

STATE OF WISCONSIN
Department of Financial Institutions

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FORM #1952 - WISCONSIN
SUPPLEMENT TO FINANCIAL
REPORT

Purpose: Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions – Division of Corporate and Consumer Services (“division”) must file an annual financial report with the division within 12 months after the organization’s fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

An organization must file its annual report on Form #308 or on Form #1952. This form, Form #1952, is a shorter, more commonly used version of the annual report form and must be accompanied by the organization’s IRS 990, 990EZ, or 990-PF. If an organization is unable to submit an IRS 990, 990EZ, or 990-PF, it should submit Form #308 to the division instead of Form #1952.

Please note that an organization may not have to file a Form #308 or a Form #1952 if:

- it received \$25,000 or less in contributions during its most recently completed fiscal year, or
- it operates solely in the county in which its principal office is located and received less than \$50,000 in contributions during its most recently completed fiscal year.

If the organization’s contributions fall into either of the above categories, an Affidavit in Lieu of Annual Financial Report (Form #1943) should be submitted instead of Form #308 or Form #1952.

Print or type the information requested in the spaces provided.

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses when soliciting.

WISCONSIN INDIANHEAD TECHNICAL COLLEGE FOUNDATION, INC.

2. WI Charitable Organization Registration Number:

3. Federal Employer Identification Number:

4. Provide the following information for the organization’s headquarters office, if any:

Street: 505 PINE RIDGE DRIVE			
City: SHELL LAKE	State: WI	Zip: 54871	Daytime Phone Number: 715-468-2815

5. Provide the organization’s mailing address if different than above.

Street Address:		P.O. Box:
City:	State:	Zip:

6. Provide the following information for the organization's Wisconsin office, if any. Attach additional pages, if the organization has more than one Wisconsin office. This item does not have to be completed if the headquarters office noted on page 1 is the only Wisconsin office.

Street:			
City:	State:	Zip:	Daytime Phone Number:

7. Provide the following information for the person(s) who has custody of the organization's financial records. Attach additional pages, if necessary.

First Name: CRAIG	Last Name: FOWLER	Street: 505 PINE RIDGE DRIVE	
City: SHELL LAKE	State: WI	Zip: 54871	Daytime Phone Number: 715-468-2815

8. Provide the following information for the person(s) within the charitable organization who has final responsibility for the custody of contributions. Attach additional pages, if necessary.

First Name: CRAIG	Last Name: FOWLER	Street: 505 PINE RIDGE DRIVE	
City: SHELL LAKE	State: WI	Zip: 54871	Daytime Phone Number: 715-468-2815

9. Provide the following information for the person(s) within the organization who is responsible for the final distribution of contributions. Attach additional pages, if necessary.

First Name: CRAIG	Last Name: FOWLER	Street: 505 PINE RIDGE DRIVE	
City: SHELL LAKE	State: WI	Zip: 54871	Daytime Phone Number: 715-468-2815

10. Provide the following information for the person to whom we can ask questions about this form and other registration related matters.

First Name: CRAIG	Last Name: FOWLER	Phone: 715-468-2815	E-mail:	
Street: 505 PINE RIDGE DRIVE		City: SHELL LAKE	State: WI	Zip: 54871

11. Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information. (You can disregard this item if you are attaching an IRS 990 that already includes this information.)

SEE ATTACHED FORM 990

12. For solicitations in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization, during the previous fiscal year? Yes No

If YES, provide the following information about each fund-raiser(s), fund-raising counsel(s), or person. Attach additional pages, if necessary.

Name:		Fund-Raiser: <input type="checkbox"/>	Fund-Raising Counsel: <input type="checkbox"/>
Street:		City:	
State:	Zip:	Telephone Number:	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time: <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Has any of the information your organization previously submitted to the division changed (i.e. name of the organization, address of the principal office, address of any Wisconsin branch offices, accounting period, names of persons who have final authority for custody or final distribution of contributions, articles, by-laws, statement of purpose, etc.)? Yes No

If YES, describe the changes below. If the organization's corporate name has changed, also attach a copy of the name change amendment. (Please note that you do not need to provide this information if, as required by law, you already submitted the information to the division within 30 days after the date of the change.)

14. Is your organization authorized by any other state/governmental authority to solicit contributions? Yes No
15. During the past year, has your organization had its authority to solicit contributions denied, suspended, revoked, or enjoined by a court or other governmental authority? Yes No

If YES, provide a detailed statement of explanation.

16. Does your organization intend to accumulate an increasing surplus in net assets, rather than spend current revenue on the organization's stated purpose? Yes No

If YES, please explain.

17. Did the registrant make a grant, award, or contribution to any organization in which any of the registrant's officers or directors hold an interest; or was the registrant a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director of the registrant receive anything of value not reported as compensation? Yes No

If YES to any of the above, please explain.

FINANCIAL INFORMATION

Enter the accounting period (month, day, and year) that the following financial information applies to and identify the accounting method used when preparing the information.

Beginning Date: Ending Date:

Accounting Method: Cash Accrual Other (specify)

1. Contributions	1	242,270.00
("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except food, used clothing, or used household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include:		
<ul style="list-style-type: none"> • income from bingo or raffles conducted under ch. 563, Wis. Stats. • government grants • bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.) 		
2. Other Revenues	2	189,126.00
3. Total Revenue (line 1 plus line 2)	3	431,396.00
4. Expenses:		
a. Expenses Allocated to Program Services	4a	274,776
b. Expenses Allocated to Management and General	4b	83,669.00
c. Expenses Allocated to Fund-raising	4c	4,889.00
d. Expenses Allocated to Payments to Affiliates	4d	0.00
e. Total Expenses	4e	363,334
5. Excess or Deficit (line 3 minus line 4e)	5	68,062
6. Net Assets at Beginning of Year	6	3,706,493.00
7. Other Changes in Net Assets or Fund Balances (See 990, part XI).....	7	-45,094.00
8. Net Assets at End of Year	8	3,729,461.00

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

A. List of all officers, directors, trustees, and principal salaried employees – The list must include each individual’s name, address, and title. Please note that “principal salaried employees” refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

- C. **IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990.**
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #308 or Form #1943 instead.)
- D. **Audited Financial Statements** if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.
- E. **Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

CERTIFICATION

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

We certify that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct, and complete.

Signature of President or Authorized Officer Date

Signature of Chief Fiscal Officer Date

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Street Address:
201 West Washington Avenue, Suite 300
Madison, Wisconsin 53703

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WISCONSIN INDIANHEAD TECHNICAL COLLEGE FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 505 PINE RIDGE DRIVE City or town, state or province, country, and ZIP or foreign postal code SHELL LAKE, WI 54871 F Name and address of principal officer: STEVE LEINO SAME AS C ABOVE	D Employer identification number 39-1313438 E Telephone number 715-468-2815 G Gross receipts \$ 727,615. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WITC.EDU/FOUNDATION		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: WI

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SCHOLARSHIP FUNDING AND CAMPUS SUPPORT			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		269
	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.
Revenue	8 Contributions and grants (Part VIII, line 1h)	369,501.	Prior Year	242,270.
	9 Program service revenue (Part VIII, line 2g)	0.	Current Year	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,473.		128,716.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,683.		60,410.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	630,657.		431,396.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	224,444.		228,987.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,889.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,663.		134,347.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	387,107.		363,334.	
19 Revenue less expenses. Subtract line 18 from line 12	243,550.		68,062.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,756,375.	Beginning of Current Year	3,780,106.
	21 Total liabilities (Part X, line 26)	49,882.	End of Year	50,645.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,706,493.		3,729,461.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer STEVE LEINO, TREASURER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ROB GANSCHOW, CPA	Preparer's signature ROB GANSCHOW, CPA	Date 11/14/16	Check if self-employed <input type="checkbox"/>	PTIN P01374207
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449		Phone no. 715.832.3407	
	Firm's address ▶ 3703 OAKWOOD HILLS PKWY EAU CLAIRE, WI 54701				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No