			EXTENDED TO MAY 15, 2018		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2016
		of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
		enue Service	Information about Form 990 and its instructions is at www.		Inspection
				JUN 30, 2017	
B C a	heck if pplicab	le: C Name of	forganization	D Employer identifica	tion number
	_Addre	ge NICO	LET COLLEGE FOUNDATION		
	Name   Name	ge Doing b	usiness as	23-71	12418
	nitial  returr  Final	n Number	and street (or P.O. box if mail is not delivered to street address)		CE 4510
L	lreturr termi	p	BOX 518		65-4518
	ated ∖Amer		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	644,318.
	_returr ⊐Appli		ELANDER, WI 54501 nd address of principal officer: HEATHER SCHALLOCK	H(a) Is this a group retu	
L	_ltiòn pend		AS C ABOVE	for subordinates?	
	·	empt status:		H(b) Are all subordinates inclu	
			X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or		st. (see instructions)
		ite: ▶ N/A f organization: [	X Corporation Trust Association Other ► L	H(c) Group exemption	
	orm o	Summary			State of legal domicile; W L
		-	e the organization's mission or most significant activities: <b>PROVIDE</b>	פווסס שת דרס פתו	
e	1		S OF NICOLET COLLEGE.	SUFFORT FOR SIC	
Governance	~			mare then OEM of its not esset	
ern	2		x      if the organization discontinued its operations or disposed of r		
٥ç	3				$\frac{14}{12}$
	4		lependent voting members of the governing body (Part VI, line 1b)		
Activities &	5		of individuals employed in calendar year 2016 (Part V, line 2a)		0
ivit	6	lotal number	of volunteers (estimate if necessary)		48
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.
	_			Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	282,385.	288,033.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
Jev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	38,965.	35,911.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,162.	1,447.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	324,512.	325,391.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	301,509.	276,720.
			to or for members (Part IX, column (A), line 4)	0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
sue			undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses			ing expenses (Part IX, column (D), line 25)		44.056
ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	33,334.	41,356.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,843.	318,076.
	19	Revenue less	expenses. Subtract line 18 from line 12	-10,331.	7,315.
let Assets or ind Balances				Beginning of Current Year	End of Year
ssets alan	20	Total assets (F		2,358,931.	2,486,472.
it As Id B	21		(Part X, line 26)	583.	7,611.
	22		fund balances. Subtract line 21 from line 20	2,358,348.	2,478,861.
	rt II	Signature			
			I declare that I have examined this return, including accompanying schedules and st		nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	

Sign Here	Signature of officer           HEATHER SCHALLOCK, EXECUTIVE DIRECTOR           Type or print name and title	Date
Paid	Print/Type preparer's name Preparer's signature Date	5/17 Check PTIN if self-employed P00023289
Preparer	Firm's name <b>WIPFLI LLP</b>	Firm's EIN ► 39-0758449
Use Only	Firm's address 43A WEST DAVENPORT STREET RHINELANDER, WI 54501	Phone no. 715 - 369 - 1040
May the I	S discuss this return with the preparer shown above? (see instructions)	X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2016) NICOLET COLLEGE FOUNDATION	23-7112418	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: PROVIDE SUPPORT FOR STUDENTS AND PROGRAMS OF NICOLET COL	LEGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses, a	
4a	(Code:) (Expenses \$276,720. including grants of \$276,720. (Reve         PROVIDE SCHOLARSHIPS TO STUDENTS ATTENDING NICOLET COLLE	enue \$ EGE	)
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)
4d	Other program services (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     276,720.	)	
<u>4e</u>			

Form	990	(201)	6)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		X
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		X
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
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		х
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G. Part III	19		Х

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 Form 990 (2016)
 NICOLET
 COLLEGE
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С				37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ .	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32		00		x
00	Schedule N, Part II	32		
33		222		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		- 23	x
35a b		35a		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		+
00		36		x
37	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			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			†
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form	990 (2016) NICOLET COLLEGE FOUNDATION		23-7112	2418	3 р	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1</b> a	2	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	ז		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	-		70		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the energy experimentian make a distribution to a dense dense adviser as velated as rear of			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			·	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	1		
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
5	organization is licensed to issue qualified health plans	13b	1			
~	Enter the amount of reserves on hand	13c		1		
14a	Did the comparisation are able and a supervised for independent of a second second second second second second		•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu			14a		
		. v ۍ		1 1 10		·

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#### NICOLET COLLEGE FOUNDATION

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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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ũ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6				
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
a		8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	- 11	
9	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Tou		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	HEATHER SCHALLOCK - 715-365-4518			
	P.O. BOX 518, RHINELANDER, WI 54501			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ו than e	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is botl	n an	compensation	compensation	amount of
	week	⊢	cer ar I	idad I	irecto I	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		8	sued		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BOB MARTINI	1.00	-	-		-					
PRESIDENT		x		x				0.	0.	0.
(2) SALLY MODE	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) AARON PANKE	1.00									
SECRETARY		X		Х				0.	74,259.	37,053.
(4) JIM DYREBY	1.00									
TREASURER		X		Х				0.	0.	0.
(5) JIM BROWN	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) CHRISTINE EBERT	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) PAUL KNUTH	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) BRUCE KOTILA	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) NANCY PRISK	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) JOHN SCHIEK	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) LINDA SKALLERUD	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) HEATHER SCHALLOCK	40.00									
EXECUTIVE DIRECTOR		X		Х				0.	68,025.	36,677.
(13) GRETCHEN HOOVER	1.00									
BOARD MEMBER		x						0.	0.	0.
(14) KATHY RANKIN	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) CHRIS ROG	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) ANNA GANE	1.00									
STUDENT MEMBER		x						0.	0.	0.

Form 990 (2016) NICOLET (	COLLEGE	FC	UN	DA	TI	ON			23-71	1124	418	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C						
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	ss per	ition more rson i	) than c s both r/trust	an	<b>(D)</b> Reportable compensation from	23-71124 (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)		an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	U U		fr org and	pensa om th anizat d relat anizati	e tion ted
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VI	I, Section A							0.	142,28	0.		-	30.
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization ▶							► o re	0 • eceived more than \$100,	<b>142,28</b> 000 of reportable		1.	3,7	30. 0
<b>3</b> Did the organization list any <b>former</b> officer,	director or tru	ictor	, ko	w on	anlo	Voo	orl	highest componented or	pplavec op			Yes	No
line 1a? If "Yes," complete Schedule J for s				-		-					3		Х
4 For any individual listed on line 1a, is the su	-								-	ŀ	4		x
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>			,								4		<u>л</u>
rendered to the organization? If "Yes." corr	plete Schedule	ə J fe	or sl	ich r	oers	on .				<u></u>	5		Х
Section B. Independent Contractors     Complete this table for your five highest co     the organization. Report compensation for									-	oensat	ion fro	m	
(A) Name and business			ONE					(B) Description of s		C	<b>(C</b> ompei		'n
							_						
2 Total number of independent contractors (in \$100.000 of compensation from the organic		ot lir	nitec	d to f	thos C		ted	above) who received mo	ore than				

. u	rt VII	Check if Schedule O cont		or note to any line	e in this Part VIII			
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1 a	Federated campaigns	1a					
ran	b							
٩ ٩	С	Fundraising events	1c					
är J	d	Related organizations	1d					
s, c	е	Government grants (contribut	tions) <b>1e</b>					
r Si	f	All other contributions, gifts, grar						
ibut		similar amounts not included abo	ove 1f	288,033.				
Contributions, Gifts, Grants and Other Similar Amounts	g							
<u>ਹ ਭ</u>	h	Total. Add lines 1a-1f			288,033.			
_	0 -			Business Code				
ice	2 a							
le č	b							
	C L							
Be	d							
Program Service Revenue	e f	All other program service reve	2010					
_	a							
	3	Investment income (including						
		other similar amounts)		<i>'</i>	35,911.			35,911.
	4	Income from investment of ta						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)	··· <u>·</u> ·····	►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	317,412.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •	0.			
Other Revenue	8 a	Gross income from fundraisin including \$	of					
ş		contributions reported on line	,	0.000				
Per	-	Part IV, line 18	a					
Ę		Less: direct expenses			1,447.			1,447.
		Net income or (loss) from fund	=	····· ►	1,44/•			,44/•
	яa	Gross income from gaming a						
	F	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
	a	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue See instructions			325,391.	0.	0.	37.358.

NICOLET COLLEGE FOUNDATION

NICOLET COLLEGE FOUNDATION Part IX | Statement of Functional Expenses

<u>Sect</u>	<u>ion 501(c)(3) and 501(c)(4) organizations must compl</u> Check if Schedule O contains a respons		-	· · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	276,720.	276,720.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	685.		685.	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,077.		8,077.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	4,860.		4,860.	
12	Advertising and promotion	,			
13	Office expenses	2,838.		2,838.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,516.		5,516.	
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	1,853.		1,853.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) SUBSCRIPTIONS AND MEMBE	11,177.		11,177.	
a h	BOARD EXPENSES	717.		717.	
b		/ ⊥ / •		/ ⊥ / •	
c d					
	All other expenses	5,633.		5,633.	
е 25	Total functional expenses. Add lines 1 through 24e	318,076.	276,720.	41,356.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	510,070+	2,0,720+	<u> </u>	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

NICOLET	COPPEGE	FOUNDATION

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Fai		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	392,691.	1	407,011.
	2	Savings and temporary cash investments	533,415.	2	607,011.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	947,845.	11	986,480
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	40.4.000	14	405 050
	15	Other assets. See Part IV, line 11	484,980.	15	485,970
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,358,931.	16	2,486,472
	17	Accounts payable and accrued expenses	583.	17	7,611
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
se	22	Loans and other payables to current and former officers, directors, trustees,			
Ë		key employees, highest compensated employees, and disqualified persons.			
Liabilities	~~	Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Total liabilities. Add lines 17 through 25	583.	25 26	7,611
	20	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and		20	,,011
		complete lines 27 through 29, and lines 33 and 34.			
Seo	27	Unrestricted net assets	945,968.	27	999,340
lan	28	Temporarily restricted net assets	989,364.	28	1,046,505
Be	29	Permanently restricted net assets	423,016.	29	433,016
n		Organizations that do not follow SFAS 117 (ASC 958), check here			
ш 2		and complete lines 30 through 34.			
tso	30	Capital stock or trust principal, or current funds		30	
ie l	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ഗ്				32	
t Ast	32	Retained earnings, endowment, accumulated income, or other junus			
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds         Total net assets or fund balances	2,358,348.	33	2,478,861.

Form 990 (2016)
Part X Balance Sheet

	990 (2016) NICOLET COLLEGE FOUNDATION	23-71	12418	Pag	е <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	325	, 39	)1.
2	Total expenses (must equal Part IX, column (A), line 25)	2	318	,07	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	, 31	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,358	, 34	18.
5	Net unrealized gains (losses) on investments	5	113	,19	<del>)</del> 8.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,478	,86	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ə basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ə audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000 //	

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	2016						
	Open to Public						
	Inspection						
ər	r identification number						

OMB No. 1545-0047

I

Ī	Vame	of the	organiz	ation
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Nam	e of t	he organization						Employer	identification number
		NICO	LET COLLEG	E FOUNDATION					3-7112418
Pa	rtI	Reason for Public (	CharityStatus 🖉	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a private found	lation because it is: (f	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university ownec	l or operat	ed by a go	vernmental u	nit describe	əd in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	əd in conju	Inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from a	ontributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	et to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functioi	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	Ipporting
		organization. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	od organizatio	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	/eness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u> </u>		vide the following information			I (iii) is the ever	nization listed			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
				<u> </u>					
Tota									

#### Schedule A (Form 990 or 990-EZ) 2016 NICOLET COLLEGE FOUNDATION

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	436,955.	425,439.	303,351.	282,985.	288,033.	1736763.
2	Tax revenues levied for the organ-						
	ization'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	129,592.			133,791.		
4	Total. Add lines 1 through 3	566,547.	559,568.	442,947.	416,776.	425,020.	2410858.
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)						217,914.
	Public support. Subtract line 5 from line 4.						2192944.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	566,547.	559,568.	442,947.	416,776.	425,020.	2410858.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					25 011	120 615
_	and income from similar sources	26,629.	23,405.	14,705.	38,965.	33,911.	139,615.
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	1,260.	22.	375.			1,657.
44	assets (Explain in Part VI.)	1,200.	22•	575.			2552130.
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (ago instructio	nc)			12	2332130.
	First five years. If the Form 990 is for			h fourth or fifth ta	 v voar as a soction		
10	organization, check this box and <b>stop</b>		anst, 3600nd, triit	a, iourni, or intrita	x year as a section	1001(0)(0)	
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2016 (li	ne 6. column (f) di	vided by line 11. o	olumn (f))		14	85.93 %
	Public support percentage from 2015					15	89.46 %
	<b>33 1/3% support test - 2016.</b> If the c					ore, check this bo>	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on li				
	and <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	tion			<b>&gt;</b>
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not d				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	bublicly supported	organization		►□
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	)
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organizatio	n did not check a l	2000 on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2016

Part II

7

60		Supplementa	l Einancial St	atomonte		OMB No. 15	545-0047
	HEDULE D n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,	nization answered "Ye 11a, 11b, 11c, 11d, 11e	s" on Form 990,		20	<u>16</u>
	ment of the Treasury I Revenue Service	<ul> <li>Information about Schedule D (Forr</li> </ul>	Attach to Form 990. n 990) and its instructio	ons is at www.irs.gov/fe	orm000	Inspect	o Public ion
	e of the organizati			01010 at www.#3.00//10		oyer identificatio	n number
	g	NICOLET COLLEGE FOU	NDATION			23-71124	
Pa	rt I 📔 Organiza	ations Maintaining Donor Advised		imilar Funds or Ac	counts	S. Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, line	96.				
			(a) Donor advise	d funds (I	b) Funds	s and other accou	unts
1	Total number at e	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	0	on inform all donors and donor advisors in w	0				
		on's property, subject to the organization's e				Yes	No No
6	-	on inform all grantees, donors, and donor ac			-		
		poses and not for the benefit of the donor or	donor advisor, or for any	y other purpose conferri	ng		
Pa	impermissible priv					Yes	No
		ation Easements. Complete if the org		s" on Form 990, Part IV,	line 7.		
1		servation easements held by the organizatio					
		n of land for public use (e.g., recreation or ec	·	ervation of a historically	•		
		of natural habitat		ervation of a certified his	storic str	ructure	
2		n of open space through 2d if the organization held a qualifi	ad concentration contribu	ition in the form of a cor	oonuctic	n accoment on th	ao loot
2	•	о о ,	ed conservation contribu			feld at the End of th	
	day of the tax yea	n. Sonservation easements			2a		ie lax teal
a h					2a 2b		
b	Ũ	vation easements on a certified historic stru	cture included in (a)		20 2c		
c d		vation easements included in (c) acquired a			20		
u		nal Register	,		2d		
3		vation easements modified, transferred, rele				uring the tax	
Ŭ	year ►		abou, oxangulonou, or a	similated by the organiz	.ation de		
4		 where property subject to conservation ease	ement is located >				
5		tion have a written policy regarding the peri		ion, handling of			
	-	orcement of the conservation easements it				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h					ear
				-			
7	Amount of expense	ses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation eas	ements	during the year	
	▶\$						
8	Does each conser	vation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(B)(	i)		
	and section 170(h	)(4)(B)(ii)?				Yes	No No
9	In Part XIII, descril	be how the organization reports conservatio	n easements in its reven	ue and expense statem	ənt, and	balance sheet, a	nd
	include, if applical	ble, the text of the footnote to the organizati	on's financial statements	s that describes the orga	anization	n's accounting for	
	conservation ease		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Pa		ations Maintaining Collections of		asures, or Other Si	milar	Assets.	
	•	f the organization answered "Yes" on Form					
1a	-	elected, as permitted under SFAS 116 (ASC					
		s, or other similar assets held for public exhi		earch in furtherance of p	ublic se	ervice, provide, in	Part XIII,
		tnote to its financial statements that describ					
b	•	elected, as permitted under SFAS 116 (ASC					
		r similar assets held for public exhibition, ed	ucation, or research in fu	urtherance of public serv	ice, pro	vide the following	amounts
	relating to these it						
		ded on Form 990, Part VIII, line 1					
	(ii) Assets include	ed in Form 990, Part X			▶ \$		

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1
 b Assets included in Form 990, Part X

 $\mbox{LHA}\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

▶ \$

▶ \$

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Sche		COLLEGE FC				23-71			age <b>2</b>
Par	rt III   Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that are a s	ignificant ι	use of its c	ollection	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organization's exe	mpt purpc	se in Part	XIII.		
5	During the year, did the organization solicit or r	receive donations of	f art, historical treas	sures, or other simila	r assets		_		_
	to be sold to raise funds rather than to be main						Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arrange		te if the organizatio	n answered "Yes" of	n Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar		-				٦		٦
_	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:		<b></b>		<b>^</b>		
_	Deginging belongs				4-		Amoun	t	
لہ د	Beginning balance								
a	Additions during the year								
f	Distributions during the year				16 1f				
2a	Ending balance Did the organization include an amount on For						Yes		No
	If "Yes," explain the arrangement in Part XIII. C		· ·						]
	t V Endowment Funds. Complete if t								
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	<sup>r</sup> vears	back
1a	Beginning of year balance	533,630.	538,876.	531,238.		63,546.		331,	
b	Contributions	11,120.	9,963.	10,890.		27,963.		119,	266.
с	Net investment earnings, gains, and losses	30,504.	4,288.	7,281.		52,804.		24,	076.
d	Grants or scholarships	23,251.	20,959.	10,533.		13,075.		12,	418.
е	Other expenditures for facilities								
	and programs	2,552.	-1,462.						
f	Administrative expenses								
g	End of year balance	549,451.	533,630.	538,876.	Ę	531,238.		463,	546.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment 🕨 _		_%						
b	Permanent endowment  77.90	%							
С	Temporarily restricted endowment $\blacktriangleright$ 22	<u>.10</u> %							
	The percentages on lines 2a, 2b, and 2c should	-							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administered for t	he organiz	ation	ı		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X X
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						3b		
Par	Describe in Part XIII the intended uses of the o	<u> </u>	vment tunas.						
<u> </u>	Complete if the organization answered		Dart IV line 11a S	oo Form 000 Part Y	lino 10				
	Description of property	(a) Cost or ot	í	<u> </u>	Accumulat	od	(d) Boo	k volu	
	Description of property	basis (investm	1 . ,		epreciation		(a) 600	k valu	e
10	Land				-pi colation	·			
-	Land								
b	Buildings Leasehold improvements								
	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (d) must eau		( column (R) line 1						0.
	in the second			~~		Schedule	D (Forn	n 990)	

ule D (Form 990) 2

	Schedule D	(Form 990) 2016	NICOLET	COLLEGE	FOUNDATION
1	Part VII	Investments -	Other Securitie	es.	

Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	<b>(b)</b> Book value
(1) ASSETS HELD FOR RESALE	480,300.
(2) ACCRUED INTEREST RECEIVABLE	5,670.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	485,970.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Sche	dule D (Form 990) 2016 NICOLET COLLEGE FOUNDATION			23-1	112410 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	569,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	113,198.		
b	Donated services and use of facilities	. 2b	136,987.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	250,185.
3	Subtract line 2e from line 1			3	318,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>    8,077.</u> -1,515.		
b	Other (Describe in Part XIII.)	. 4b	-1,515.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	6,562.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	325,391.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	448,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	136,987.		
b	Prior year adjustments	_ <b>2</b> b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	1,515.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	138,502.
3	Subtract line 2e from line 1			3	309,999.
4					
•	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a		. 4a	8,077.		
-	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		8,077.		
a	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 Other (Describe in Part XIII.)	. 4b		4c	8,077.
a b c 5	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 Other (Describe in Part XIII.)	. 4b		4c 5	<u>8,077.</u> 318,076.

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

#### PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

CODE. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES ON RELATED

INCOME.

### THE FOUNDATION IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT

THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL

MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF

ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN

# NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED

Part XIII Supplemental Information (continued)

IN THE FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THERE ARE NO

AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX

POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

SCHEDULE D PART XIII

FORM 990, SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: \$1,515

FORM 990, SCHEDULE D, PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: \$1,515

SCHEDULE I (Form 990)		G O O Compte	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22</sup> .	er Assistand d Individual answered "Yes"	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047	, ,
Department of the Treasury Internal Revenue Service		Informatic	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	► Attach to Form 990. Form 990) and its instru	m 990. instructions is at	www.irs.aov/form990		Open to Public Inspection	
Name of the organization	ation NICOLET COLLEGE	DLLEGE FOU	FOUNDATION					Employer identification number 23 – 7112418	1
Part I General I	General Information on Grants and Assistance	d Assistance							
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	[	
criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ance?	ring the use of grant f	unde in the Llnited	Statae			X Yes No	
art II	Gentrative the organization is procedures for momenting the use or grant rune officer officer officer officer officer officer officer of the organization answered "Yes" on Form 990. Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments. C	complete if the orda	nization answered "Y	es" on Form 990. Part [	V. line 21. for anv	
recipient t	recipient that received more than \$5,000. Part II can be duplicated	5,000. Part II can I	pe duplicated if additic	if additional space is needed	ed.				
<b>1 (a)</b> Name and a or go	1 (a) Name and address of organization or government	NI <b>3 (q)</b>	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
									1
2 Enter total num	Enter total number of section 501(c)(3) and government organizations list	d government org	anizations listed in the	ed in the line 1 table					
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table						
LHA For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructic	ons for Form 990.					Schedule I (Form 990) (2016)	-

632101 11-01-16

Schedule I (Form 990) (2016) NICOLET COLLEGE FOUNDATION	FOUNDATI	NO:			23-7112418 Page 2
Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	. Complete if the	organization answe	sred "Yes" on Form 9	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	271	276,720.	. 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	ə 2; Part III, column	(b); and any other ad	ditional information.	
632102 11-01-16					Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



NICOLET COLLEGE FOUNDATION

Employer identification number 23-7112418

## FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND AVAILABLE FOR REVIEW BY

THE FULL BOARD AT ITS QUARTERLY MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS MONITORED BY THE GOVERNANCE OF THE BOARD. BOARD MEMBERS AND

EMPLOYEES SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR IS

SUBJECT TO THE COMPENSATION, REVIEW, AND APPROVAL PROCESS IN PLACE FOR

NICOLET AREA TECHNICAL COLLEGE EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY THE PUBLIC AT ITS OFFICE

AT 5364 COLLEGE DRIVE, RHINELANDER, WISCONSIN.

FORM 990, PART XII, LINE 2C

NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)	Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Par (es" on Form 990, Part IV, III	<b>tnerships</b> 1e 33, 34, 35b, 36	, or 37.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Info	Attach to Form 990.	Attach to Form 990. Form 990) and its instructions is at	www.irs.aov/form	99 <i>0</i> ,		Open to Public Inspection
Name of the organization	NICOLET CO	E FOUNDATION				Employer identificatio 23-7112418	Employer identification number 23 - 7112418
Part I Identification	on of Disregarded Entities. Complet	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33.				
Name, addr of	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e) End-of-year assets		(f) Direct controlling entity
Part II organization	Identification of Related Tax-Exempt Organizations. organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more related tax-ex	empt
Nam of r	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
NITCOLET AREA TECHN 3564 COLLEGE DRIVE RHINELANDER, WI 5	TECHNICAL COLLEGE - 39-1086910 DRIVE WI 54501	TECHNICAL COLLEGE	WISCONSIN				
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule	Schedule R (Form 990) 2016

632161 09-06-16 LHA

Part III         Identification of Related Organizations Taxable as a Partnership           organizations treated as a partnership during the tax year.	anizations Taxable thership during the t	as a Partne ax year.		f the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ss" on Form 990	, Part IV, line	34 because	e it had one or	more relate	p
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tx under sections 512-514)	(f) Share of total 6 income er	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	31 General or 00X managing 1ule partner? 165) Ved No	or Percentage
Part IV Identification of Related Organizations Taxable as a Corporation or granizations treated as a corporation or trust during the tax year.	anizations Taxable poration or trust duri	<b>as a Corpo</b> ng the tax y	or Trust.	omplete if th	Complete if the organization answered	"Yes"	Form 990, Pa	rt IV, line 3	on Form 990, Part IV, line 34 because it had one or more related	ad one or n	iore related
(a) Name, address, and EIN of related organization	Zc	Prim	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	f total ne	(g) Share of end-of-year assets	(h) Percentage ownership	p Section Section 512(b)(13) controlled entity? Yes No
632162 09-06-16									Sche	edule R (Fo	Schedule R (Form 990) 2016

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

No XXXXX xx XXX × × × × × × xx Yes ⋈ × <u>1</u> 4 9 1p <u>1a</u> <del>1</del>b 9 **1**9 <del>1</del>0 **1**g ¥ 4 ₽ 1s ŧ ŧ Method of determining amount involved Ŧ Ŧ ÷ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds **b** 4,500.FAIR MARKET VALUE 132,487.FAIR MARKET VALUE During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved **(b)** Transaction type (a-s) 0 z Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses **q** Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) (1) NICOLET TECHNICAL COLLEGE (2) NICOLET TECHNICAL COLLEGE Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ε c ٩ 0 2 ¥ 0 ----2 -ତ € ତ Schedule R (Form 990) 2016

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18 Page 4		s revenue)	(j) (k) General or Percentage managing ownership ves No				Schedule & (Form 900) 2016
23-7112418		total assets or gross	(i) Code V-UBI Gene amount in box 20 man of Schedule K-1 part (Form 1065) Yes				Schedula B II
		asured by 1	(h) Dispropor- tionate allocations?				
	37.	of its activities (me	<b>(g)</b> Share of end-of-year assets				
	990, Part IV, line 3	than five percent o	<b>(f)</b> Share of total income				
	" on Form	cted more	(e) Are all 501(c)(3) orgs.? Yes No				
	ie organization answered "Yes" on Form 990, Part IV, line 37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
<b>JNDATION</b>	mplete if the organi	ip through which the ion for certain inve	(c) Legal domicile (state or foreign country)				
NICOLET COLLEGE FOUNDATION	<b>le as a Partnership.</b> Coi	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2016 NICOLE	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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rt VII   Supplemental Information.	Cuppientental internation
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Provide additional information for responses to questions on Schedule R. See instructions.