in Part I,	bart to provide the information required in Part I, line 2, and any other additional information.	litional information.
Part I. Line	Part I. Line 2 Each recipient is assigned a case manager. Case managers are charged with monitoring the recipients on a day-to-day basis. Case managers and their participant files	Case managers ar	e charged with monito	ring the recipients on	a day-to-day basıs Case ma	nagers and their participant files
are monito	are monitored, at least yearly, by the North Central Wisconsin Workforce Development Board staff	nsın Workforce Dev	elopment Board staff			

SCHEDULE L (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

North Ce	ntral Wisconsin Workforce Developi	nent Boa	rd					39-1	4534	75		
Part I	Excess Benefit Transactions Complete if the organization as	(section	501(c)(3) "Yes" or	and section 501(c)(Form 990, Part IV,	4) organizat line 25a or 2	ions only). 25b, or For	m 990	D-EZ,	Part \	V, line	40b.	
1	(a) Name of disqualified person	-			(b) Description	a of transport					(c) Corr	rected?
	(a) Name or disquaimed person				(b) Description	ii oi transacti	OH				Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
	nter the amount of tax imposed nder section 4958	on the o	organizati · · ·	on managers or dis	squalified pe	ersons du	rıng tl	he ye l	ar ► \$	i		
3 Er	nter the amount of tax, if any, on li	ne 2, abo	ove, reim	bursed by the orgar	ization .			. 1	> \$			
Part II	Loans to and/or From Interest Complete if the organization a			n Form 990, Part IV,	line 26, or F	orm 990-E	Z, Pa	rt V, I	ne 38	 Ba		
(a) N	lame of interested person and purpose	(b) Loan	to or from	(c) Original principal amount	(d) Balar		Τ	lefault?	(f) App	oroved ard or		ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1)				· · · · · · · · · · · · · · · · · · ·		,						
(2)	· · · · · · · · · · · · · · · · · · ·						<u> </u>					
(3)												
(4)												
(5)	·											
(6)												
(7)												
(8)												
(9)												
(10)												
Total .	<u></u>			▶ \$							- T	
Part III	Grants or Assistance Benefit Complete if the organization at				line 27.							_
	(a) Name of interested person	(b) Re	elationship	between interested perso organization	n and the	(c) /	Amount	and ty	oe of a	ssistan	ce	
(1)												
(2)												
(3)			-									
(4)												
(5)												
(6)												
(7)									_			
(8)												
(9)												

Part	Business Transactions Involve Complete if the organization are	ring Interested Persons. Iswered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
	Cindy Kiesling	Director		Subcontractor		1
	Marcia Christiansen	Director		Subcontractor		✓
	Lori Weyers	Director		Client Education/Training		✓
_(4)	Connie Willfahrt	Director		Client Education/Training		1
	Elizabeth Burmaster .	Director	32,108	Client Education/Training		1
(6)						
(7)						
(8)						
(9)						
(10) Part	V Supplemental Information Complete this part to provide a	I additional information for re	sponses to question	ns on Schedule L (see instruction	ons).	<u> </u>
- -						
	·					
						
		••••••				
				••		
· • • • • • • • • • • • • • • • • • • •		***************************************				
						

SCHEDULE M (Form 990)

Noncash Contributions

2011

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990

Open To Public Inspection

North	Central Wisconsin Workforce Develo	pment Boar	d			39	-14534	75		
Part	Types of Property				•		•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		lethod c			
1	Art – Works of art		· · · · · · · · · · · · · · · · · · ·							
2	Art—Historical treasures									
3	Art - Fractional interests									
4	Books and publications				·		·			
5	Clothing and household goods		-							
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded .									
10	Securities-Closely held stock									
11	Securities - Partnership, LLC,									
	or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic		j							
	structures									
14	Qualified conservation contribution—Other									
15	Real estate-Residential									
16	Real estate - Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies			_						
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens		,							
24	Archeological artifacts					<u> </u>				
25	Other ► (AV Equipment)	✓	1		70,014	Cost	Selling	price		
26	Other ► (<u> </u>				
27	Other ► (
28	Other ► (ļ				
29	Number of Forms 8283 received				itions for					
	which the organization completed	Form 8283	i, Part IV, Donee Acknowle	agement	•	29		0		
								······	Yes	No
30a	During the year, did the organizat									ĺ
	it must hold for at least three year									
	used for exempt purposes for the		ng period?			•	•	30a		✓
	If "Yes," describe the arrangemen									
31	Does the organization have a									
	contributions?							31		1
32a	Does the organization hire or use						ncash			
	contributions?							32a		1
	If "Yes," describe in Part II.									
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which o	column (a)	ıs che	cked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

39-1453475

Department of the Treasury Internal Revenue Service Name of the organization

North Central Wisconsin Workforce Development Board

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.

Open to Public Inspection Employer identification number

Part VI, Section A, Line 1a North Central Wisconsin Workforce Development Board meets quarterly and therefore has designated an
Executive Committee, which meets monthly, to act on behalf of the full board. The Executive Committee is made up of members of the
North Central Wisconsin Workforce Development Board, when a seat on the Executive Committee is vacant, a nomination process is
followed to fill the seat
Part VI, Section B, Line 11b The 990 and all accompanying schedules were prepared by Finance Director John Cokl and subsequently
submitted to our independent auditor for review. Upon satisfactory review, the 990 and all schedules were made available to all members
of the Executive Committee prior to submission to the Internal Revenue Service
Part VI, Section B, Line 12c Board members are required to fill out a conflict of interst form yearly, monitoring is done by verifying the
completed form is on file. When a conflict of interest arises, the conflicted board member abstains from the vote and that abstention is
recorded accordingly in the minutes that are taken at each meeting to ensure integrity
Part VI, Section B, Line 15 The North Central Wisconsin Workforce Development Board recently contracted with an independent wage and
benefit consultant to validate the appropriateness of pay for all employees
Part VI, Section C, Line 19 Bylaws, conflict of interest forms, etc. are made available to the public upon request. North Central Wisconsin
Workforce Development Board also considers privacy, trade secrets, and other factors in determining the release of information. At all
times, North Central Wisconsin Workforce Development Board will abide by all applicable laws

Stevens Point, Wisconsin

Financial Statements and Supplementary Information Year Ended June 30, 2012 and 2011

Financial Statements and Supplementary Information Year Ended June 30, 2012 and 2011

Table of Contents

Independent Auditor's Report	1
Financial Statements	
Statement of Financial Position	3
Statement of Activities	4
Statement of Cash Flows	
Notes to Financial Statements	6
Supplementary Information	
Schedule of Expenditures of Federal Awards and Other Financial Assistance	. 11
Notes to Schedule of Expenditures of Federal Awards and Other Financial Assistance	. 13
Independent Auditor's Report on Internal Control Over Financial Reporting and on	
Compliance and Other Matters Based on an Audit of Financial Statements Performed in	
Accordance With Government Auditing Standards	. 14
Independent Auditor's Report on Compliance With Requirements That Could Have a Direct and	
Material Effect on Each Major Program and Internal Control Over Compliance in Accordance With	
OMB Circular A-133	. 16
Schedule of Findings and Questioned Costs	. 18

WIPFLi

Independent Auditor's Report

Board of Directors North Central Wisconsin Workforce Development Board, Inc. Stevens Point, Wisconsin

We have audited the accompanying statement of financial position of North Central Wisconsin Workforce Development Board, Inc. (a nonprofit organization) as of June 30, 2012 and 2011, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of North Central Wisconsin Workforce Development Board, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of North Central Wisconsin Workforce Development Board, Inc. as of June 30, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

In accordance with Government Auditing Standards, we have also issued our report dated December 4, 2012, on our consideration of North Central Wisconsin Workforce Development Board, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audits.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplementary information including the schedule of expenditures of federal awards and other financial assistance and the notes to schedule of expenditures of federal awards and other financial assistance, pages 11-13, which includes the requirements of U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Wigger LLP Wipfli LLP

December 4, 2012 Wausau, Wisconsin

Statement of Financial Position June 30, 2012 and 2011

Assets		2012		2011
Current assets:				
Cash	\$	101,920	\$	90,686
Accounts receivable		920		1,600
Grants and contracts receivable		390,333		1,149,194
Total current assets		493,173		1,241,480
Property and equipment, net		59,512		0
TOTAL ASSETS	\$	552,685	<u>\$</u>	1,241,480
Liabilities and Net Assets			_	
Current liabilities:				
Accounts payable	\$	417,628	\$	889,364
Accrued payroll and related expenses		18,613		10,933
Deferred revenue		6,006		3,619
Grant funds received in advance		2,068		289,638
Total liabilities		444,315	_	1,193,554
Net assets:				
Unrestricted		48,858		47,926
Temporarily restricted		59,512		0
Total net assets		108,370		47,926
TOTAL LIABILITIES AND NET ASSETS	\$_	552,685	\$	1,241,480

Statement of Activities

Years Ended June 30, 2012 and 2011

			2012	
		Te	mporarily	
	Unrestricted	R	estricted	 Total
Revenue:				
Grant revenue	\$ 4,351,915	\$	70,014	\$ 4,421,929
Other income/contributions	21,853		0	21,853
Net assets released from restriction	10,502		10,502)	0
Total revenue	4,384,270		59,512	 4,443,782
Expenses:				
Program activities:				
Job training and employment	3,547,884		0	3,547,884
Other programs	490,456		0	 490,456
Total program expenses	4,038,340		0	 4,038,340
Management and general	344,998	l	0	 344,998
Total expenses	4,383,338		0	 4,383,338
Change in net assets	932		59,512	60,444
Net assets - Beginning of year	47,926		0	47,926
Net assets - End of year	\$ 48,858	\$	59,512	\$ 108,370

_See accompanying notes_to_financial statements._

	2011		
	Temporarily		
	Unrestricted	Restricted	Total
Revenue:			
Grant revenue	\$ 5,785,502	\$ 0	\$ 5,785,502
Other income/contributions	40,094	0	40,094
Net assets released from restriction	0	0	0
Total revenue	5,825,596	0	5,825,596
Expenses:			
Program activities:			
Job training and employment - Adult	4,987,661	0	4,987,661
Other programs	450,718	0	450,718
Total program expenses	5,438,379	0	5,438,379
Management and general	377,741	0	377,741
Total expenses	5,816,120	0	5,816,120
Change in net assets	9,476	0	9,476
Net assets - Beginning of year	•	0	38,450
Net assets - Deginning of year	38,450		30,430
Net assets - End of year	\$ 47,926	\$ 0	\$ 47,926

.

Statement of Cash Flows Years Ended June 30, 2012 and 2011

		2012	2011	
		· · · · · · · · · · · · · · · · · · ·		
Increase (decrease) in cash:				
Cash flows from operating activities:				
Change in net assets	\$	60,444 \$	9,476	
Adjustments to reconcile change in net assets				
to net cash provided by operating activities:				
Depreciation		10,502	0	
Donated equipment	(70,014)	0	
Changes in operating assets and liabilities:				
Grants and contracts receivable		758,861 (748,362)	
Accounts receivable		680	1,796	
Accounts payable	(471,736)	602,796	
Accrued payroll and related expenses		7,680 (13,760)	
Deferred revenue		2,387 (1,232)	
Grant funds received in advance	(287,570)	177,638	
Net cash provided by operating activities		11,234	28,352	
Change in cash		11,234	28,352	
Cash - Beginning of year		90,686	62,334	
Cash - End of year	\$	101,920 \$	90,686	
Supplemental schedule of noncash activity:				
Donated equipment	\$	70,014 \$	0	

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies

Nature of Operations

North Central Wisconsin Workforce Development Board, Inc. (the "Organization") was organized as a nonprofit corporation in 1984. The Organization's purpose is to supply funding for workforce development programs that provide educational and vocational training to youth, adults, and disabled workers in the workforce development area (WDA). The Organization is primarily supported through federal and state government grants. Approximately 96 percent and 99 percent of the Organization's grant revenue is passed through from the State of Wisconsin, Department of Workforce Development (DWD) for the years ended June 30, 2012 and 2011, respectively.

Basis of Presentation

All financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Classification of Net Assets

Net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations or where donor-imposed stipulations are met in the year of the contribution.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or may not be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are transferred to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes. Currently, the Organization does not have any permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Income Tax Status

The Organization is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. The Organization is also exempt from Wisconsin income taxes.

In order to account for any uncertain tax positions, ASC Topic 740-10, *Accounting for Uncertainty in Income Taxes*, requires an organization to assess whether it is more likely than not that a tax position will be sustained upon examination of the technical merits of the position, assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more likely than not recognition threshold, the benefit of the tax position is not recognized in the financial statements.

The Organization recorded no assets or liabilities for uncertain tax positions or unrecognized tax benefits. Federal returns for tax years 2009 and beyond remain subject to examination by the Internal Revenue Service.

Cost Allocation

Joint costs are allocated to benefiting programs using various allocation methods depending on the type of joint cost being allocated. Joint costs are those costs incurred for the common benefit of all organization programs that cannot be readily identified with a final cost objective.

Revenue Recognition

Contributions restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as contributions released from restrictions.

Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Revenue Recognition (Continued)

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award.

A. Grant Awards that are Contributions

Grants that qualify as contributions are recorded as invoiced to the funding sources. Revenue is recognized in the accounting period when the related expenses are incurred. Amounts received in excess of expenses are reflected as grant funds received in advance.

B. Grant Awards that are Exchange Transactions

Exchange transactions reimburse based on a predetermined rate for services performed. The revenue is recognized in the period the service is performed.

Property and Equipment

Property and equipment purchased are capitalized at cost, or fair market value if donated, and depreciated over their estimated useful life using the straight-line method. The Organization capitalizes property and equipment with a cost of \$5,000 or more and a useful life of greater one year.

Grant-funded property acquired is owned by the Organization while used in the program for which it was purchased or in other future authorized programs. However, the various funding sources have a reversionary interest in the property purchased with grant funds. Its disposition, as well as the ownership of any proceeds therefrom, is subject to funding source regulations. The net book value of property and equipment purchased with grant funds as of June 30, 2012, is \$0.

Subsequent Events

Subsequent events have been evaluated through December 4, 2012, which is the date the financial statements were available to be issued.

Note 2 Concentration of Credit Risk

The Organization maintains cash balances at two financial institutions. Accounts at these financial institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times during the year, the bank balance may have been in excess of the FDIC coverage. Management believes this financial institution has a strong credit rating and credit risk related to the deposits is minimal.

Notes to Financial Statements

Note 3 Grants and Contracts Receivable

Grants and contracts receivable represent amounts due from the various funding sources as follows:

	 2012	2011
Wisconsin Department of Workforce Development	\$ 378,320	\$ 1,144,053
Wisconsin Department of Corrections	 12,013	5,141
Grants receivable	\$ 390,333	\$ 1,149,194

Note 4 Property and Equipment

A summary of property as of June 30, 2012 and 2011 is as follows:

		2012	 2011
Equipment	\$	85,011	\$ 14,997
Accumulated depreciation	(25,499)	 14,997)
Property and equipment, net	\$	59,512	\$ 0

Note 5 Temporarily Restricted Net Assets

The Organization received a donation of equipment which is restricted by the donor for specific use by the Organization. The Organization has a temporarily restricted net asset balance of \$59,512 and \$0 for the years ended June 30, 2012 and 2011, respectively.

Note 6 Related Parties

The Organization's Board of Directors consists of management from both private and public sectors that perform job-related services. The Organization has entered into various contracts and awards with several of these agencies. For the years ended June 30, 2012 and 2011, the amount reimbursed to related parties was \$2,694,174 and \$3,738,176, respectively. As of June 30, 2012 and 2011, the Organization had approximately \$265,228 and \$652,694, respectively, of accounts payable due to related parties.

Note 7 Concentration of Revenue

The vast majority of the Organization's funding is received from the State of Wisconsin Department of Workforce Development (DWD) through federal grants from the United States Department of Labor. As such, significant changes or reduction in available funds could adversely affect the Organization. However, the Organization has no reason to believe these funds will cease in the foreseeable future

Notes to Financial Statements

Note 8 Retirement Plan

The Organization had a defined contribution pension plan that covered all employees who worked a minimum of 30 hours per week. Employees were eligible after 12 months of service. Contributions vested at the time an employee became eligible to participate in the plan. The employer contribution was 7 percent of eligible wages. This plan ended on December 20, 2011. Contributions to the plan totaled \$8,083 and \$15,206 for the years ended June 30, 2012 and 2011, respectively.

Beginning February 1, 2012, the Organization adopted a 401(k) plan (the "Plan"), as defined in the Internal Revenue Service Code. Employees are eligible if they are 21 years of age and have completed one year of service. Employee contributions are vested at the time an employee became eligible to participate in the plan. Employer contributions vest over a six-year period. The Organization has the option for a discretionary employee match contribution and to make discretionary non-elective contributions. This decision will be made by the Board of Directors on the last day of the plan year. There were no contributions to the Plan for the fiscal year ended June 30, 2012.

Note 9 Operating Leases

The Organization leases various facilities and equipment for operation of its programs. Rent expense for the fiscal year ended June 30, 2012 and 2011, was \$45,270 and \$45,000, respectively. Future minimum lease payments on leases having terms beyond June 30, 2012, are as follows:

2013	. \$	29,713
2014 2015		26,821 27,625
2016		28,453
2017		29,306
Thereafter		1,221
Total	\$	143,139

Note 10 Grant Awards

At June 30, 2012, the Organization had received future funding commitments under various grants of approximately \$4,983,000. Of this amount, approximately \$3,455,000 is committed to subcontractors for future services. These commitments are not recognized in the accompanying financial statements as receivables and revenue, as they are conditional awards.

Supplementary Information

1

North Central Wisconsin Workforce

Schedule of Expenditures of Federal Awards and Other Financial Assistance Year Ended June 30, 2012

Expenditures	199,931	722,807	158,825 170,974	2,229 4,719 25,291	706,958 18,244 42,162 1,129,402	33,755	304,575 761,858 402,455	1,468,888	3,354,852
Program or Award Amount Ex	684,995 \$ 697,365	20,240	281,772 291,844	112,760 206,671 823,198		317,536	1,027,759 1,106,210 426,668		
Program Period	07/01/10-06/30/12 \$	02/01/12-09/30/14	04/01/10-06/30/12 04/01/11-06/30/13	08/01/10-07/31/11 08/01/10-07/31/11 04/01/10-06/30/12	04/01/11-06/30/13 12/01/10-11/30/11 01/01/11-12/31/11	06/01/10-12/31/11	07/01/10-06/30/12 07/01/11-06/30/13 07/01/11-06/30/12		
Grantor Agency	ISTANCE DWD-DET DWD-DET	DWO-DE1	DWD-DET DWD-DET	DWD-DET DWD-DET DWD-DET	DWD-DET DWD-DET DWD-DET	DWD-DET	DWD-DET DWD-DET DWD-DET		
Program Name	FIED IN THE CATALOG OF FEDERAL DOMESTIC ASSISTANCE Title I Adult DWD-DE Title I Adult	Subtotal 17.258	Title I Administration Title I Administration	Industry Partnership Training - Advanced Manufacturing Industry Partnership Training - Advanced Transportation Title I Youth	Title I Youth Industry Partnership Convening - Health Care Industry Partnership Convening - Food Manufacturing Subtotal 17.259	NEG - Formula Funds Replenishment	Title I Dislocated Worker Title I Dislocated Worker Title I State Rapid Response	Subtotal 17.278	Subtotal 17.258, 17.259, 17.260, 17.278 -Cluster
Grant Number	ASSISTANCE PROGRAMS AS IDENTIFIED IN THE Department of Labor 17.258 Log #3281 Title I Adult 17.258 Log #3362 Title I Adult	L0g #3404	Log #3280 Log #3365	Log #3303 Log #3325 Log #3283	Log #3363 Log #3349 Log #3349	DWSWIA1014NEG-WI-34	Log #3281 Log # 3364 Log #3370		
CFDA Number	ASSISTAN Departmen 17.258 17.258	857.71	17.259 17.259	17.259 17.259 17.259	17.259 17.259 17.259	17.260	17.278 17.278 17.278		

North Central Wisconsin Workforce

Schedule of Expenditures of Federal Awards and Other Financial Assistance (Continued) Year Ended June 30, 2012

CFDA	Grant	Program Name	Grantor Agency	Program Period	Program or Award Amount	Expenditures
77.271		NEG - NewPage Whiting Paper Mill	DWD-DET	DWD-DET 03/01/11-12/31/12	905,302	354,415
17.277 - ARRA	DWAWIA1006NEG-WI-32	DWAWIA1006NEG-WI-32 ARRA- National Emergency Grant	DWD-DET	01/01/10-12/31/12	1,488,327	411,128
17.207	Log #3404	Disability Employment Initiative	DWD-DET	02/01/12-9/30/14	36,248	12,967
17.268	NWCEPI	H1B Technical Skills Training Grant	NW CEP	04/02/12-06/30/16	340,088	7,927
17.275 - ARRA	SGA/DFA PY-08-20	ARRA Sector Alliance for the Green Economy (SAGE)	DWD-DET	DWD-DET 01/01/11-12/31/12	257,470	139,580
Total federa	Total federal assistance					4,280,869

Notes to Schedule of Expenditures of Federal Awards and Other Financial Assistance

Note 1 Basis of Presentation

The accompanying schedule of expenditures of federal awards and other financial assistance includes the federal grant activity of North Central Wisconsin Workforce Development Board, Inc. under programs of the federal government for the year ended June 30, 2012. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the schedule presents only a selected portion of the operations of North Central Wisconsin Workforce Development Board, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of North Central Wisconsin Workforce Development Board, Inc.

Note 2 General

Expenditures reported on the schedule of expenditures of federal awards and other financial assistance are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, Cost Principles for Non-Profit Organizations, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

Note 3 Program Cluster

Prior to FY 2010, CFDA #17.260 represented both WIA Dislocated Worker formula grants and National Emergency Grants (NEG), beginning in FY 2010, CFDA #17.260 was archived and the aforementioned grants were issued separate CFDA numbers, 17.277 and 17.278, respectively. Department of Labor CFDA #17.258, 17.259, 17.260, 17.260 and 17.278 represent a cluster program.

Note 4 Subcontracted Services

Subcontracted services for the cluster CFDA #17.258, 17.259, 17.260, 17.260 and 17.278 totaled \$2,696,710. Subcontracted services for CFDA #17.277 and 17.277-ARRA totaled \$679,121.

WIPFLi

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

Board of Directors North Central Wisconsin Workforce Development Board, Inc. Stevens Point, Wisconsin

We have audited the financial statements of North Central Wisconsin Workforce Development Board, Inc. (a nonprofit organization) as of and for the year ended June 30, 2012, and have issued our report thereon dated December 4, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

Management North Central Wisconsin Workforce Development Board, Inc. is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered North Central Wisconsin Workforce Development Board, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the North Central Wisconsin Workforce Development Board, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the North Central Wisconsin Workforce Development Board, Inc.'s internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether North Central Wisconsin Workforce Development Board, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Board of Directors, others within North Central Wisconsin Workforce Development Board, Inc., federal awarding agencies, and pass-through entities, and is not intended to be and should not be used by anyone other than these specified parties.

Wigger LLP Wipfli LLP

December 4, 2012 Wausau, Wisconsin



Independent Auditor's Report on Compliance With Requirements That Could Have a Direct and Material Effect on Each Major Program and Internal Control Over Compliance in Accordance With OMB Circular A-133

Board of Directors North Central Wisconsin Workforce Development Board, Inc. Stevens Point, Wisconsin

Compliance

We have audited North Central Wisconsin Workforce Development Board, Inc.'s compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement, and the State of Wisconsin Single Audit Guidelines; that could have a direct and material effect on each major federal and state program for the year ended June 30, 2012. North Central Wisconsin Workforce Development Board, Inc.'s major federal and state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal and state programs is the responsibility of North Central Wisconsin Workforce Development Board, Inc.'s management. Our responsibility is to express an opinion on North Central Wisconsin Workforce Development Board, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; and the *State of Wisconsin Single Audit Guidelines*. Those standards, OMB Circular A-133, and the *Guide* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal or state program occurred. An audit includes examining, on a test basis, evidence about North Central Wisconsin Workforce Development Board, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on North Central Wisconsin Workforce Development Board, Inc.'s compliance with those requirements.

In our opinion, North Central Wisconsin Workforce Development Board, Inc. complied, in all material respects, with the requirements referred to above that could have a direct and material effect on each of its major federal and state programs for the year ended June 30, 2012.

Internal Control Over Compliance

The management of North Central Wisconsin Workforce Development Board, Inc. is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to major federal and state programs. In planning and performing our audit, we considered North Central Wisconsin Workforce Development Board, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major federal or state program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and the State of Wisconsin Single Audit Guidelines, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of North Central Wisconsin Workforce Development Board, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal or state program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal or state program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of management, the Board of Directors, other within North Central Wisconsin Workforce Development Board, Inc., federal awarding agencies, and pass-through entities and is not intended to be and should not be issued by anyone other than these specified parties.

Wipsei LLP
Wipsli LLP

December 4, 2012 Wausau, Wisconsin

Schedule of Findings and Questioned Costs

A. Summary of Auditor's Results

- 1. The auditor's report expresses an unqualified opinion on the financial statements of North Central Wisconsin Workforce Development Board, Inc.
- 2. No significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards.
- 3. No instances of noncompliance material to the financial statements of North Central Wisconsin Workforce Development Board, Inc. were disclosed during the audit.
- 4. No significant deficiencies were disclosed during the audit of the major federal programs as reported in the Independent Auditor's Report on Compliance With Requirements That Could have a Direct and Material Effect on Each Major Program and Internal Control Over Compliance in Accordance With OMB Circular A-133.
- 5. The auditor's report on compliance for the major federal award programs for North Central Wisconsin Workforce Development Board, Inc. expresses an unqualified opinion.
- 6. There were no audit findings relative to the major federal award programs for North Central Wisconsin Workforce Development Board, Inc.
- 7. The programs tested as a major federal programs were the Department of Labor WIA Cluster CFDA 17.258, 17.259, 17.260, and 17.278; SAGE ARRA CFDA 17.275-ARRA; and NEG Cluster CFDA 17.277 and 17.277-ARRA.
- 8. The threshold for distinguishing Types A and B programs was \$300,000.
- 9. North Central Wisconsin Workforce Development Board, Inc. was determined to be a low-risk auditee.
- B. Findings Financial Statements Audit

Finding:

None

C. Findings and Questioned Costs – Major Federal Award Programs Audit

Questioned Costs:

None

Finding:

None

D. Prior Year Findings

None

Schedule of Findings and Questioned Costs

E. Other Issues

1. Does the auditor's report or the notes to the financial statements include disclosure with regard to substantial doubt as to the auditee's ability to continue as a going concern?

No

- 2. Does the audit report show audit issues (i.e., material noncompliance, nonmaterial noncompliance, questioned costs, material weakness, significant deficiency, management letter comment, excess revenue, or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the Wisconsin State Single Audit Guidelines:
 - a. Department of Workforce Development

No

No

- 3. Was a management letter or other document conveying audit comments issued as a result of this audit?
- A A

4. Name and signature of partner in charge

John Hemning, CPA December 4, 2012

5. Date of report