Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number BLACKHAWK TECHNICAL COLLEGE Address change FOUNDATION, INC. Name change 39-1391659 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 608-757-7704 PO BOX 5009, 6004 S. COUNTY ROAD G 1,832,943. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 53546 JANESVILLE, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUE RIPSCH for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.BLACKHAWK.EDU/FOUNDATION **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Other > L Year of formation: 1978 M State of legal domicile: WI Association Part I Summary Briefly describe the organization's mission or most significant activities: TO ATTRACT AND DEVELOP RESOURCES **Activities & Governance** TO SUPPLEMENT AND ENHANCE THE EDUCATIONAL OBJECTIVES OF THE DISTRICT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 869,712. 653,905. Contributions and grants (Part VIII, line 1h) 8 371,610. 382,704. Program service revenue (Part VIII, line 2g) 219,212. 76,523. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,449. -399. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,474,077. 1,101,639. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 254,007. 229,765. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 323,132. 304,092. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 577,139. 533,857. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 524,500. 940,220. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,388,442. 7,679,210. 20 Total assets (Part X, line 16) 2,285,831. 2,148,692. 21 Total liabilities (Part X, line 26) 三年 5,102,611. 5,530,518 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign SUE RIPSCH, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 10/23/22 self-employed P01833529 MICHAEL J PETERSON, CPA MICHAEL J PETERSON, Paid Firm's name WIPFLI LLP Firm's EIN ▶ 39-0758449 Preparer Firm's address ▶ 1502 LONDON ROAD, SUITE 200 Use Only Phone no. 218.722.4705 DULUTH, MN 55812 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PURPOSE OF THE FOUNDATION IS TO RECEIVE, HOLD, MANAGE, USE A	ND
	DISPOSE OF FUNDS AND PROPERTIES OF ALL KINDS, WHETHER GIVEN ABSO	LUTELY
	OR IN TRUST FOR THE BENEFIT OF BLACKHAWK TECHNICAL COLLEGE DISTF	RICT, A
	WISCONSIN VOCATIONAL, TECHNICAL AND ADULT EDUCATIONAL SCHOOL SYS	STEM,
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	100110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	vnoncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
		enses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 250, 189 . including grants of \$ 67, 385 .) (Revenue \$	382,704.)
4a	(Code:) (Expenses \$250, 189. including grants of \$67, 385.) (Revenue \$THE FOUNDATION PROVIDED CAPITAL ASSETS TO BLACKHAWK TECHNICAL CO	
	FOR INSTRUCTIONAL PROGRAMMING.	лпесе
	FOR INSTRUCTIONAL PROGRAMMING.	
4b	(Code:) (Expenses \$149,863. including grants of \$149,863.) (Revenue \$)
	THE FOUNDATION PROVIDED SCHOLARSHIPS TO BLACKHAWK TECHNICAL COLI	JEGE
	STUDENTS.	
4c	(Code:) (Expenses \$)
	THE FOUNDATION PROVIDED EMERGENCY ASSISTANCE FUNDING TO SUPPORT	
	ELIGIBLE BLACKHAWK TECHNICAL COLLEGE STUDENTS	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 412,569.	
		Form 990 (2021)

Part IV Checklist of Required Schedules

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	امدا		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability 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		X
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		X
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	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? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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? If "Yes," complete Schedule I. Parts I and II	21	Х	
	asimostic government on right, continuty, mile is it ites, complete ochequie i. Parts i and it	41		

BLACKHAWK TECHNICAL COLLEGE FOUNDATION, INC.

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

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 27 if Yeng*, complete Schedule I. Part I and mill				Yes	No
23 Dit the organization answer "Yes" to Part VII Section A, lien 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 I. A "Yes," to 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 organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization may are as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "Yes," to line 25 a section \$201(4), and \$201(4) and \$201(4) and an arother of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization as as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization available and tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 25a Section \$201(5), \$501(4)4), and \$501(2)(29) organizations. Did the organization available person during the year? If "Yes," complete Schedule I. Part I. 25b Did the organization available and tengaged in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction has not been reported on any of the organization sport forms 990 or 990-E27 If "Yes," complete Schedule I. Part II. 25b Did the organization available that lengaged in an excess benefit transaction with a disqualided person on in a prior year, and that the transaction has not been reported on any of the organization prior forms 990 or 990-E27 If "Yes," complete Schedule I. Part II. 25b Did the organization export any amount on Part X, line 5 or 22 for receivables from on payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key and complete Schedul	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fusdees, key employees, and highest compensated employees? If "Yes, compete Schedule L Part IV. 24a Old 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 240 through 24d and complete Schedule K. If "No," go to line 25a. 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization mirect any proceeds of tax exempt bonds beyond a temporary period exception? 26d Old the organization mirect any proceeds of tax exempt bonds period and the process of the proce		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
Schedule / Late 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 fire 25e. Schedule K. If "No." go to fire 25e. Dot the organization meets any proceeds of tax everify bonds beyond a temporary period exception? 24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
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 "Res," answer lines 24b through 24d and complete Schedule K. If "No," go to size 5s		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
slast 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 258 5 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization markain an escrow account other than a refunding escrow at any time during the year? 24d 2 25d 6 d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 2 25a Section 50(16), 501(46), 4m, 465 (16)(29) and 501(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction bas not been reported on any of the organizations 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 D A Hamilton of the propertical or the provide schedule L, Part IV 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 D A Hamilton organization receive contributions o			23		<u>X</u>
Schedule K. If "No." go to fine 25a. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization acid sa an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 22a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person thurs the year? If "Yes," complete Schedule L, Part I 25a X 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 organizations prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I 25b X 50 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity from themsel of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II 28a X 5 A A 35% controlled entity of one or more individual describidins, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Sch	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrory at any time during the year to defease any tax exempt bonds? 24d 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? 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? 25b Is the organization aware that the negaged in an excess benefit transaction with a disqualified person during the year? 25b Is the organization have not been reported on any of the organization's prior Forms 990 or 990-E27 // 1/*es," complete Schedule L, Part I 26b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founding, substantial contributor, or 35% controlled entity or founding, substantial contributor, or 35% controlled entity of rounding, substantial contributor, or 35% controlled entity of rounding, substantial contributor, or 55% organization apartic, or 50% controlled entity of rounding substantial contributor? // 25					
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any tax-exempt bonds? d Did the organization at 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 I, Part I 25a X 25a X 2			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(XS), 501(QA), 40a 501(QA) and 501(QA) a	С				
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? #"Yes," complete Schedule 1, Part 1 25a X 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 spice Forms 990 or 990-E27 #"Yes," complete Schedule 1, Part 1 25b X 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or farmly member of any of these persons? #"Yes," complete Schedule 1, Part IV 27 X 28 28 28 28 28 28 29 29					
b Is the organization ware 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 E27 // in "yes," complete Schedule L, Part I		• • • • • • • • • • • • • • • • • • • •	240		
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 980 or 990 E27 "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization provide a fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A A flamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 31 Did the organization organiz	2 5a		250		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any indepted schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 Instruction fromer officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV. 28 D A family member of any individual described in line 28a" // "Yes," complete Schedule L, Part IV. 28 D Id the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M. 29 D Id the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I. 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulation section \$01,7701 2 and \$01,7701 2	h		25a		<u> </u>
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV [28a] X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV [28b] X c A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV [28c] X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M [29] X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I [28c] X Did the organization related contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I [28c] X Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I [28c] X Did the organization organizatio	b				
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the complete Schedule O contains a response or note to any line in this Part V The image of the complete Schedule O complete Schedule O The image of the complete Schedule O complete Schedule O The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O and 19? The image of the comp	37				
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Da		38	X	Щ_
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1b 0 1b 1c	Pal				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		5. "		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?					
	С		10		
	13200/			990	(2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>					
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 Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		3,7					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		х					
		7a							
	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 was required	7.		x					
a	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c							
		7e		х					
_	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 								
g									
h									
8									
sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans 13b	-							
c Enter the amount of reserves on hand									
 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.	15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.	,,,							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

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 on Schedule O. See instructions.

<u> </u>						X					
Sec	tion A. Governing Body and Management										
		ı			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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14								
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										
·	of officers disables to the state of the sta			3	Х						
4			o filod?	4		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5 6		X					
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:								
а	The governing body?			8a	X						
b	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 read	ched a	it the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
	(This doctor b requests information about policies not required by the internal ne	<i>ronao</i>	0040./		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100							
				10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form?	11a	Х						
		belo	e ming the form?	Ha	21						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	escribe		37						
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร								
	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 ▶WI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.			,,							
	Own website Another's website X Upon request Other (explain	on S	chedule (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finan	cial						
.5	statements available to the public during the tax year.			man	J.u.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records								
20	LISA HURDA - 608-757-7704	no all									
	PO BOX 5009, 6004 S. COUNTY ROAD G, JANESVILLE, WI	51	3546								
	IO DOM JUUY, UUUY D. COUNII MOMD G, UMNEDVILLE, WI	J	, J ' U								

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Ine	X Check this box if neither the organization	n nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
Average Nours per week Week Week Wist any Nours for related Nours per week Wist any Nours per week Nours per we	(A)	(B)	(C)						(D)	(E)	(F)
Nours per Week We	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
Compensation Comp		hours per	box	, unles	ss per	rson i	s both	n an	compensation	·	
(1) LISA HURDA		l l	_	Cer an	lu a u	recto	rrius	lee)			
(1) LISA HURDA			irecto							_	
1		l l	e or c	stee			sated		1	,	
(1) LISA HURDA			truste	al trus		yee	mper		,	10001120)	
1			idual	tution	ъ	old me	est co loyee	Je.	,		organizations
1		,	Indiv	Insti	Offic	Key	High emp	Forn			
Californ Californ	(1) LISA HURDA	16.00									
RESIDENT	EXECUTIVE DIRECTOR				X				0.	0.	0.
(3) JAMES NEMETH	(2) SUE RIPSCH	1.00								_	_
VICE PRESIDENT			Х		X				0.	0.	0.
TREASURER	(3) JAMES NEMETH	1.00								_	_
TREASURER			Х		X				0.	0.	0.
SECRETARY		1.00									
X			Х		X				0.	0.	0.
Column		1.00									
DIRECTOR X			Х		X				0.	0.	0.
Column		1.00	ļ								
DIRECTOR X		1 00	Х						0.	0.	0.
SHARON COX		1.00									
DIRECTOR		1 00	Х						0.	0.	0.
O O O O O O O O O O		1.00	٠,,							_	_
DIRECTOR		1 00	X						0.	0.	0.
1.00 DIRECTOR X 0.		1.00	. ,							_	
DIRECTOR X		1 00	Λ						0.	0.	0.
1.00 1.00 0.00		1.00	v						_	_	0.
DIRECTOR X		1 00	Δ						· ·	0.	0.
Column		1.00	v						n	n	0.
DIRECTOR X		1.00	25						•	<u> </u>	<u> </u>
1.00		1.00	x						0.	0.	0.
DIRECTOR X 0. 0. 0. C		1.00							•	•	•
(14) ANGELA SLAGLE 1.00 DIRECTOR X (15) PHIL WHITEHEAD 1.00			x						0.	0.	0.
DIRECTOR X 0. 0. CO (15) PHIL WHITEHEAD 1.00		1,00								•	
(15) PHIL WHITEHEAD 1.00	DIRECTOR		х						0.	0.	0.
	(15) PHIL WHITEHEAD	1.00								-	-
	DIRECTOR		Х						0.	0.	0.
						L	L	L			
000											

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	1		ount o	of
		week (list any	_			10010	17 11 40	<u> </u>	from the	from related			other	ion
		hours for	direct				_		organization	organizations (W-2/1099-MIS			pensat om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	,		anizati	
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		•	d relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ons
		line)	lu	Inst	0#i	Key	e Hig	균			\rightarrow			
											\dashv			
											\dashv			
											\dashv			
			-											
											\neg			
											\dashv			
											$\overline{}$			_
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>			<u>U • </u>			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	iiste	a ac	oove	e) wn	o re	eceived more than \$100,	ooo of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated empl	ovee on	Γ			
·	line 1a? If "Yes," complete Schedule J for s								most compensated emp			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		X
Sect	ion B. Independent Contractors													
	Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ıg w	ith c	or wi	thin T		ear.				
	(A) Name and business	addross	3.77	\ \ TT					(B) Description of s	onvices	C	(C	;) nsatior	
	Name and business	address	M	ONE	<u> </u>			-	Description of s	ervices		ompei	ISalioi	1
								_						
2	Total number of independent contractors (ii	ncluding but no	ot lir	nited	to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()							
												Form	990 (2	2021)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ωs	1:	Federated campaigns 1a					
ant		Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c	31,448.				
ffs,		I Related organizations 1d	31,1101				
Contributions, Gifts, Grants and Other Similar Amounts							
Sir		* ` / 					
utio	1	All other contributions, gifts, grants, and	939 264				
들됨		similar amounts not included above 1f	838,264. 76,532.				
out			10,332.	060 712			
<u>0</u> <u>8</u>		Total. Add lines 1a-1f		869,712.			
		DILLI DING DUMAI	Business Code	240 000	240 202		
Se	2 8	BUILDING RENTAL	531120	348,202.	348,202.		
Program Service Revenue	ŀ	ADMINISTRATIVE FEE	561000	34,502.	34,502.		
S	(:					
ar eve	(I					
90 H	•						
₫	1	All other program service revenue					
	9	Total. Add lines 2a-2f		382,704.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	100,900.			100,900.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 474,155.	()				
		Less: cost or other basis					
ω	•	and sales expenses					
ğ		Gain or (loss) 76 118,312.					
ther Revenue				118,312.			118,312.
Æ		Net gain or (loss)	·····	110,312.			110,312.
‡	8 8	Gross income from fundraising events (not					
0		including \$ 31,448. of					
		contributions reported on line 1c). See	F 470				
		Part IV, line 188a	5,472.				
		Less: direct expenses8b	3,023.	0 440			0 440
		Net income or (loss) from fundraising events	>	2,449.			2,449.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
,			Business Code				
Miscellaneous Revenue	11 a	ı					
ane Duc	ı						
elle eve	(
<u>I</u> SC		All other revenue					
≥		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,474,077.	382,704.	0.	221,661.

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C	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
	mounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ther assistance to domestic organizations c governments. See Part IV, line 21	79,902.	79,902.		
	other assistance to domestic	7373021	7373020		
	See Part IV, line 22	149,863.	149,863.		
	other assistance to foreign				
organizatio	ns, foreign governments, and foreign				
individuals.	See Part IV, lines 15 and 16				
4 Benefits pa	id to or for members				
5 Compensation	tion of current officers, directors,				
trustees, ar	nd key employees				
	on not included above to disqualified				
	defined under section 4958(f)(1)) and				
persons desc	cribed in section 4958(c)(3)(B)				
	ies and wages				
-	accruals and contributions (include				
	k) and 403(b) employer contributions)				
	oyee benefits				
O Payroll taxe	es				
	rvices (nonemployees):				
	nt				
		6 455		6 455	
	·	6,475.		6,475.	
d Lobbying .					
	fundraising services. See Part IV, line 17	10.510		10.510	
	management fees	18,540.		18,540.	
- ,	ne 11g amount exceeds 10% of line 25,	55 500			
column (A),	amount, list line 11g expenses on Sch O.)	75,782.		75,782.	
	and promotion				
	nses	10.065		10.065	
	technology	19,065.		19,065.	
		1 000		1 006	
	′ -	1,096.		1,096.	
7 Travel	······				
•	of travel or entertainment expenses				
•	eral, state, or local public officials				
	es, conventions, and meetings	96,263.	96,263.		
		90,203.	90,203.		
	o affiliates	74,912.	74,912.		
	n, depletion, and amortization	11,629.	11,629.		
3 Insurance	ses. Itemize expenses not covered	11,029.	11,029.		
above. (List i line 24e amo	miscellaneous expenses not covered miscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A), line 24e expenses on Schedule 0.)				
а					
•					
		220		220	
	penses	330.	410 560	330.	
	nal expenses. Add lines 1 through 24e	533,857.	412,569.	121,288.	0
	Complete this line only if the organization				
-	olumn (B) joint costs from a combined				
	campaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form 990 (202

Part	,	balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			19,288.	1	143,347
	2	Savings and temporary cash investments			924,703.	2	1,569,869
;	3	Pledges and grants receivable, net			413,846.	3	369,604
.	4	Accounts receivable, net			1,695.	4	1,999
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	sons (as defined				
		under section 4958(f)(1)), and persons described		6			
<u>بر</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
§ ₹	9				11,629.	9	11,863
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,430,696.			
	b	Less: accumulated depreciation	10b	347,001.	3,158,607.	10c	3,083,695
1	1	Investments - publicly traded securities			2,193,611.	11	2,029,952
1:	2	Investments - other securities. See Part IV, line			665,063.	12	468,881
1:	3	Investments - program-related. See Part IV, line				13	
1.	4	Intangible assets				14	
1:	5	Other assets. See Part IV, line 11			15		
10	6	Total assets. Add lines 1 through 15 (must equ			7,388,442.	16	7,679,210
1	7	Accounts payable and accrued expenses			354.	17	4,658
1:	8	Grants payable			18		
19	9	Deferred revenue	15,000.	19	0		
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete				21	
_ဖ 2	2	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
₂ ڐ	23	Secured mortgages and notes payable to unrela			2,270,477.	23	2,144,034
2	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			2,285,831.	26	2,148,692
		Organizations that follow FASB ASC 958, che					
Se		and complete lines 27, 28, 32, and 33.					
ğ 2	27	Net assets without donor restrictions			1,093,757.	27	1,664,824
g 2	28	Net assets with donor restrictions			4,008,854.	28	3,865,694
<u> </u>		Organizations that do not follow FASB ASC 9					
로		and complete lines 29 through 33.					
<u>ნ</u> 2	9	Capital stock or trust principal, or current funds			29		
3 3	80	Paid-in or capital surplus, or land, building, or ed				30	
8 3	81	Retained earnings, endowment, accumulated in				31	
ب	2	Total net assets or fund balances			5,102,611.	32	5,530,518
	3	Total liabilities and net assets/fund balances			7,388,442.	33	7,679,210
<u>ا</u> ح	,,,	Total nabilities and het assets/fully balafices .			,,550,442.	JJ	Form 990 (

Form **990** (2021)

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	1,47	4,0	<u>77.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,8				
3	Revenue less expenses. Subtract line 2 from line 1	3	94	0,2	20.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,10					
5	Net unrealized gains (losses) on investments	5	-51	2,3	13.			
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 on Schedule O)	9			0.			
10	· · · · · · · · · · · · · · · · · · ·							
	column (B))	10	5,53	0,5	18.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				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 on Schedule	Ο.						
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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 required	ed audit						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BLACKHAWK TECHNICAL COLLEGE

FOUNDATION, INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Γhe	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
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	X	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	public 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)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:		,		, ,	,	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exen						
		income and unrelated busin		•				-
		See section 509(a)(2). (Co		,			, 0	•
11		An organization organized	•	vely to test for public sa	fetv. See	section 50	09(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	•	•	-		•	• •
		lines 12a through 12d that	~					
а		Type I. A supporting orga	* *					aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-		
		organization. You must o			inajonty c	in the direc	tors or traditions or the st	эррогинд
b		Type II. A supporting org			ion with it	e eunnorte	ad organization(s), by hay	inα.
b	L	control or management o	•					-
		organization(s). You mus			arrie perso	iis iiiai co	ntroi or manage the supp	Jorted
_		Type III functionally inte			in connect	ion with	and functionally integrate	od with
C							• •	eu wiiii,
4		its supported organization		·				zation(a)
d							· · · · · · · · · · · · · · · · · · ·	
		that is not functionally int	•		•		•	veriess
_		requirement (see instruct	•	•	•			
е		Check this box if the orga					Type I, Type II, Type III	
	Г .	functionally integrated, or	• •					
T		er the number of supported o						
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)
				above (see instructions))	100	110		
	_							

39-1391659 Page 2

Part II 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	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	101,351.	857,902.	579,316.	653,905.	869,712.	3062186.
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	101,351.	057 000	F70 21 <i>C</i>	CE3 00E	0.60 710	2062106
	Total. Add lines 1 through 3	101,351.	857,902.	579,316.	653,905.	869,712.	3062186.
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)						345,207.
_	· · · · · · · · · · · · · · · · · · ·						2716979.
	Public support. Subtract line 5 from line 4.						2110313.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	101,351.	857,902.	579,316.	653,905.	869,712.	3062186.
	Gross income from interest,		007,75020	3,3,3231	000,5001	005,7220	30022001
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	78,837.	77,918.	66,662.	61,182.	100,900.	385,499.
9	Net income from unrelated business	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3447685.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,764,248.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li					14	78.81 %
15						15	80.14 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 1/a, or 17b	, cneck this box ai	na see instructions	_

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V-	N -
		Yes	NO
	1		
	2		
	3a		
	- Ou		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
_		~ 000)	

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Schedule A (Form 990) 2021

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization expects for the bonefit of any supported expenization other than the supported.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990) 2021

Part V Type III Non

Ра	rt v Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	BLACKHAWK TEC	HNICAL COLLEGE			
Sche	dule A (Form 990) 2021 FOUNDATION, II			3.9	9-1391659 Page 7
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For regult greater than zero				

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

BLACKHAWK TECHNICAL COLLEGE Name of the organization FOUNDATION, INC.

Employer identification number 39-1391659

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	•		
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
I a	Complete if the organization answered "Yes" on Form		nei oliillai Assets.
			and be described as the set were described
та	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its float VIII the text of the feature to be its float		·
	service, provide in Part XIII the text of the footnote to its finance		
D	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		▶ ↑
	(i) Revenue included on Form 990, Part VIII, line 1		
•		and the same of th	
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under FASB AS	_	• •
	Revenue included on Form 990, Part VIII, line 1		L .
		for Form 000	
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2021

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	t III Organizations Maintaining C		, Historical Tre	asures, or C	Other S		ets (continu		
3	Using the organization's acquisition, accession						•	<u>cu</u>	
Ū	collection items (check all that apply):	on, and other records	s, officer any of the r	onowing that in	iano sigi	inioani asc or i	J		
а									
b									
C									
4	Provide a description of the organization's co	alloctions and explain	how thoy further th	o organization's	c ovomn	t purposo in Dr	ort VIII		
5	During the year, did the organization solicit o						ut AIII.		
3	to be sold to raise funds rather than to be ma		•	•			Yes	☐ No	
Par	t IV Escrow and Custodial Arrang							NO	
	reported an amount on Form 990, Pai		ne ii tile organizatioi	Tanswered Te	CS OIII	51111 550, 1 ait 1	v, iii ic 5, 6i		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets	s not inc	cluded			
	on Form 990, Part X?								
b	If "Yes," explain the arrangement in Part XIII								
	-	•	-				Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes	No	
	If "Yes," explain the arrangement in Part XIII.				•				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV,	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years b	back (d	I) Three years ba	ck (e) Four y	ears back	
1a	Beginning of year balance	2,355,116.	1,920,436.	1,879,4	466.	1,325,35	2. 1,2	53,059.	
b	Contributions	124,509.	43,970.	10,5	551.	490,22	3.		
С	Net investment earnings, gains, and losses	-254,020.	436,770.	57,0	081.	69,88	5.	83,160.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	29,519.	46,060.	26,6	662.	6,00).	10,867.	
f	Administrative expenses								
g	End of year balance	2,196,086.	2,355,116.	1,920,4	436.	1,879,46	5. 1,3	25,352.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.2700	_%						
b	Permanent endowment ► 67.3200	%							
С	Term endowment ▶ 32.4100	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered	for the	organization			
	by:						Y	es No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered			ee Form 990, P					
	Description of property	(a) Cost or o		I		umulated	(d) Book	value	
		basis (investr			depre	eciation	105		
	Land			7,587.		10 10 1		<u>,587.</u>	
	Buildings		2,99	6,532.	34	10,424.	2,656	<u>,108.</u>	
С	Leasehold improvements								
d	Equipment			6,577.		6,577.		0.	
	Other								
Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part 2	X. column (B), line 10	Oc.)			3,083		
						Sched	ule D (Form 9	990) 2021	

Part VII Investments - Other Securities						
	Schedule D	(Form 990)	2021	FOUNDATION	, INC.	
				DHACKHAWK	TECHINICAL	СОПІ

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
A) FIDELITY 500 INDEX FUND	468,881.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	468,881.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
1 (0 1 (1) 1 1 1 2 2 2 2 2 1 1 1 2 1 2 1 2 1 2 1			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.	on Form 990 Part IV line 1	1d See Form 000 Part Y	line 15
other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X,	
Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X,	line 15. (b) Book value
Complete if the organization answered "Yes" (a) [1d. See Form 990, Part X,	
Complete if the organization answered "Yes" c (a) [(1) (2)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [(1) (2) (3)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part X,	
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)		(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) ral. (Column (b) must equal Form 990, Part X, col. (B) line	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2]	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of the organization of liability of the organization of liability of the organization answered "Yes" of the organization of liability of the o	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of the organization of liability of the organization of liability of the organization answered "Yes" of the organization of liability of the o	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of the organization of liability of the organization of liability of the organization of liability of the organization answered "Yes" of the organization of liability of the org	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)		(b) Book value

Schedule D (Form 990) 2021

chedule D (Form 990) 2021	FOUNDATION,	INC.	

Part XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.			
Complete if the organization answered "Yes" on Form 990, Part IV, line			1	1,011,709.		
	, , , , , , , , , , , , , , , , , , , ,					
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	E10 212				
a Net unrealized gains (losses) on investments		-512,313. 65,462.				
b Donated services and use of facilities		03,402.				
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)			0-	-446,851.		
e Add lines 2a through 2d			2e 3	1,458,560.		
3 Subtract line 2e from line 1			3	1,430,300.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45	18 5/0				
a Investment expenses not included on Form 990, Part VIII, line 7b		18,540. -3,023.				
b Other (Describe in Part XIII.)			4-	15,517.		
c Add lines 4a and 4b			4c			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Stat	ements With	Evnenses ner F	5 aturn	1,4/4,0//•		
		Expenses per i	ictui i	'-		
Complete if the organization answered "Yes" on Form 990, Part IV, line				E02 002		
1 Total expenses and losses per audited financial statements			1	583,802.		
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	6E 460				
a Donated services and use of facilities		65,462.				
b Prior year adjustments	1 1					
c Other losses		2 002				
d Other (Describe in Part XIII.)	·····	3,023.		60 405		
e Add lines 2a through 2d			2e	68,485.		
3 Subtract line 2e from line 1			3	515,317.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	10 540				
a Investment expenses not included on Form 990, Part VIII, line 7b		18,540.				
b Other (Describe in Part XIII.)	4b			10 540		
c Add lines 4a and 4b			4c	18,540.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18. Part XIII Supplemental Information.)		5	533,857.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	•	•	; Part X	X, line 2; Part XI,		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.				
D2DE 11 1 1370 4						
PART V, LINE 4:						
EMPORTUNITE ELIMINA AND THO NE HAND TO ELIMIN AGU	01 3 D GIII D G		. T. C.	3 MMENTS TATO		
ENDOWMENT FUNDS ARE TO BE USED TO FUND SCH	OLARSHIPS	FOR STUDE	NTS	ATTENDING		
DI 1 CUITTI DE CUITTI DE CONTRE 1100			- 110	707		
BLACKHAWK TECHNICAL COLLEGE, GRANTS, AND E	DUCATIONA	L PROGRAMM	ING	FOR		
CHILDING AND CHARL						
STUDENTS AND STAFF.						
DIDE # 1 TWO 0						
PART X, LINE 2:						
AS A NONPROFIT ORGANIZATION, THE FOUNDATION	N IS EXEM	IPT FROM IN	COME	E TAXES		
UNDER INTERNAL REVENUE CODE SECTION 501(C)	(3). THE	TAX-EXEMPT	STA	ATUS IS		
BASED UPON THE STATED PURPOSE OF THE OPERA	rions and	SUPPORTIN	G E	/IDENCE		
	. 			_		
PRESENTED TO THE INTERNAL REVENUE SERVICE	WITH THE	APPLICATIO	N FC)R		
				m		
TAX-EXEMPT STATUS. SUCH STATUS IS SUBJECT	I'O REEVAI	UATION SHO	ULD	THERE BE		

CHANGES IN OPERATIONS, CHARACTER, OR PURPOSE OF THE FOUNDATION. THE

Part XIII Supplemental Information (continued)
FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER SIMILAR STATE
RULES.
THE FOUNDATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX
POSITIONS OR UNRECOGNIZED TAX BENEFITS IN 2022.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES -3,023.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 3,023.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BLACKHAWK TECHNICAL COLLEGE FOUNDATION INC.

Employer identification number 39-1391659

TOUNDAT	•				37 1371	
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais		a activ	itios (Chock all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g Special	fundra	ising	events		
d In-person solicitations						
2 a Did the organization have a written o					tees, or	
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	Yes	L No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization.					
		/:::\	D: 1		(v) Amount paid	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
, , , , , , , , , , , , , , , , , , ,		or con contribu		,	listed in col. (i)	Organization
		Yes	No			
		l	1			
Total			<u> </u>			
3 List all states in which the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from reg	gistration
or licensing.						

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Schedule G (Form 990) 2021

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		5. Tarraraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			HARVEST	SOUL FOOD		(d) Total events
				LUNCH	1	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	12,268.	10,302.	14,350.	36,920.
ш	2	Less: Contributions	7,830.	9,268.	14,350.	
	3	Gross income (line 1 minus line 2)	4,438.	1,034.		5,472.
	4	Cash prizes				
ω	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses	1,332.	956.	735.	3,023.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	3,023.
	11	•				2,449.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ň			(4, 29	bingo/progressive bingo	(0) 0 11101 gaining	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming ac				Yes No
C) IT "	No," explain:				
	_					
10a		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
	_					
		D-21-21			Scho	dule G (Form 990) 2021

BLACKHAWK TECHNICAL COLLEGE FOUNDATION. INC.

Sch	ledule G (Form 990) 2021 FOUNDATION, INC.	-T23	<u> </u>	29	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Y	'es	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	E	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	1	3a		%
b	An outside facility	<u>1</u> 3	3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	С	Y	'es	☐ No
b	of any instruction of gaming revenue received by the organization > \$ and the amount				
c	of gaming revenue retained by the third party > \$ If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	es	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III	, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	•		,	, ,

BLACKHAWK TECHNICAL COLLEGE

Schedule G	G (Form 990)	FOUNDATION,	INC.	39-1391659	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)			
		(continued)			

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

BLACKHAWK TECHNICAL COLLEGE

OMB No. 1545-0047

2021

Open to Rublic

Open to Public Inspection

Name of the organization BLACKHAWK FOUNDATIO		L COLLEGE					Employer identification number 39-1391659
Part I General Information on Grants a							33 1331033
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	to substantiate the					stance, and the selecti	₹,,
Part II Grants and Other Assistance to recipient that received more than S					anization answered "\	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLACKHAWK TECHNICAL COLLEGE 6004 S COUNTY ROAD G		BLACKHAWK				EQUIPMENT AND	
JANESVILLE, WI 53547	39-1104435	TECHNICAL	12,517.	67,385.	FMV	MATERIALS	COLLEGE OPERATIONS
2 Enter total number of section 501(c)(3) a	l nd aovernment or	 ganizations listed in the	l e line 1 table				<u> </u>
3 Enter total number of other organizations	•						0.
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	218	149,863.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
APPLICATION FOR FUNDS ARE RECEIVED	AND SCRE	ENED FOR Q	UALIFICATI	ON. GRANTS	
ARE AWARDED UP TO PRE-ESTABLISHED I	LIMIT WHE	N APPLICAN	IT MEETS		
QUALIFICATIONS. SCHOLARSHIP APPLIC	CATIONS A	RE REVIEWE	D AND RANK	ED BY THE	
SCHOLARSHIP COMMITTEE WITH FUNDING	AWARDED	TO HIGHEST	RATED QUA	LIFIED	
APPLICANT. THE FOUNDATION APPOINTS	S A BUSIN	ESS AGENT	TO MONITOR	ALL FUNDS	
AND EXPEND THEM WITHIN THE GUIDELIN	NES OF TH	E DONOR AG	REEMENT OR	APPROVAL OF	
THE BOARD.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

BLACKHAWK TECHNICAL COLLEGE FOUNDATION, INC.

Employer identification number 39-1391659

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods 28,500. FAIR MARKET VALUE Cars and other vehicles 3 6 X Boats and planes 7 Intellectual property 8 X 9,147. FAIR MARKET VALUE Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 250. FAIR MARKET VALUE Х Food inventory 19 Х 1,115.FAIR MARKET VALUE Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 15,000. FAIR MARKET VALUE (DIESEL TRAINI) X 3 25 (WELDING EQUIP) 9,500.FAIR MARKET VALUE Х 4 26 Other > (PROTECTIVE VE) Х 2 8,500. FAIR MARKET **VALUE** 27 Other 1 (TRACTOR USE Х 3,000.FAIR MARKET 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
GAS CARDS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE
SHEET METAL
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 520.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

QUZT
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BLACKHAWK TECHNICAL COLLEGE FOUNDATION, INC.

Employer identification number 39-1391659

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OR FOR ANY OR ALL THE EDUCATIONAL AND CHARITABLE MOVEMENTS OR ACTIVITIES THAT MAY BE CONDUCTED BY BLACKHAWK TECHNICAL COLLEGE DISTRICT, MORE SPECIFICALLY TO FINANCE EQUIPMENT AND FACILITIES, TO IMPROVE GROUNDS, TO ENDOW SCHOLARSHIPS, TO MAKE EQUIPMENT AND LIBRARY ACQUISITIONS, AND TO SUPPLEMENT ALL OF THE SERVICES WHICH BLACKHAWK TECHNICAL COLLEGE DISTRICT RENDERS TO SOCIETY WHERE STATE AND DISTRICT APPROPRIATE TAX FUNDS ARE NOT AVAILABLE, SUFFICIENT OR ADEQUATE TO FULLY PROVIDE THE SERVICES WHICH BLACKHAWK TECHNICAL COLLEGE DISTRICT SHOULD OR COULD RENDER TO SOCIETY.

FORM 990, PART VI, SECTION A, LINE 3

THE ORGANIZATION HAS A MEMO OF UNDERSTANDING (MOU) WITH BLACKHAWK TECHNICAL COLLEGE TO PARTIALLY PAY FOR EMPLOYEES CONTRACTED AS THE EXECUTIVE DIRECTOR. THE PAYMENT OBLIGATION IN THE MOU WAS SUSPENDED AND THE SERVICES WERE CONTRIBUTED AS IN-KIND FOR FY 2022. THERE IS AN INTENTION IN FUTURE YEARS TO HAVE THE FOUNDATION GO BACK TO REIMBURSING FOR THESE EXPENSES, AT A DATE TO BE DETERMINED. FOR FY 2022 THE ORGANIZATION WAS GIFTED IN TOTAL \$65,462 IN SERVICES. OF WHICH, \$39,635 WAS FOR THE SERVICES OF LISA HURDA WHO IS PERFORMING THE TOP ADMINISTRATIVE ROLE FOR THE ORGANIZATION.

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

THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS WHO REVIEWED AND APPROVED THE FORM PRIOR TO FINAL SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization BLACKHAWK TECHNICAL COLLEGE **Employer identification number** 39-1391659 FOUNDATION, INC. BOARD MEETING AGENDA ITEM CALLS FOR THE DISCLOSURE OF CONFLICT OF INTEREST WITH ANY BUSINESS TO BE CONDUCTED BY THE BOARD. THE DISCLOSURE OF CONFLICT APPLIES TO ALL BOARD OF DIRECTOR MEMBERS AND THE EXECUTIVE DIRECTOR OF ADVANCEMENT. THE LEVEL OF DETERMINATION IS BASED UPON WHETHER A BOARD MEMBER HAS AN INTEREST IN AN ACTION BEFORE THE BOARD EITHER DIRECTLY OR INDIRECTLY (I.E. EMPLOYER, SPOUSE, ETC). CONFLICTS ARE DISCLOSED BY THE MEMBER AND DISCUSSION ENSUES TO DETERMINE WHETHER AN ACTUAL CONFLICT EXISTS, IF CONFLICT IS DETERMINED TO EXIST, THE RESPECTIVE BOARD MEMBER EXITS THE MEETING FOR THE DURATION OF DISCUSSION AND DECISION ON SUCH MATTER. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 41,280. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 41,280. ADMINISTRATIVE FEE: PROGRAM SERVICE EXPENSES 0. 34,502. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 34,502. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,782. Schedule O (Form 990) 2021