$\mathsf{Form}\, 990$

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For th	e 2011 calendar year, or tax year beginning $$	<u>JUN 30, 2012</u>	
В	Check if	C Name of organization	D Employer identifi	cation number
	applicat	NORTHEAST WISCONSIN TECHNICAL COLLEGE		
	Addr chan	ge EDUCATIONAL FOUNDATION, INC.		
	Name chan	ge Doing Business As	23-7	069405
	Initia returi	Number and street (or P.0. box if mail is not delivered to street didies) 2740 W MASON STREET City or town, state or country, and ZIP + 4	E TOP IT IN TO	*
	Term ated	in- 2740 W MASON STREET	- 130) 498-6980
	Amer returr		G Less Meiple \$	819,474.
	Appli	GREEN BAY, WI 54303	H(a) Is this a group re	eturn
	pend	F Name and address of principal officer:LEE HOFFMANN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
1	Tax-ex	tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
		te: ► WWW.NWTC.EDU/FOUNDATION	H(c) Group exemption	n number 🕨
			ear of formation: 1972	✓ State of legal domicile: WI
P	art I	Summary		
Φ	1	Briefly describe the organization's mission or most significant activities: THE NWTC		
Governance		MISSION IS TO PROVIDE FINANCIAL SUPPORT TO N	ORTHEAST WISC	ONSIN
ž	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
S S	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)	6	300
Activities &	7 a	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	0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	558,544.	704,704.
aun	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,190.	39,770.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	559,734.	744,474.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	424,832.	575,505.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 12,461.		918734 27317
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,906.	57,539.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	582,738.	633,044.
	19	Revenue less expenses. Subtract line 18 from line 12	-23,004.	111,430.
200			Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	2,278,757.	2,615,476.
Net Assets or	21	Total liabilities (Part X, line 26)	0.	0.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	2,278,757.	2,615,476.
		Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	/
		Dimer & Man	· Data	25/2013
Sig	n	Signaldre of officer	Date	
He	re	TERRY FULWILER, SECRETARY/TREASURER		
_		Type or print name and title	Date Check	T DTIN
		Print/Type preparer's name Preparer's signature	if L	PTIN
Pai			P11/13/12 "self-employ	
	parer	Firm's name WIPFLI LLP	Firm's EIN	39-0758449
Use	Only	Firm's address 43A W. DAVENPORT ST		15 260 1010
		RHINELANDER, WI 54501	Phone no. 7	15-369-1040
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)

	m 990 (2011) EDUCATIONAL FOUNDATION, INC.	23-7069405	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	TO PROVIDE FINANCIAL SUPPORT FOR NORTHEAST WISCONSIN	TECHNICAL COLL	EGE
	STUDENTS AND THE COLLEGE THROUGH SCHOLARSHIPS AND OTH		
	NEEDS. BY DOING SO, THE FOUNDATION PROMOTES THE VALU	E OF TECHNICAL	
	COLLEGE EDUCATION WITHIN THE COMMUNITY AND SUPPORTS T		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Ves	XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	e as massured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour		
	others, the total expenses, and revenue, if any, for each program service reported.	it of grants and allocations to	,
4-			
4a	PROVIDE SCHOLARSHIPS TO STUDENTS OF NORTHEAST WISCONS		
		IN TECHNICAL	
	COLLEGE.		
	,		
4b	(Code:) (Expenses \$ including grants of \$) (F	Povoniro \$,
	(odd:) (cylenies &	evering #	······ '
	,		
			
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (F	levenue \$)
	A CONTRACT OF THE CONTRACT OF		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 575,505.		

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1.4	Checkinst of Nequired Ochecules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<u>.</u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		 32	ŀ
	Schedule D, Parts XI, XII, and XIII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		-
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
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,	148		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
•	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 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 X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 \mathbf{X}_{-} contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Parts II, III, IV, and V, line 1 34 Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

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de profit many	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	100	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				3
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
, b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country: ▶			200	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			Š.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer				Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_		
6a					
	any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the pay	or? 7a		X
b	the state of the s				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f	<u></u> _	
ġ	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-0	? 7h		
8.	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			3.5	
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	1504 P.1.159	A-Y-1-00/41
10	Section 501(c)(7) organizations. Enter:	1 1			1
	Initiation fees and capital contributions included on Part VIII, line 12	10a			美
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			100
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b		23.00	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	2071/0002	101400
b	. ,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			學學學	16 (3)
а	Is the organization licensed to issue qualified health plans in more than one state?	••••••	13a	\$368X790	12:35:30
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	36832		17
					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI						LX]
Sec	tion A. Governing Body and Management						
			1		nocienzie.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing			000			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			o grade			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	1			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?].	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or	1			
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockł	nolders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			200			
а	The governing body?			[8a	X	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	Γ			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			····		-	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		- 1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	ŭ				
12a	The state of the s			- [12a	X	O-CONTINUES.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			⊢	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···			
•	in Schedule O how this was done			- }	12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva			0.00			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		300			
а	The organization's CEO, Executive Director, or top management official			Į*	15a	STANCOLISTON	X
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••		368		50	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a	50°FA			
	taxable entity during the year?				16a	- SECTION SECTION	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			2000			
	exempt status with respect to such arrangements?			- 1	16b	36565-4768	260000000000
Sec	ion C. Disclosure	• • • • • • • • • • • • • • • • • • • •			100		
	List the states with which a copy of this Form 990 is required to be filed ►WI						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion 501(c)(3)s or	niv) av	/ailah	e	
.0	for public inspection. Indicate how you made these available. Check all that apply.	,500	00 .(0)(0)0 01	,,	JG		
	X Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy	and	finan	cial	
19	statements available to the public during the tax year.	a milet	or interest policy	, and	mail	oiai	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books ar	ad ra-	orde of the area	nizati	on: 🕨		
20	State the name, physical address, and telephone number of the person who possesses the books are YVETTE TICE - 920-498-6980	iu iec	orus or the organ	nzatio	JI I. 📂		
	IARITE IICE - 370-430-0300						
	2740 W MASON STREET, GREEN BAY, WI 54303						

EDUCATIONAL FOUNDATION, INC.

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

		-	-					_	$\overline{}$
Che	ck if Sched	dule O cont	ains a response to an	ny question in this Part VI	l	 	<u>,</u>	<u></u> L	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	organization compensate (C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week					1		from the	from related organizations	other compensation
	(describe hours for	dlrect						organization	(W-2/1099-MISC)	from the
	related	96 01	stee			nsate		(W-2/1099-MISC)	(11 2, 1000 100)	organization
	organizations	trust	nal tru		oyee	E .	1	,		and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег			organizations
	O)	를	E	8	ag.	発息	훈			
(1) BJ CASSIDY	1 1 00	-	1			1				_
BOARD MEMBER	1.00	X	\vdash			-	-	0.	0.	0.
(2) YING LACOURT	1.00	x				1		0.	0.	0.
BOARD MEMBER	1.00	┝≏			-	┼──		<u> </u>	<u>0.</u>	<u> </u>
(3) CARL KUEHNE	1.00	x				l		0.	0.	0.
BOARD MEMBER	1.00	₽	-		 	 		0.	0.	- 0.
(4) SANDRA RENARD	1.00	x				i		0.	0.	0.
BOARD MEMBER	1.00	^	-	-	<u> </u>	-			0.	- 0.
(5) ASHOK RAI	1.00	x						0.	0.	0.
BOARD MEMBER	1.00			-					0.	<u>.</u>
(6) LARRY HARKNESS	1.00	x			ĺ			0.	0.	0.
BOARD MEMBER (7) JAMES STROHSCHEIN	1.00	1			\vdash					
BOARD MEMBER	1.00	x			1			0.	0.	0.
(8) TOM HINZ				-		-				
BOARD MEMBER	1.00	x						0.	0.	0.
(9) NANCY ARMBRUST										
BOARD MEMBER	1.00	x						0.	0.	0.
(10) PAT LAVIOLETTE										
BOARD MEMBER	1.00	X						0.	0.	0.
(11) PHILIP BREHM										
BOARD MEMBER	1.00	X						0.	0.	0.
(12) RICHARD BLAHNIK										
BOARD MEMBER	1.00	X						0.	0.	0.
(13) STEVEN TAYLOR		ĺ	ĺ					,		
BOARD MEMBER	1.00	X						0.	0.	0.
(14) TERRY FULWILER										_
SECRETARY/TREASURER	1.00	X		Х				0.	0.	0.
(15) KAREN KNOX		1							_	
CURRENT ALUMNI REP	1.00	X						0.	0.	0.
(16) LEE HOFFMANN										_
PRESIDENT	1.00	X		X		<u> </u>		0.	0.	0.
(17) CATHY DWORAK	1 2 2 2								_	_
BOARD MEMBER	1.00	X						0.	0.	0. Form 990 (2011)

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Form 990 (2011)

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EDUCATIONAL FOUNDATION, INC.

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	····	
(A)	(B)			-	C)			(D)	(E)		(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	- 1	Estimated
	hours per week		, unle cer ar						compensation	ן י	amount of
	(describe		T		T	T	T .	from the	from related organizations		other compensation
	hours for	direct				L			(W-2/1099-MIS		from the
	related	26 95	stee	İ	l	nsate		(W-2/1099-MISC)	(11 2/ 1000 11110	°,	organization
	organizations	trust	al tru		yee	mpe		(,			and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	y emplo	Highest compensated employee	ia e				organizations
(18) JOE LANGER		=	트	8	- 3 - 3	三五	1 2				
VICE PRESIDENT	1.00	X		X				0.		0.	0.
(19) LYNN DUFRANE		Γ				Π					
BOARD MEMBER	1.00	X			L			0.		0.	0.
(20) KAREN SMITS										T	
VP OF COLLEGE ADVANCEMENT	8.00	-		X	_	_		110,981.		0.	35,481.
											7.2
ı											
1b Sub-total			I	<u> </u>	L.	-	_	110,981.		0.	35,481.
c Total from continuation sheets to Part V						-		0.		0.	0.
d Total (add lines 1b and 1c)								110,981.		0.	35,481.
2 Total number of individuals (including but n							no r		.000 of reportable		00/1011
compensation from the organization								·	•		1
3 Did the organization list any former officer,	disaster er tn	ıcto	o ko		mole		٥r	highest compensated o	mplovoo on	6	Yes No
line 1a? If "Yes," complete Schedule J for s										la la	3 X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	and	d ot	her compensation from		100	
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	•				_			*		3	
rendered to the organization? If "Yes," com	plete Schedul	<u>e</u> J 1	or s	uch	pers	son .					5 X
Section B. Independent Contractors 1 Complete this table for your five highest co		.						that received more than	\$100,000 of com		tion from
1 Complete this table for your five highest co the organization. Report compensation for										pensa	MOII IIOIII
(A)							\neg	(B)			(C)
Name and business	address	N	ONI	3			_	Description of s	ervices	Co	ompensation
				·							
							_				
71 M 1	22.02.										
2 Total number of independent contractors (i	_	ot li	mite	d to	tho	se li:	stec	above) who received m	ore than	210	
\$100,000 of compensation from the organization	zation				(<u> </u>		· · · · · · · · · · · · · · · · · · ·	3	15.4	The Water State of State of

NORTHEAST WISCONSIN TECHNICAL COLLEGE 23-7069405 EDUCATIONAL FOUNDATION, INC. Page 9 Part VIII Statement of Revenue (D) Revenue (B) (A) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues c Fundraising events _____ 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 704,704. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$_ 704,704 Total. Add lines 1a-1f **Business Code** f All other program service revenue

g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 39,770. 39,770. Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 75,000 assets other than inventory b Less: cost or other basis 75,000. and sales expenses c Gain or (loss) 0. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 744,474 39,770. Total revenue. See instructions.

EDUCATIONAL FOUNDATION, INC.

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Part IX Statement of Functional Expenses

Form 990 (2011)

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

	nete columns (b), (c), and (b).				——————————————————————————————————————
	Check if Schedule O contains a respor		s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			Recutation of the second	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	575,505.	575,505.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management	34,929.		22,704.	12,225.
b	Legal				
С	Accounting	4,470.		4,470.	
ď	Lobbying	·			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	449.		449.	
12	Advertising and promotion				
13	Office expenses	1,213.		1,213.	
.14	Information technology	4,939.		4,939.	
15	Royalties				
16	Occupancy				
17	Travel	24.		24.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			**************************************	
24	Other expenses. Itemize expenses not covered	10 m			
	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 0.)	40.000		10 000	
а	BAD DEBT EXPENSE	10,000.		10,000.	
b	DUES AND SUBSCRIPTIONS	750.		750.	006
C	DONOR CULTIVATION EVENT	679.		443.	236.
ď	PROFESSIONAL DEVELOPMEN	86.		86.	
е	All other expenses		FRE 505	45 050	10 461
25	Total functional expenses. Add lines 1 through 24e	633,044.	575,505.	45,078.	12,461.
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)				
	1.01-23-12				Form 990 (2011)

Form 990 (2011)

Part X Balance Sheet (A) Beginning of year End of year 27,256. 32,589. Cash - non-interest-bearing 46,486. 103,054. 2 Savings and temporary cash investments 17,500. 360,369. Pledges and grants receivable, net 3 3 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 6 employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net Inventories for sale or use 8 18,326. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 2,166,377. 2,090,954. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15,517. 15,805. 15 Other assets. See Part IV, line 11 15 2,278,757 2,615,476. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 _iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties ______ 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 147,816. 180,084. Unrestricted net assets 27 328,313. 1,621,524. 28 28 Temporarily restricted net assets Permanently restricted net assets 770,360. 846,136. 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,278,757. 2,615,476. 33 Total net assets or fund balances 33 2,278,757. 2,615,476. Total liabilities and net assets/fund balances

Form	1990 (2011) EDUCATIONAL FOUNDATION, INC.	<u> </u>	7069405	Pa	age 14					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI				X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	74	4,4	174.					
2										
3	Revenue less expenses. Subtract line 2 from line 1	3	11	1,4	130.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,27	8,7	757.					
5	Other changes in net assets or fund balances (explain in Schedule O)	5	22	5,2	289.					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,61	5,4	176.					
Pa	ttXII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
b	Were the organization's financial statements audited by an independent accountant?		2b	_ X						
Ċ	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a								
	separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis		74							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Auc	lit							

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.

За

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

ZUIIOpen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

NORTHEAST WISCONSIN TECHNICAL COLLEGE

Inspection

Employer identification number

		EDUCATI	ONAL FOUNDAT	CION,	INC.				23	-7069	405	
Part I	Reason	for Public Char	rity Status (All organia	zations mu	ıst comple	te this par	t.) See ins	tructions.				
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🔲	A church, co	onvention of churche	s, or association of chur	ches desc	cribed in se	ection 170	(b)(1)(A)(i).				
2	A school de	scribed in section 17	70(b)(1)(A)(ii). (Attach So	hedule E.)							
з 🔲	A hospital o	r a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ne,
	city, and sta	te:	`									
5 🔲	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describe	d in		
	section 170	0(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🔲	A federal, st	ate, or local governm	ent or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).					
7 X	An organizat	tion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	n
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🔲	A communit	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizat	tion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, and	d gross red	eipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain except	ions, and (2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	ısinesses a	acquired b	y the orga	ınization at	fter June 3	0, 197	' 5.
	See section	509(a)(2). (Complete	e Part III.)									
10 🖳	An organizat	tion organized and o	perated exclusively to te	st for pub	lic safety.	See secti o	on 509(a)(4	4) .				
11 📖	An organizat	tion organized and o	perated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicl	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sed	ction 509(a)(3). Ched	k the box	that	
			organization and compl		_							
	a Type		• •	•	e III - Fund	•	-			Type III - (
e 📖		-	t the organization is not			_	-	-				n
		-	han one or more publicly						9(a)(1) or se	ection 509	(a)(2).	
f	_		ten determination from			-		e III				_
			nis box									. ட
9			organization accepted ar									
			irectly controls, either al							<u> </u>	Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									
			person described in (i)			• • • • • • • • • • • • • • • • • • • •	•••••			11g(iii)		L
h	Provide the	following information	about the supported or	ganization	(s).							
			(iii) Type of	(in) la tha	recoization	(v) Did vo	u notify the	(vi) Is	the			
	of supported	(ii) EIN	organization		organization sted in your			organizatio	on in col. [(vii) Am		1
or y.	anization		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S		Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			·									
					ļ							
			<u></u>									
			NATIONAL STATE OF THE STATE OF	25 K. W. 1880	3,74,77,750	**************************************	0.00		8/50/200			
otal		200			1.2			577.5				

Schedule A (Form 990 or 990-EZ) 2011 EDUCATIONAL FOUNDATION, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2011 (f) Total (a) 2007 (b) 2008 (c) 2009 (d) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 787,925 575,063. 558,544. 704,704. 1,133,963 3,760,199. 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 173,841 60,224 203,561. 179,368. 616,994. 961,766. 575,063 762,105. 884,072. 4 Total. Add lines 1 through 3 1,194,187 4.377.193. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 560,330. 3,816,863. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2008 (c) 2009 (a) 2007 (d) 2010 (e) 2011 (f) Total 762,105. 961,766 575,063. 884,072 7 Amounts from line 4 1,194,187 4,377,193. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 103,439. 4,038. 2,747. 45,791. 39,770. 195,785. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 4,572,978. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 83.47 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % 14 79.62 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-		İ				
	formed, or facilities furnished in	1					
	any activity that is related to the organization's tax-exempt purpose	ļ	Ì		}		
3	Gross receipts from activities that				1		
·	are not an unrelated trade or bus-		İ				
	iness under section 513					1 .	
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf			ļ	1		
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
^	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			 			
/ 2	3 received from disqualified persons	1					
,	Amounts included on lines 2 and 3 received					<u> </u>	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		Ī	ĺ			
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			THE CONTRACTOR OF THE CONTRACT			
		110007	T # 3 0000	4 3 0000	1 1 2010	1	(n T.) - 1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6					 	
102	dividends, payments received on		ĺ				
	securities loans, rents, royalties		ļ				
	and income from similar sources						
b	Unrelated business taxable income		ļ				
	(less section 511 taxes) from businesses			i			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.	<u> </u>			}		,
	whether or not the business is			ŀ	ĺ		
	regularly carried on					,	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2010					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)11 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2011. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization						▶□

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

Name of the organization

NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION, INC.

23-7069405

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts 1 and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION, INC.

23-7069405

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		- - - - - - - - - - - - - - - - - -						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$	<u> </u>					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						

Name of organization

NORTHEAST WISCONSIN TE

Employer identification number

NORTHEAST WISCONSIN TECHNICAL COLLEGE

EDUCAT	IONAL FOUNDATION, INC. Exclusively religious, charitable, etc., individ	tual contributions to section 501/c	V7) (8) or (10) organization	23-7069405	
Faitill	year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	following line entry. For organization contributions of \$1,000 or less for	ons completing Part III, enter	•	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-	1				
[(e) Transfer of gif	τ		
	Transferee's name, address, and	IZIP+4	Relationship of tra	nsferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
raiti					
		(e) Transfer of gif	t		
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee		
1.					
.					
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
raiti				· · · · · · · · · · · · · · · · · · ·	
<u> </u>					
		(e) Transfer of gift	t		
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee		
-	Transferee 3 haine, address, and	Z.11 T-T	riciationship of tra	insterior to transferee	
			7.780.11		
(a) No					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Part I					
-					
		(e) Transfer of gift			
	Transferee's name, address, and	Relationship of tra	nsferor to transferee		
	n anoier ee 3 name, address, alla		neiationship of tra	nord of to deliberate	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 23-7069405

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Funds and other asserts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or	,	
o S	impermissible private benefit?	ainting and the Fermi OOO Dea	Yes No
	Tt II Conservation Easements. Complete if the orga		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		double formandant land aven
	Preservation of land for public use (e.g., recreation or ed		
	Protection of natural habitat	Preservation of a certifie	d histone structure
_	Preservation of open space	d	
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	T-t-l		
a	Total number of conservation easements		
ď	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure.		
C	Number of conservation easements on a certified historic structures of conservation easements included in (c) acquired af		
d	, , , .		1 1 .
_	listed in the National Register Number of conservation easements modified, transferred, relea		
3	year	ased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		•
3	violations, and enforcement of the conservation easements it h		Yes No.
6	Staff and volunteer hours devoted to monitoring, inspecting, at		_
7	Amount of expenses incurred in monitoring, inspecting, and er		•
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
1,000,000	Complete if the organization answered "Yes" to Form 9	·	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	· · · · · · · · · · · · · · · · · · ·		. .
2	If the organization received or held works of art, historical treas		ain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		▶ \$

		ONAL FOUND				23-70			
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (cont	inued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further t	ne organization's e	xempt pur	pose in Pa	t XIV.		
5	During the year, did the organization solicit of								
•	to be sold to raise funds rather than to be m						Yes		No
Pai	Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		3			, ,			
	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets r	ot include	d			
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIV				***************************************				
ь	11 705, explain the divaligement in the care at	and complete are re	morning table.				Amoun	t	
_	Reginning halance				1c		7 4110011		
	Beginning balance					 			
	Additions during the year					_			
e	Distributions during the year				1	-			
1	Ending balance					- 	Yes		No
	Did the organization include an amount on F		211		••••••		_ res	L	טאו ב
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete		newored "Vee" to Fo	m 990 Part IV lin	a 10				
N.F.C.	Lidowine it i unds. Complete					voore book	(a) Fou	- vooro	baok
	O to the desired	(a) Current year	(b) Prior year	(c) Two years back		years back	30000000000000000000000000000000000000	and district the sections	CONTRACTOR OF THE
1a	Beginning of year balance	894,756.	707,469.	602,429		642,634	ACHORES IN SEC.	646	
b	Contributions	80,026.	108,939.	90,099		43,300	公司公司 (1920年)		TAX SOLVE
С	Net investment earnings, gains, and losses	704.	123,404.	56,172		-48,422	49 THE 2 YEAR		
d	Grants or scholarships	53,063.	45,056.	41,231	•	35,083			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						100 M 100 M		
g	End of year balance		894,756.	707,469	.]	602,429		E EXIST	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 92.00	%							
C	Temporanily restricted endowment	<u>8.00</u> %							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the orgar	nization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	owment funds.						
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or o		or other (c)	Accumula	ted	(d) Boo	k valu	e
	basis (investment) basis (other) depreciation								
1a	Land				15.				
b	Buildings								
	Leasehold improvements								
	Equipment		***						
•									

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

0.

NORTHEAST WISCONSIN TECHNICAL COLLEGE 23-7069405 Page 3 Schedule D (Form 990) 2011 EDUCATIONAL FOUNDATION, INC. Part VII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests Other (A) SECURITIES AND OTHER 2,090,954. END-OF-YEAR MARKET VALUE (B) INVESTMENTS (C) (D) (E) (F) (G) (H)(1) 2,090,954. Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4)(5)(6)(7) (8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
1)	
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the c FIN 48 (ASC 740).	rganization's financial statements that reports the organization's liability for uncertain tax positions un-	ider

	dule D (Form 990) 2011 EDUCATIONAL FOUNDATION, INC					7069405 Pag	ge 4
Pai	tXI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Finan	cial S	tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		744,47	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		633,04	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		111,43	
4	Net unrealized gains (losses) on investments			4		-40,32	4.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7		265,61	3.
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8					225,28	9.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					336,71	
Par	Reconciliation of Revenue per Audited Financial Statemer				er Returr)	
1	Total revenue, gains, and other support per audited financial statements				1	883,51	8.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-4	0,32	24.		
	Donated services and use of facilities			9,36			
	Recoveries of prior year grants		- -	5 / 5 0			
	Other (Describe in Part XIV.)		· · · · · · · · · · · · · · · · · · ·				
						139,04	1
	Add lines 2a through 2d						
	Subtract line 2e from line 1	•			3	744,47	4.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIV.)						^
	Add lines 4a and 4b	•••••		• • • • • • • • • • • • • • • • • • • •	4c		<u>0.</u>
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		Ed. F		5	744,47	4.
democratical and or	Reconciliation of Expenses per Audited Financial Stateme				·		
	Total expenses and losses per audited financial statements				1	812,41	<u>2.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1					
а	Donated services and use of facilities	2a	17	9,36	8.		
b	Prior year adjustments	2b					
C	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	179,36	8.
	Subtract line 2e from line 1					633,04	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	4a					
	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			· · · · · · · · · · · · · · · · · · ·	5	633,04	
	XIV Supplemental Information						
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lings 1	a and 4: Pa	rt IV lin	es 1h and 1	Dh: Dart V line 4: Da	
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
			-	-			
PAR	T X, LINE 2: THE FOUNDATION IS REQUIRED TO	ASS	овоо м	UETO	EK II	15	—
MOD	E ITVELV MUNN NOM MUNM N MNV DOCTMION WITH	ъъ	CIICMA	TATED	TIDOM		
MOR	E LIKELY THAN NOT THAT A TAX POSITION WILL	_ <u>aa_</u>	SUSTA	TNGD	UPON		
T3 32 X	MINAMION ON MUE MECUNICAL MEDIAC OF MUE DO	CTMI	- TAO	CITMT	NO MIII	п мутио	
<u>FYY</u>	MINATION ON THE TECHNICAL MERITS OF THE PO	SIT	LON AS	POMT	NG TH	E TAXING	
3 7700	MODIEW WAS BUILD WHOSE BEING AND THEODWART.	O 3 T	TD 00		3 17 DO		~
AUT	HORITY HAS FULL KNOWLEDGE OF ALL INFORMATION	ON.	IF T	HE T	AX PO	SITION DOE	<u>S</u> _
TOM	MEET THE MORE LIKELY THAN NOT RECOGNITION	THE	RESHOL	D, T	HE BEI	NEFIT OF	
THA	T POSITION IS NOT RECOGNIZED IN THE FINANC	IAL	STATE	MENT	S. TI	HE	
<u>FOU</u>	NDATION HAS DETERMINED THERE ARE NO AMOUNT:	S TO	RECO	RD A	S ASSI	ETS OR	
<u>LIA</u>	LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. FEDERAL RETURNS FOR THE						

NORTHEAST WISCONSIN TECHNICAL COLLEGE 23-7069405 Page 5 EDUCATIONAL FOUNDATION, INC. Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) YEARS ENDED 2009 AND BEYOND REMAIN SUBJECT TO EXMAINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2011

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

Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2011)

		N TECHNICAL TION, INC.	COLLEGE				Employer identification number 23-7069405
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records of criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Grants and Other Assistance to recipient that received more than	Governments and	d Organizations in the	United States.	Complete if the org	can be duplicated if		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
		,					
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-						

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

132102 01-27-12

EDUCATIONAL FOUNDATION, INC. 23-7069405 Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (d) Amount of non-(f) Description of non-cash assistance cash assistance recipients cash grant 575,505, STUDENT SCHOLARSHIPS Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2011
Open to Public Inspection

Name of the organization

NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 23-7069405

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TECHNICAL COLLEGE STUDENTS AND THE COLLEGE THROUGH SCHOLARSHIPS A	AND
OTHER FINANCIAL NEEDS. BY DOING SO THE FOUNDATION PROMOTES THE V	/ALUE
OF TECHNICAL COLLEGE EDUCATION WITHIN THE COMMUNITY AND SUPPORTS	THE
COLLEGES VISION AND MISSION.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS	
TO ALL BOARD MEMBERS AND THE VICE PRESIDENT OF COLLEGE ADVANCEMEN	VI FOR
FORM 990, PART VI, SECTION B, LINE 12C: IT IS MONITORED AT EVERY	BOARD
FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL REPORT WITH A S	
FINANCIAL POSITION AS WELL AS THE FORM 990 ARE POSTED TO THE FOUN PAGE ON THE COLLEGE WEBSITE. GOVERNING DOCUMENTS ARE NOT MADE PU	
REQUESTED, NECESSARY INFORMATION OR DOCUMENTS WOULD BE PROVIDED T	
SPECIFIC QUESTIONS.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-40,324.
PRIOR PERIOD ADJUSTMENTS:	265,613.
TOTAL TO FORM 990, PART XI, LINE 5	225,289.

Schedule O (Form 990 or 9		Page 2
Name of the organization	NORTHEAST WISCONSIN TECHNICAL COLLEGE	Employer identification number
	EDUCATIONAL FOUNDATION, INC.	23-7069405
TODIC 0000 DID		
FORM 990, PAR	r xi, line /	
THE BEGINNING	NET ASSETS WERE RESTATED TO REFLECT IN-KIND	SERVICES
DECETTED EDOM	MUE COLLECT MO EIND & DODMION OF ODERAMING	EVDENCEC
KECEIVED FROM	THE COLLEGE TO FUND A PORTION OF OPERATING	EXPENSES
INCURRED IN P	RIOR YEARS. THE RESULT OF THIS PRIOR PERIOD	ADJUSTMENT
AND RESTATEMEN	NT IS THE RECORDING OF AN ADDITIONAL PLEDGE	RECETVABLE ON
		RECEI VIDEE ON
THE STATEMENTS	S OF FINANCIAL POSITION.	
72,12		41 1991
FORM 990, PAR	r XII, LINE 2C	
NO CHANCE IN	HILL DECORED EDON WILL DELOE VEND	
NO CHANGE IN :	THIS PROCESS FROM THE PRIOR YEAR.	,
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