DLN: 93493352005039 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 **C** Name of organization D Employer identification number B Check if applicable FOX VALLEY TECHNICAL COLLEGE FOUNDATION ☐ Address change 39-1264389 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) 1825 N BLUEMOUND DRIVE ☐ Amended return ☐ Application pending (920) 735-5608 City or town, state or province, country, and ZIP or foreign postal code APPLETON, WI  $\,$  54914  $\,$ G Gross receipts \$ 10,502,418 Name and address of principal officer H(a) Is this a group return for JACKIE WEBER □Yes ☑No subordinates? 1825 N BLUEMOUND DRIVE H(b) Are all subordinates APPLETON, WI 54914 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW FVTC EDU/FOUNDATION L Year of formation 1976 M State of legal domicile WI K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PARTNERING WITH FVTC TO CULTIVATE COMMUNITY RELATIONSHIPS AND PHILANTHROPIC SUPPORT THAT ENHANCE THE MISSION AND VISION OF FVTC 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) . . . 4 15 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 50 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 1,771,710 1,868,829 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 1,091,068 926,915 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 715,696 423,963 45,044 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,661 3,720,637 3,151,249 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,295,305 1,318,690 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 334,810 299,298 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶92,376 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 548,682 641,725 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 4,178,797 2,259,713 19 Revenue less expenses Subtract line 18 from line 12 . -458,160 891,536 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 18,919,006 19,958,243 874,455 21 Total liabilities (Part X, line 26) . 1,018,604 22 Net assets or fund balances Subtract line 21 from line 20 19,083,788 17,900,402 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 2019-12-06 Signature of officer Sign Here STEVE HOOYMAN TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-19 P00096513 Paid self-employed Firm's name WIPFLI LLP Firm's EIN ▶ 39-0758449 **Preparer** Use Only Firm's address ▶ PO BOX 12237 Phone no (920) 662-0016 GREEN BAY, WI 543072237 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	till Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a respoi	nse or note to a	any line in this Part III		🗆
1		•		,		
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 920,641 including grants of \$ 411,250) (Revenue \$ See Additional Data  (Code ) (Expenses \$ 822,286 including grants of \$ 822,286) (Revenue \$ See Additional Data		E MISSION AND VISION			
2	<del>-</del>	, -		<u> </u>	hich were not listed on	□Yes VNo
	•					□ Yes ☑ No
3	•			changes in how it cand	usts and program	
3	services?				ucis, any program	☐ Yes ☑ No
	•	-				
4	Section 501(c)(3) an	ıd 501(c)(4) organizatioi	ns are required	to report the amount		
4a	(Code	) (Expenses \$	920.641	including grants of \$	411.250 ) (Revenue \$	926,915 )
	•	, (			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code	) (Expenses \$	822,286	including grants of \$	822,286 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	85,154	including grants of \$	85,154 ) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Schedu	e O )			
	(Expenses \$	ınclu	ding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses >	1,828,0	81		

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . 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 No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Yes 

Form 990 (2018)  Part IV Checklist of Required Schedules (continued)  Yes									
Pa	t IV Checklist of Required Schedules (continued)								
			Yes	No					
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? <i>If "Yes," complete Schedule J</i>	23		No					
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 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							

	, ,		
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes "		

		240	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	256	N.a

	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No

27

28a

28b

28c

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35a

35b

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1a

Yes

Yes

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Yes

No

Nο

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V .

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

29

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Part V

Part V, line 1 . . .

Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . . 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

15

No

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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 11 1a 15		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>= Code</u>		
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►MICHELLE LEITERITZ ACCOUNTING MANAGER 1825 N BLUEMOUND DRIVE APPLETON, WI 54914 (920) 735-5608			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or 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 trust compensated employees, and former such perso		rs, ınstı	tutioi	nal t	rust	tees, o	offic	ers, key employees	s, highest	
$\square$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo both	t chox, un an ar/tr	inless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) BETTY JO BALZAR DIRECTOR	0 50	Х						0	0	0
(2) BETH BUSH SECRETARY	0 50	×		х				0	0	0
(3) IGNACIO CORTINA VICE PRESIDENT	0 50	х		х				0	0	0
(4) JONATHAN FISCHER MEMBER-AT-LARGE	0 50	х		х				0	0	0
(5) STEVE HOOYMAN TREASURER	0 50	×		x				0	0	0
(6) ROBERT KOEHLER DIRECTOR	0 50	х						0	0	0
(7) KATHLEEN PLANK	0 50								_	_

SECRETARY								
(3) IGNACIO CORTINA	0 50	×		х		0	0	
VICE PRESIDENT		^		^		J	0	
(4) JONATHAN FISCHER	0 50	l		,		0		
MEMBER-AT-LARGE		×		X		J	0	
(5) STEVE HOOYMAN	0 50	1		x				
TREASURER		×					0	
(6) ROBERT KOEHLER	0 50	1						
DIRECTOR		×				0	U	
(7) KATHLEEN PLANK	0 50	1						
DIRECTOR		×				0	U	
(8) DAVE RICHTER	0 50	l						_
DIRECTOR		×					U	
(O) CTEVE TVINIK	0 50		i –	İ				

		S0-+	Trustee		Ð	pensated			
TY JO BALZAR DR	0 50	×					0	0	0
H BUSH ARY	0 50	×		×			0	0	0
ACIO CORTINA ESIDENT	0 50	X		х			0	0	0
ATHAN FISCHER AT-LARGE	0 50	x		x			0	0	0
/E HOOYMAN RER	0 50	x		×			0	0	0
ERT KOEHLER DR	0 50	×					0	0	0
HLEEN PLANK DR	0 50	x					0	0	0
E RICHTER DR	0 50	×					0	0	0
/E TYINK ESIDENT	0 50	×		×			0	0	0
CHAEL VOSS DR	0 50	×					0	0	0
KIE WEBER ENT	0 50	x		х			0	0	0
LLY CHARTRE DR	0 50	X					0	0	0
ACIE GRIES DR	0 50	×					0	0	0
DD HEALY DR	0 50	X					0	0	0
L ZIMMERMANN	0 50	Х					0	0	0

0 26 00 89,702 26,799 26 00 Х 1,238 6.556

(9) STEVE PAST PRE (10) MICH DIRECTOR (11) JACK PRESIDEN (12) KELL DIRECTOR (13) STAC DIRECTOR (14) TODE DIRECTOR (15) BILL DIRECTOR (16) MARY DOWNS EXECUTIVE DIRECTOR - TERMED (17) REBECCA BOULANGER EXECUTIVE DIRECTOR

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee key employee organizations Institutional Trustee related below dotted organizations line)

1b Sub-Total				•	<u> </u>	<b>&gt;</b>			•	
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶ [				
d Total (add lines 1b and 1c)						▶		0	96,	258
2 Total number of individuals (including	but not limited	to those	e liste	ed at	ove	) who	rece	eived more than	\$100,000	

1b 9	ub-Total							
<b>c</b> 1	otal from continuation sheets to Part VII, Section A							
d٦	otal (add lines 1b and 1c)	58		28,037				
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0							
			Yes	No				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No				
4	For any individual listed on line 12, is the sum of reportable compensation and other compensation from the							

c	Total (add lines 1b and 1c)	58		28,037
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			No

	Total (add lines 25 did 26) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
_				

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

		- 1		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of corfrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	tion	

	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	ındıvıdual	5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
services rendered to the organization? If "Yes," complete Schedule J for such person	services rendered to the organization 21f "Ves." complete Schedule 1 for such person	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	5	· · · · · · · · · · · · · · · · · · ·	5	No
services rendered to the organization 2 if "Ves." complete Schedule I for such person	carvices randered to the organization 2 if "Vec." complete Schedule 1 for such person	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	5	· · · · · · · · · · · · · · · · · · ·	5	No.
		organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	5	· · · · · · · · · · · · · · · · · · ·		
5 Did any person listed on line 1a receive or accrite compensation from any unrelated organization or individual for 1 1 1 1		organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		1 1	
individual			4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the				
undwudu al				4			

	organization and related organizations greater than \$150,000 / 11 Yes, complete Schedule J for suc-	,	.	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or services rendered to the organization? If "Yes," complete Schedule J for such person			No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more to from the organization. Report compensation for the calendar year ending with or within the organization.		nsation	
	(A)	(B)	((	C)
	Name and business address	Description of services	Compe	nsation
FOX	VALLEY TECHNICAL COLLEGE LEASED	EMPLOYEES		307,370
	N BLUEMOUND DRIVE ETON, WI 54914			

110
n
(C)
ompensation
307,370
-

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

compensation from the organization ▶ 1

Part '	VIII Statement of	Revenue						rage <b>3</b>
	Check if Schedul	le O contains a res	oonse or note to any	line in this Part VIII			<u> </u>	🗆
				<b>(A)</b> Total revenue	(B) Related or exempt function	b	(C) nrelated susiness revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns <b>1a</b>			revenue			312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues	1b						
Gra not	c Fundraising events	1c	87,625					
ß, ( An	d Related organization		1					
Gif	e Government grants (c		1					
ıs,	f All other contributions		1					
tio:	and similar amounts n		1,684,085					
혈	g Noncash contribution	ons included						
Contr and (	ın lınes 1a - 1f \$	1	24,297					
<u>ਤ</u> ਨ	<b>h Total.</b> Add lines 1a	-1f	•	1,771,710				
<u> 1</u>			Business			550.101		
We'll	2a RENT - FOX VALLEY TEC	CHNICAL COLLE		900099	563,104	563,104		
ď	<b>b</b> CONTRACT INCOME			900099	363,811	363,811		
٦ <u>۲</u>	с —							
Ser	d ————							
an	е ———							
Program Service Revenue	<b>f</b> All other program se	rvice revenue		l 26,915				
<u>~</u>	<b>9Total.</b> Add lines 2a-2	2f	<b>•</b>	20,913				
	<b>3</b> Investment income (i similar amounts) .		interest, and other	16,89	01			16,891
	4 Income from investm		bond proceeds					<u>'</u>
	<b>5</b> Royalties							
		(ı) Real	(II) Personal					
	<b>6a</b> Gross rents							
	<b>b</b> Less rental expenses			1				
	c Rental income or (loss)							
	<b>d</b> Net rental income o	r (loss)		1				
		(ı) Securities	(II) Other					
	<b>7a</b> Gross amount from sales of	7,343,30	3 360,000	,				
	assets other than inventory							
	<b>b</b> Less cost or		1	-				
	other basis and sales expenses	6,945,81	4 350,417					
	C Gain or (loss)	397,48	9 9,583	1				
	<b>d</b> Net gain or (loss)		<b>•</b>	407,07	'2			407,072
1	<b>8a</b> Gross income from f (not including \$	undraising events 87,625 of						
듄	contributions reporte See Part IV, line 18		53,689					
ě	<b>b</b> Less direct expense		33,594	-				
7	c Net income or (loss)		´ L	] 20,09	95			20,095
Other Revenue	9a Gross income from g	jaming activities						
١	See Part IV, line 19		29,910					
	<b>b</b> Less direct expense		21,344	-				
	c Net income or (loss)			ע 8,5€	66			8,566
	LOaGross sales of invent							
	returns and allowand		 a					
	<b>b</b> Less cost of goods s	sold	ь	1				
	c Net income or (loss)	from sales of inve	ntory ►	1				
	Miscellaneous	Revenue	Business Code					
	11a							
	Ь							
	С							
	d All other revenue .							
	e Total. Add lines 11a		•					
	12 Total revenue. See	Instructions .	· · · · •	3,151,24	.9 9	26,915	0	
								Form <b>990</b> (2018)

Section 501(	c)(3) and 501(c)(4)	organizations must complete all o	columns All other organization	s must complete column (A)

	art IX Statement of Functional Expenses				Page 10
	(100, 100) and $(100)$ and $(100)$ organizations must complete all co	-	·	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	411,250	411,250	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22	907,440	907,440		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	299,298	118,698	104,954	75,646
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	26,220		26,220	
	- <u>-</u>	17,692		14,692	3,000
	(A) amount, list line 11g expenses on Schedule O)	1,270		1,145	125
	Advertising and promotion		200 602	1,145	
	Office expenses	395,259	390,693	2.2.5	4,566
	Information technology	8,315		8,315	
15	Royalties				
	Occupancy				
17	Travel	1,522		1,335	187
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	20,251		20,251	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	149,976		149,976	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a HOSPITALITY/RECEPTIONS	8,997		2,961	6,036
	b BAD DEBT EXPENSE	4,285		4,285	
	С				
	d				
	e All other expenses	7,938		5,122	2,816
25	Total functional expenses. Add lines 1 through 24e	2,259,713	1,828,081	339,256	92,376
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

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Assets or Fund Balances

Net

		check if Schedule O contains a response of flote to any line in this Fart ix			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,846	1	464
	2	Savings and temporary cash investments	2,125,220	2	2,634,670
	3	Pledges and grants receivable, net	206,492	3	152,810
	4	Accounts receivable, net	33,704	4	128,210
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ets	7	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
્ડ્ર	R	Inventories for sale or use		R	

Assets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6			
SS	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,840,227			
	ь	Less accumulated depreciation	<b>10</b> b	1,785,439	5,204,764	10c	5,054,788
	11	Investments—publicly traded securities .			10,871,618	11	11,510,252
	12	Investments—other securities See Part IV, line	11 .	[	56,014	12	55,029
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[	418,348	15	422,020
	16	T-1-11 Add bess 1 there are 1 f /		24)	18 010 006	16	10 059 242

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,840,227			
b	Less accumulated depreciation	<b>10</b> b	1,785,439	5,204,764	<b>10</b> c	5,054,788
11	Investments—publicly traded securities .	nvestments—publicly traded securities .				11,510,252
12	Investments—other securities See Part IV, line	11 .		56,014	12	55,029
13	Investments—program-related See Part IV, line	Investments—program-related See Part IV, line 11				
14	Intangible assets	Intangible assets				
15	Other assets See Part IV, line 11			418,348	15	422,020
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	18,919,006	16	19,958,243
17	Accounts payable and accrued expenses			354,589	17	396,711
18	Grants payable			118,672	18	150,658
19	Deferred revenue				19	

	ь	Less accumulated depreciation	<b>10</b> b	1,785,439	5,204,764	10c	5,054,788
	11	Investments—publicly traded securities .			10,871,618	11	11,510,252
	12	Investments—other securities See Part IV, line	11 .		56,014	12	55,029
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	418,348	15	422,020		
	16	Total assets.Add lines 1 through 15 (must equ	18,919,006	16	19,958,243		
	17	Accounts payable and accrued expenses			354,589	17	396,711
	18	Grants payable			118,672	18	150,658
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
iabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	545.343	23	327.086

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31 32

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874.455

12.244.483

3,882,378

2.956.927

19,083,788

19,958,243

Form **990** (2018)

1.018.604

11.466.301

3,832,161

2,601,940

17,900,402

18,919,006

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

As a result or a rederal award, was the organization required to undergo an audit or audits as set forth in the Single
Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2018)

## **Additional Data**

Software Version:

**EIN:** 39-1264389

Name: FOX VALLEY TECHNICAL COLLEGE FOUNDATION INC

Form 990 (2018)

TECHNOLOGY

Form 990, Part III, Line 4a:

SUPPORT EVIC BY SEEKING MONETARY GIFTS AND IN-KIND DONATIONS TO ENHANCE PROGRAM OFFERINGS AND ALLOW STUDENTS TO LEARN ON THE MOST CURRENT

Software ID:

Form 990, Part III, Line 4b: ADMINISTER AND AWARD 1.183 SCHOLARSHIPS TOTALING \$822,286 TO STUDENTS ATTENDING FOX VALLEY TECHNICAL COLLEGE TO SUBSIDIZE THE COST OF TUITION

AND BOOKS

## Form 990, Part III, Line 4c: ADMINISTER AND AWARD 215 EMERGENCY FUNDING GRANTS TOTALING \$85,154 TO STUDENTS ATTENDING FOX VALLEY TECHINCAL COLLEGE

efile	e GR	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493352005039	
	m 99	OULE A	Com	plete if the o	blic Charity Status and Public Support if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.				2018	
nterns	l Rever	f the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information	•	Open to Public Inspection	
lam:	e of tl	he organiza	<b>tion</b> LLEGE FOUNDA	TION				Employer identific	ation number	
NC		Bassas	for Dublic (	The with Chat	(All avannination		.to this part \ C	39-1264389		
	r <b>t I</b> rganiz				<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.		
1			•		•	•	. ,	(A)(i).		
2	$\Box$	A school de	nurch, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  Thool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)							
3					vice organization desc	,	. ,	iii).		
4		·	•	·	ed in conjunction with			•	inter the hospital's	
_	_	name, city,								
5	Ш	-	ition operated (iv). (Comple		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descr	bed in <b>section 1/0</b>	
6		A federal, s	tate, or local	government o	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).		
7	<b>✓</b>	section 17	'0(b)(1)(A)(	vi). (Complete			_	ınıt or from the gener	al public described in	
8		A communi	ty trust descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)			
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a	
LO		from activit	ies related to income and i	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer ness taxable income (le complete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross	
1	П				d exclusively to test fo	r public safety S	See section 509	(a)(4).		
.2		more public	ly supported	organizations	d exclusively for the beddescribed in section 5	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a		
a		<b>Type I.</b> A so	supporting org n(s) the powe	janization oper	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.					
С					supporting organizatio				ated with, its	
d		Type III n	on-function	ally integrate he organizatio	ions) You must com d. A supporting organ in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga		
e		Check this	<i>,</i> box if the org	- anızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter			organizations	megratea supporting	organization				
g	Provi	de the follow	ıng ınformatı	on about the si	upported organization(	s)				
	(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
ota	]									
		work Reduc	tion Act Noti	ice, see the I	nstructions for	Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-EZ) 2018	

Page 2

	(Complete only if you che	ecked the box or	n line 5, 7, 8, or	9 of Part I or If	the organization	n failed to qualify	under Part
	III. If the organization fa	ils to qualify und	ler the tests liste	ed below, please	complete Part	III.)	
•	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	2,084,640	1,928,523	2,702,957	1,868,829	1,771,710	10,356,659
2	Tax revenues levied for the 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 5	Total. Add lines 1 through 3 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)	2,084,640	1,928,523	2,702,957	1,868,829	1,771,710	1,097,607
6	Public support. Subtract line 5 from line 4 Section B. Total Support						9,259,052
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	<b>(f)</b> Total
7	(or fiscal year beginning in) ► Amounts from line 4	2,084,640	1,928,523	2,702,957	1,868,829	1,771,710	10,356,659
8		1,257,766	203,054	234,169	14,585	16,891	1,726,465
9	activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI )						
11	10						12,083,124
12	Gross receipts from related activities,	tc (see instruction	ns)			12	4,714,461
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,

12	Gross receipts from related activities, etc (see instructions)
13	First five years. If the Form 990 is for the organization's first,
	check this box and <b>stop here</b>

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage 76 630 %

```
14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage for 2017 Schedule A, Part II, line 14
```

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990 or 990-EZ) 2018

14

ation,	

▶ ☑

ightharpoons

68 880 %

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees 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 Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Page 6

1	Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income (see instructions)  Other expenses (see instructions)  Other expenses (see instructions)  To Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)  (B) Current Year (optional)  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  A Average monthly value of securities  A Average monthly value of securities  D Average monthly value of other non-exempt-use assets  Of Total (add lines 1a, 1b, and 1c)  E Discount claimed for blockage or other factors (explain in detail in Part VI)  Acquisition indebtedness applicable to non-exempt use assets  Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  Multiply line 5 by 035  Recoveries of prior-year distributions			
	Section A - Adjusted Net Income		(A) Prior Year	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	income or for management, conservation, or maintenance of property held for	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	. ,
1		1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е				
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	·	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
				1

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

## Software ID: Software Version:

**EIN:** 39-1264389

Name: FOX VALLEY TECHNICAL COLLEGE FOUNDATION

INC

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

instructions)
Facts And Circumstances Test

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Inspection

OMB No 1545-0047

Open to Public

DLN: 93493352005039

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FOX VALLEY TECHNICAL COLLEGE FOUNDATION INC 39-1264389 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Schedule C (Form 990 or 990-EZ) 2018

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

Δ	Check If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and lis expenditures)	t in Part IV each a	affiliated gro	oup member's name,	address, EIN,
В	Check ▶ ☐ If the filing organization checked box A		rovisions apply			
	Limits on Lobbying (The term "expenditures" means	Expenditures			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public opinio	n (grass roots lobbying	)			
ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	•			
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,			0	
	Other exempt purpose expenditures					
	Total exempt purpose expenditures (add lines 1c and	1d)			0	
	Lobbying nontaxable amount Enter the amount from columns		ooth	_	0	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,0	00		
		\$1,000,000				
		* = / /				
g	Grassroots nontaxable amount (enter 25% of line 1f)	ı		Γ	0	
_	Subtract line 1g from line 1a If zero or less, enter -0			t		
	Subtract line 1f from line 1c If zero or less, enter -0-					
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	h or line 11, did the org	anızatıon file Forn	n 4720 repo	rting	☐ Yes ☐ No
	(Some organizations that made a s columns below. See th	he separate instru	ction do not h	ave to co s 2a thro	ugh 2f.)	five
	Lobbying Expe	enditures During 4	Year Averagi	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 201	( <b>d)</b> 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
		1	1	1		1

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493352005039 OMB No 1545-0047

Open to Public **Inspection** 

Na	me of the organization VALLEY TECHNICAL COLLEGE FOUNDATION			Employer identification number			
INC				39-1264389			
Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye			Accounts.			
	Complete if the organization answered fe	(a) Donor advised fi		(b)Funds and other accounts			
1	Total number at end of year	(a) Bollor davised is	dilas	(b) and and other decounts			
2	Aggregate value of contributions to (during year)						
- 3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor	ers in writing that the assets he	eld in donor adv	used funds are the			
,	organization's property, subject to the organization's ex		elu III uolloi auv	Yes	No		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				No		
Pa	rt III Conservation Easements. Complete if the	ne organization answered '	"Yes" on Form				
1	Purpose(s) of conservation easements held by the orga			,			
	Preservation of land for public use (e g , recreation	n or education)	servation of an l	nistorically important land area			
	Protection of natural habitat			ertified historic structure			
			servation or a co	ertified firstoffe structure			
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contrib	ution in the forr	n of a conservation  Held at the End of the Yea	r		
а	Total number of conservation easements		1	2a	<u>-</u>		
b	Total acreage restricted by conservation easements		F	2b			
c	Number of conservation easements on a certified histori	c structure included in (a)	F	2c			
d	Number of conservation easements included in (c) acqu	red after 7/25/06, and not on	a historic	2d			
	structure listed in the National Register		L				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or f	terminated by t	he organization during the			
4	Number of states where property subject to conservation	on easement is located 🕨					
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, inspect s?	tion, handling o	f violations,			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, ai	nd enforcing cor		í		
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and en	nforcing conserv	ation easements during the year			
В	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requiremen	nts of section 17				
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the organization's					
200	the organization's accounting for conservation easement IIII Organizations Maintaining Collections		uros or Otho	ar Similar Assots			
-(1	Complete if the organization answered "Ye			er Sillilar Assets.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	.6 (ASC 958), not to report in public exhibition, education, c	its revenue stat or research in fu				
b	provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items						
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$			
	i)Assets included in Form 990, Part X			► \$ 	-		
2	If the organization received or held works of art, histori			cial gain, provide the	-		
а	following amounts required to be reported under SFAS Revenue included on Form 990, Part VIII, line 1	TTO (ASC 930) relating to thes	se items	▶ ¢			
				► \$	-		
D	Assets included in Form 990, Part X			▶ \$			

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Main	taining Col	lections o	f Art, His	stori	cal Tı	reasu	ıres, oı	Oth	er Simil	ar Asse	<b>ts</b> (conti	nued)	
3		the organization's acquisi	tion, accession	n, and other	records, cl	heck a	any of	the fo	llowing t	hat ar	e a signifi	cant use	of its coll	ection	
_	ıtems	s (check all that apply)					_								
а	Ш	Public exhibition				d	Ш	Loan	or excha	ange p	rograms				
b		Scholarly research				e		Other	r						
С		Preservation for future ge	enerations												
4	Provi Part	de a description of the org XIII	anızatıon's col	lections and	explain ho	w the	y furth	ner the	e organiz	ation's	exempt	purpose ı	n		
5		ng the year, did the organizes to be sold to raise funds											Yes	□ N	o
Pa	rt IV	Escrow and Custod													
		Complete if the organ	nization answ	ered "Yes'	" on Form	990	, Part	IV, lı	ne 9, o	repo	rted an	amount	on Form	1 990,	Part
4-	T - 41-	X, line 21.									L L				
1a		e organization an agent, tr ded on Form 990, Part X?	ustee, custodia	an or other i	mtermediai	ry ior	contri	bution	s or othe	er asse	ts not		Yes		_
		,											res	ШΝ	0
ь	If "Ye	es," explain the arrangeme	ent in Part XIII	and comple	te the follo	wina	table					Amo	unt		_
c		nning balance				9				1c					_
d	_	ions during the year								1d					_
e		butions during the year								1e					_
f		ng balance								1f					_
													,		_
2a		he organization include an											_	∐ N	0
b	If "Ye	es," explain the arrangeme											]		
Pa	rt V	Endowment Funds.	Complete if												
	_			(a)Curren		19 <b>(d)</b>	rior yea	-	(c)Two y			ree years b		our yea	
	_	ning of year balance			,231,908		2,984			2,542,0		2,535,			953,808
		outions			358,019			,828		273,		131,			315,741
		vestment earnings, gains,			195,353			,599		279,:	_	-22,			100,402
d	Grants	or scholarships	•		113,816		96	,866		92,8	375	90,	.092		97,625
е		expenditures for facilities ograms					51	.,143		17,3	350				
_		_						<u> </u>				12	358		16,100
		istrative expenses		2	,671,464		3,231	000		2,984,4	100	2,542,			256,226
_		year balance			<u> </u>						+90	2,342,	,019	٥,	230,220
2		de the estimated percenta	=	ent year end	balance (l	ine 1g	g, colu	mn (a)	)) held a	S					
а		d designated or quasi-endo													
b	Perm	anent endowment ► 8	1 000 %												
С	Temp	porarily restricted endowm	ent ▶ 19 0	000 %											
		percentages on lines 2a, 2b		**											
3a		here endowment funds not nization by	t in the posses	sion of the d	organizatioi	n that	are h	eld an	d admini	stered	for the			Yes	No
	_	nrelated organizations .											3a(i)	Yes	
	• •	elated organizations .											3a(ii)		No
b		es" on 3a(II), are the relate		s listed as r	equired on	Sche	dule R	? .					3b		
4	Desc	ribe in Part XIII the intend	ed uses of the	organizatioi	n's endown	nent f	unds								-
Pa	rt VI	Land, Buildings, an													
		Complete of the organ													
	Descr	iption of property	(a) Cost or oth (investme		(b) Cost or	other	basis (	other)	( <b>c)</b> Acc	umulate	ed deprecia	ition	(d) B	ook valu	e
															04: -
	Land	<u> </u>						11,204							841,204
b	Buildir	ngs					5,99	99,023			1,785	5,439		4	,213,584
С	Leasel	nold improvements													
d	Equipr	nent													
	Other														
Tota	al. Add	lines 1a through 1e (Colur	mn (d) must ed	qual Form 9	90, Part X,	colun	nn (B)	, line 1	10(c))		<b>&gt;</b>			Ę	,054,788
												Schedu	ile D (Fo	rm 99	0) 2018

	See Form 990 Part Y line 12					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		c) Method of va or end-of-year	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See For	m 990. Part )	X. line 13.
	(a) Description of investment		ok value	(1	c) Method of va or end-of-year	aluation
(1)				Cost t	or end-or-year	market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990. Part X. col (B) line 13 )	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
9)  Fotal. (Column  Part IX			n 990, Part	IV, line 11d Se	e Form 990, Pa	art X, line 15  (b) Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
Fotal. (Column Part IX 1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d Se	e Form 990, Pa	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se	e Form 990, Pa	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d Se	e Form 990, Pa	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted to the organization as the complete in the organization and the complete in the organization as the complete in the organization as the complete in the organization and the complete in the organization and the complete in the organization as the complete in the organization and the complete in the complete in the organization and the complete in the	·				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15	·		n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn	n 990, Part IV		(b) Book value

Page 4

4,053,232

901,983

3,151,249

2,869,846

636,353

26,220

2.259.713

Schedule D (Form 990) 2018

2,233,493

d 2d 379.135 2e е

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII ) . . . . . . . . . 4b b

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 3,151,249

2a

2b

2c

2d

4a

4b

Explanation

230,998

405,355

26.220

2e

3

4c

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Add lines 2a through 2d . . . . . 

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

3 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII **Supplemental Information** 

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference

See Additional Data Table

Schedule D (Form 990) 2018

Part XI

1

2

1

2

c

d

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software Version: **EIN:** 39-1264389

Name: FOX VALLEY TECHNICAL COLLEGE FOUNDATION INC

Software ID:

Return Reference PART V, LINE 4

Explanation

ERPETUITY INCOME USED FOR STUDENT SCHOLARSHIPS OR PROGRAM SUPPORT

THE AMOUNT OF THE ENDOWMENT FUND PERMANENTLY RESTRICTED BY DONORS WILL BE KEPT INTACT IN P

**Supplemental Information** 

Supplemental Information							
Return Reference	Explanation						
PART X, LINE 2	THE FOUNDATION IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITIO N WILL BE SUSTAINED UPON EXAMINATION ON 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 THAT POSITION IS NOT RECOGN IZED IN THE FINANCIAL STATEMENTS THE FOUNDATION HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS						

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER SPECIAL EVENT EXPENSES 33,594 COST OF SALES 350,417 GAMING EXPENSES 21,344 INVESTMENT ADJUSTMENTS EXPENSES -26.220

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 33,594 COST OF SALES 350,417 GAMING EXPENSES 21,344

Sı

Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 26,220						

DLN: 93493352005039 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization FOX VALLEY TECHNICAL COLLEGE FOUNDATION INC 39-1264389 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Total

	dule G (Form 990 or 990-EZ) 2018					Page:
1	Does the organization conduct gamin	g activities with nonmembers	,7		✓ Yes	□No
2	Is the organization a grantor, benefic formed to administer charitable gami		member of a partnership or other entity		□Yes	
3	Indicate the percentage of gaming ac	tivity conducted in				
а	The organization's facility			13a		50 000 %
b	An outside facility			13b		50 000 %
4	Enter the name and address of the pe	erson who prepares the organ	nization's gaming/special events books and	records		
	Name MICHELLE LEITERITZ					
	Address 1825 N BLUEMOUND I APPLETON, WI 54914	Į.				
5a	Does the organization have a contrac revenue?	t with a third party from who	m the organization receives gaming		_	_
L			<b>&gt;</b>	41	☐ Yes	✓ No
ט	amount of gaming revenue retained b		anization 🕨 \$ and	tne		
С	If "Yes," enter name and address of t	· · · · · · · · · · · · · · · · · · ·				
	Name •					
	Address ▶					
6	Gaming manager information					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided >					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
7	Mandatory distributions					
a	Is the organization required under staretain the state gaming license?	ate law to make charitable dis	stributions from the gaming proceeds to		☐Yes	<b></b> ✓ No
		uired under state law distribu	ted to other exempt organizations or spen	t	∟ res	₩ INO
b	•	ivities during the tax year				
b	in the organization's own exempt acti	ivides during the tax year r				
	t IV Supplemental Informati	ion. Provide the explanati	ons required by Part I, line 2b, colum icable. Also provide any additional int			

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -					DLI	N: 934933520	05039		
Note: To capture the full	content of this d	ocument, please sel	ect landscape mode	: (11" x 8.5") whe	n printing.				-
Schedule I		Cranta and O	thar Assistanc	o to Organia	otiono		0	MB No 1545-004	7
(Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States							2018	
					<del>-</del>			<b>4</b> 010	
	Со	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public	
Department of the Treasury		▶ Go to www	v.irs.gov/Form990 for		on.			Inspection	
Internal Revenue Service									
Name of the organization FOX VALLEY TECHNICAL COLLEGE	CE EQUINDATION					Emplo	yer identifica	ation number	
INC	SE FOUNDATION					39-12	264389		
Part I General Inform	nation on Grants	and Assistance				•			
the selection criteria used  Describe in Part IV the or  Part II Grants and Other	to award the grants ganization's procedur Assistance to Dom	or assistance? res for monitoring the use restic Organizations ar	of grant funds in the Un  d Domestic Governme	ited States	for the grants or assistance	,	Part IV, line	✓ Yes  21, for any recipion	□ No
that received more	than \$5,000 Part II	can be duplicated if add	itional space is needed		- 			· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri noncash as		(h) Purpose of or assistance	grant
(1) FOX VALLEY TECHNICAL COLLEGE INC 1825 N BLUEMOUND DRIVE APPLETON, WI 54914	38-4087276	GOVERNMENT	411,250					FVTC STUDENT PROGRAM SUPP	
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations	listed in the line 1 table .				•	·	1
3 Enter total number of oth	er organizations liste	d in the line 1 table					. •		0
For Paperwork Reduction Act Not	ice. see the Instructio	ns for Form 990.		Cat No 50055	;P		Sche	edule I (Form 990)	2018

(6)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference Explanation

PART I, LINE 2 ALL GRANTS ARE MADE TO FVTC TO ENHANCE THE MISSION AND VISION OF FVTC GRANTS (SCHOLARSHIPS & EMERGENCY GRANTS) MADE TO INDIVIDUALS MUST

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493352005039 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization FOX VALLEY TECHNICAL COLLEGE FOUNDATION 39-1264389 Part I Types of Property (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . Χ 68,230 FMV Cars and other vehicles Boats and planes . . Intellectual property . . Χ 40,067 FMV (AVG OF HIGH/LOW) Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . Х 8,000 FMV 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( 8,000 FMV Χ WELDER ) 26 Other ▶ ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)			
Part III Supplemental Info	ormation.		
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting			
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete			
this part for any add	litional information.		
Return Reference	Explanation		
PART I, LINE 32B	WE USE AN INVESTMENT FIRM TO SELL ANY DONATED SECURITIES		
	Schedule M (Form 990) (2018)		

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SCHEDULE O Form 990 or 990- EZ)  Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Begartment of the Treasure  Supplemental Information to Form 990 or 990-EZ  or provide any additional information.  Attach to Form 990 or 990-EZ.  Supplemental Information to Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ  or provide information for responses to specific questions on Form 990 or 990-EZ		OMB No 1545-0047  2018  Open to Public Inspection		
INC	antention lical college foundation e O, Supplemental Informatio	on	39-126438	identification number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE UPDATED AS OF MAY 15, 2019 THE NUMBER OF DIRECTORS WAS CHANGED FROM A MIN IMUM OF 10 TO 11 AND A MAXIMUM OF 25 TO 19 THE AMENDED BYLAWS ALSO STATE THAT UPON THE AF FIRMATIVE VOTE OF 75% OF THE BOARD OF DIRECTORS, THE CORPORATION MAY ELECT TO DISSOLVE			

Return Explanation

FORM 990, PART VI, STATEMENTS AND THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 BOTH ARE REVIEWED BY ALL MEMBERS AND APPROVED BEFORE IT IS FORM 11 BILLINE 11 BILL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUEST IONAIRE ANNUALLY DISCLOSING ANY CONFLICTS OF INTEREST WHEN A CONFLICT OF INTEREST ARISES, THE INTERESTED PARTY MUST BRING IT TO THE BOARD OF DIRECTORS AND THE INTERESTED PARTY CAN NOT VOTE ON THE MATTER AND MUST RETIRE FROM THE ROOM DURING THE FINAL DISCUSSION OR VOTE THE OFFICIAL MINUTES OF THE BOARD OF DIRECTORS SHALL REFLECT THAT THE CONFLICT WAS DISCLO SED AND THE INTERESTED PARTY WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE ON THAT MATTER

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Reference

FORM 990, THE EXECUTIVE DIRECTOR AND ALL STAFF IN THE FOUNDATION ARE EMPLOYEES OF THE COLLEGE THE F
PART VI, OUNDATION LEASES THE EMPLOYEES FOR THE PORTION OF THEIR WORK THAT RELATES TO THE FOUNDATIO
SECTION B, N THE COLLEGE PERFORMS SALARY STUDIES EVERY THREE YEARS FOR ALL EMPLOYEES
LINE 15

Return Explanation

LINE 19

FORM 990, THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C,

990 Schedule O, Supplemental Information

Ittetain	Explanation
Reference	
FORM 990,	THE ORGANIZATION'S EXECUTIVE COMMITTEE SERVES THE ROLE OF THE FINANCE COMMITTEE THAT OVERSEES
DADT VII	THE AUDIT DROCESS

Explanation

PARTXII, I THE AUDIT PROCESS LINE 2C

Return