

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

La Crosse Community Foundation
401 Main Street #205
La Crosse, WI 54601

Prepared By:

Hawkins Ash CPAs, LLP
500 S Second Street, Suite 200
La Crosse, WI 54601

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LA CROSSE COMMUNITY FOUNDATION		D Employer identification number 39-6037996
	Doing business as		E Telephone number 608.782.3223
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	401 MAIN STREET		G Gross receipts \$ 24,358,701.
	City or town, state or province, country, and ZIP or foreign postal code LA CROSSE, WI 54601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: BRENT SMITH 401 MAIN STREET, STE 205, LA CROSSE, WI 546		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.LAXCOMMFOUNDATION.COM		H(c) Group exemption number	
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1930	M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTING PEOPLE, PASSION, AND GIVING IN THE LA CROSSE AREA FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,039,125.	Current Year 3,456,712.
	9 Program service revenue (Part VIII, line 2g)	58,841.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,163,784.	1,540,668.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	69,997.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,261,750.	5,067,377.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,467,063.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		410,767.	467,104.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		124,092.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		359,586.	421,722.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,237,416.	4,913,497.	
19 Revenue less expenses. Subtract line 18 from line 12	3,024,334.	153,880.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 69,726,999.	End of Year 59,131,423.
	21 Total liabilities (Part X, line 26)	5,375,063.	5,424,557.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,351,936.	53,706,866.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BRENT SMITH, CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRITTANY F. LEONARD	BRITTANY F. LEONARD	08/22/23		P01646690
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	HAWKINS ASH CPAS, LLP 500 S SECOND STREET, SUITE 200 LA CROSSE, WI 54601	39-0912608		608.784.7737	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONNECTING PEOPLE, PASSION, AND GIVING IN THE LA CROSSE AREA FOREVER.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,854,750. including grants of \$ 2,712,024.) (Revenue \$) DONOR-FOCUS ACTIVITIES: WORKING WITH LOCAL DONORS TO ESTABLISH AND ADMINISTER ENDOWED CHARITABLE FUNDS TO MAKE NONCOMPETITIVE GRANTS OR SCHOLARSHIPS TO QUALIFIED 501(C)(3) ORGANIZATIONS IN THEIR PHILANTHROPIC INTEREST AREAS. CURRENTLY, LCF ADMINISTERS 239 DONOR-DIRECTED FUNDS. IN 2022, A TOTAL OF \$2,350,506 WAS AWARDED IN NONCOMPETITIVE GRANTS AND \$361,517 WAS AWARDED IN SCHOLARSHIPS.

4b (Code:) (Expenses \$ 1,421,274. including grants of \$ 1,312,647.) (Revenue \$) COMMUNITY-FOCUSED ACTIVITIES: GROWING A SOURCE OF PERMANENT, UNRESTRICTED COMMUNITY CAPITAL FROM PHILANTHROPIC GIFTS TO AWARD COMPETITIVE GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS IN LA CROSSE COUNTY WHO ARE MEETING IDENTIFIED COMMUNITY NEEDS. LCF HAS 30 FUNDS THAT AWARD COMPETITIVE GRANTS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EACH QUARTER. LCF AWARDED \$1,312,647.

4c (Code:) (Expenses \$ 164,021. including grants of \$) (Revenue \$) LEADERSHIP ACTIVITIES AND FISCAL SPONSORSHIPS: SERVICE TO CONVENE COMMUNITY PARTNERS AROUND CURRENT COMMUNITY NEEDS AND HELPING AREA CHARITABLE GROUPS AND NONPROFITS BUILD CAPACITY TO INCREASE THEIR IMPACT.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,440,045.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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 of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 30	
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	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
LA CROSSE COMMUNITY FOUNDATION - 608-782-3223
401 MAIN STREET, SUITE 205, LA CROSSE, WI 54601

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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMIE SCHLOEGEL EXECUTIVE DIRECTOR	40.00 0.00			X				121,955.	0.	5,742.
(2) BRENT SMITH, JC CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) RICHARD KYTE VICE-CHAIR	1.00 0.00	X		X				0.	0.	0.
(4) JOE MOUA TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) TAYLOR MATHY SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) JAMIE DAHL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(7) CLARA GELATT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) TAGGERT BROOKS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) TOM KENNEDY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) SR. SUE ERNSTER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) TARA JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(12) DINA ZAVALA BOARD MEMBER	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							121,955.	0.	5,742.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							121,955.	0.	5,742.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,456,712.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 233,314.			
	h	Total. Add lines 1a-1f		3,456,712.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,708,979.	1,708,979.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					19,123,013.		
	b	Less: cost or other basis and sales expenses	7b	19,291,324.			
	c	Gain or (loss)	7c	-168,311.			
	d	Net gain or (loss)		-168,311.		-168,311.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	PROCESSING FEES	Business Code	900099	69,997.	69,997.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		69,997.			
12	Total revenue. See instructions		5,067,377.	1,778,976.	0.	-168,311.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,717,039.	3,717,039.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	307,632.	307,632.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,697.	63,849.	19,154.	44,694.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	293,747.	152,471.	112,340.	28,936.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,326.	6,920.	5,131.	1,275.
9 Other employee benefits				
10 Payroll taxes	32,334.	16,603.	10,160.	5,571.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,860.		10,860.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	154,151.		154,151.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	27,194.	15,875.		11,319.
13 Office expenses	24,117.	13,570.	2,611.	7,936.
14 Information technology	38,939.	20,092.	12,696.	6,151.
15 Royalties				
16 Occupancy	21,949.	11,325.	7,157.	3,467.
17 Travel	12,984.	6,699.	4,234.	2,051.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,909.	1,501.	948.	460.
23 Insurance	9,177.	4,735.	2,992.	1,450.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	57,870.	57,870.		
b OTHER EXPENSES	33,695.	29,692.	2,158.	1,845.
c DUES & MEETINGS	27,877.	14,172.	4,768.	8,937.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,913,497.	4,440,045.	349,360.	124,092.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	236,398.	1	465,860.
	2 Savings and temporary cash investments	1,102,438.	2	1,146,146.
	3 Pledges and grants receivable, net	538,700.	3	95,700.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	708.	9	2,985.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,882.		
	b Less: accumulated depreciation	10b 32,104.	10c	4,778.
	11 Investments - publicly traded securities	62,773,278.	11	53,329,648.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,070,049.	15	4,086,306.
16 Total assets. Add lines 1 through 15 (must equal line 33)	69,726,999.	16	59,131,423.	
Liabilities	17 Accounts payable and accrued expenses	36,092.	17	25,621.
	18 Grants payable	160,000.	18	744,128.
	19 Deferred revenue	49,806.	19	36,897.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,129,165.	21	4,617,911.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,375,063.	26	5,424,557.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	58,802,901.	27	49,584,081.
	28 Net assets with donor restrictions	5,549,035.	28	4,122,785.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	64,351,936.	32	53,706,866.
	33 Total liabilities and net assets/fund balances	69,726,999.	33	59,131,423.

Part 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	5,067,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,913,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	153,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,351,936.
5	Net unrealized gains (losses) on investments	5	-9,815,700.
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	-983,250.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,706,866.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

2022

Open to Public Inspection

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2257871.	5224223.	3510927.	4039125.	3456712.	18488858.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2257871.	5224223.	3510927.	4039125.	3456712.	18488858.
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)						764,762.
6 Public support. Subtract line 5 from line 4.						17724096.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2257871.	5224223.	3510927.	4039125.	3456712.	18488858.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2078220.	1689719.	1194577.	3271505.	1708979.	9943000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						28431858.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	62.34 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	59.45 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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 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? <i>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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

2022

Open to Public Inspection

Name of the organization LA CROSSE COMMUNITY FOUNDATION Employer identification number 39-6037996

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,187,746.	46,302,977.	42,040,054.	35,351,387.	32,853,250.
b Contributions	2,424,098.	1,122,711.	1,291,702.	1,781,902.	8,203,808.
c Net investment earnings, gains, and losses	-7,461,402.	6,112,833.	5,578,154.	7,273,691.	-3,307,882.
d Grants or scholarships	2,228,627.	1,836,514.	2,003,836.	1,827,305.	2,031,382.
e Other expenditures for facilities and programs	4,600.	0.	189,614.	139,669.	3,555.
f Administrative expenses	494,771.	514,261.	413,483.	399,952.	362,852.
g End of year balance	43,422,444.	51,187,746.	46,302,977.	42,040,054.	35,351,387.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,946.	17,586.	2,360.
d Equipment		16,936.	14,518.	2,418.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,778.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,027,085.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	59,221.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,086,306.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	-5,885,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-9,815,700.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-983,250.	
	e Add lines 2a through 2d	2e		-10,798,950.
3	Subtract line 2e from line 1		3	4,913,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	154,151.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		154,151.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,067,377.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	4,759,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	4,759,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	154,151.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		154,151.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,913,497.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

ESCROW LIABILITY ARRANGEMENT EXPLANATION ORGANIZATION HELD INVESTMENTS AT A THIRD PARTY INVESTMENT CORPORATION THAT ARE AGENCY ENDOWMENTS FOR SEVERAL ORGANIZATIONS.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE

Part XIII Supplemental Information (continued)

TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN PERPETUAL TRUST -983,250.

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **LA CROSSE COMMUNITY FOUNDATION** Employer identification number **39-6037996**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ADULT & TEEN CHALLENGE OF WESTERN WISCONSIN INC. - PO BOX 126 - LA CROSSE, WI 54602	82-2144057	501C3	60,000.	0.			HEALTH AND HUMAN SERVICES
AGING AND DISABILITY RESOURCE CENTER OF LA CROSSE COUNTY - 300 4TH ST. N. - LA CROSSE, WI 54601	36-6005709	501C3	11,000.	0.			HEALTH AND HUMAN SERVICES
AMERICAN INDIAN EDUCATION FUND 16415 ADDISON RD, SUITE 200 ADDISON, TX 75001-3210	47-3730147	501C3	6,012.	0.			CULTURE AND DIVERSITY
APTIV FOUNDATION INC 3000 SOUTH AVE LA CROSSE, WI 54601	39-1366838	501C3	14,379.	0.			HEALTH AND HUMAN SERVICES
AQUINAS CATHOLIC SCHOOLS FOUNDATION, INC. - 315 11TH ST S - LA CROSSE, WI 54601-4763	51-0162072	501C3	26,573.	0.			EDUCATION AND SCHOLARSHIP
ARTS AT LARGE INC. 1100 SOUTH 5TH STREET MILWAUKEE, WI 53204	33-1114575	501C3	10,000.	0.			ARTS AND HUMANITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **93.**

3 Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BETHANY LUTHERAN HOMES, INC. D/B/A EAGLE CREST COMMUNITIES - 2575 7TH ST S - LA CROSSE, WI 54601-5249	39-0909446	501C3	11,940.	0.			HEALTH AND HUMAN SERVICES
BIG BROTHERS BIG SISTERS OF THE 7 RIVERS REGION - 313 4TH ST S - LA CROSSE, WI 54601-4047	39-1762460	501C3	97,000.	0.			COMMUNITY IMPROVEMENT
BLACK LEADERS ACQUIRING COLLECTIVE KNOWLEDGE (BLACK) INC. - 212 11TH STREET S - LA CROSSE, WI 54601	81-4639213	501C3	15,050.	0.			CULTURE AND DIVERSITY
BLESSED SACRAMENT CATHOLIC CHURCH 130 LOSEY BLVD S LA CROSSE, WI 54601-4399	39-0833886	501C3	8,530.	0.			FAITH
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 N DUTTON AVE STE 14 - SANTA ROSA, CA 95401-7120	68-0309534	501C3	25,000.	0.			RECREATION AND WELLNESS
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - PO BOX 91 - LA CROSSE, WI 54602-0091	39-6084791	501C3	191,981.	0.			RECREATION AND WELLNESS
CATHEDRAL OF SAINT JOSEPH THE WORKMAN - 530 MAIN ST - LA CROSSE, WI 54601-4033	39-0826121	501C3	10,425.	0.			FAITH
CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE - 3710 EAST AVE S - LA CROSSE, WI 54601-7215	39-1896823	501C3	7,475.	0.			HEALTH AND HUMAN SERVICES
CHRIST EPISCOPAL CHURCH PO BOX 2908 LA CROSSE, WI 54602-2908	39-0806295	501C3	5,973.	0.			FAITH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF LA CROSSE PLANNING DEPARTMENT - 400 LA CROSSE ST, 3RD FLOOR - LA CROSSE, WI 54601	39-6005490	GOVT	50,000.	0.			HEALTH AND HUMAN SERVICES
CITY OF ONALASKA 415 MAIN ST. ONALASKA, WI 54650	39-6005562	GOVT	5,100.	0.			RECREATION AND WELLNESS
CLIMATE ALLIANCE FOR THE COMMON GOOD - N2176 VALLEY RD. - LA CROSSE, WI 54601	85-3037522	501C3	7,000.	0.			ENVIRONMENT
COULEECAP, INC. 201 MELBY ST WESTBY, WI 54667-1013	39-1077614	501C3	235,500.	0.			HEALTH AND HUMAN SERVICES
COULEE COUNCIL ON ADDICTIONS D/B/A COULEE RECOVERY CENTER - 933 FERRY ST - LA CROSSE, WI 54601-4752	39-1129125	501C3	63,564.	0.			HEALTH AND HUMAN SERVICES
COULEE REGION HUMANE SOCIETY 911 CRITTER CT ONALASKA, WI 54650-8654	23-7366713	501C3	19,342.	0.			RECREATION AND WELLNESS
COULEE REGION SLED HOCKEY INCORPORATED - 422 SOUTH 14TH STREET - LA CROSSE, WI 54601	81-2647571	501C3	15,250.	0.			RECREATION AND WELLNESS
DIOCESE OF LA CROSSE 3710 EAST AVE S LA CROSSE, WI 54602-4004	39-0807229	501C3	8,450.	0.			FAITH
FAITH UNITED METHODIST CHURCH 1818 REDFIELD STREET LA CROSSE, WI 54601	30-0796587	501C3	6,166.	0.			FAITH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S CENTER 1707 MAIN ST LA CROSSE, WI 54601-4200	39-0821863	501C3	17,916.	0.			HEALTH AND HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH 233 WEST AVE. S. LA CROSSE, WI 54601	39-0808490	CHURCH	27,666.	0.			FAITH
FIRST TEENS CLOTHES CLOSET OF FIRST LUTHERAN CHURCH - 410 MAIN ST - ONALASKA, WI 54650-2952	39-0895415	501C3	11,033.	0.			FAITH
FOR INDEPENDENT HMONG FARMERS CORP. - P.O. BOX 578 - LA CROSSE, WI 54602	84-3121883	501C3	6,500.	0.			COMMUNITY IMPROVEMENT
FRANCISCAN SISTERS OF PERPETUAL ADORATION - 912 MARKET ST - LA CROSSE, WI 54601-8800	39-0806386	501C3	17,737.	0.			FAITH
FRIENDS OF PBS WISCONSIN, INC 821 UNIVERSITY AVE. MADISON, WI 53706	23-7300462	501C3	9,343.	0.			ARTS AND HUMANITIES
GATEWAY AREA BOY SCOUTS 2600 QUARRY RD LA CROSSE, WI 54601-3939	39-0806175	501C3	23,459.	0.			RECREATION AND WELLNESS
GREAT RIVERS UNITED WAY 1855 E MAIN ST ONALASKA, WI 54650-6727	39-0848188	501C3	9,444.	0.			HEALTH AND HUMAN SERVICES
GUNDERSEN MEDICAL FOUNDATION 1836 SOUTH AVE LA CROSSE, WI 54601-5429	39-1249705	501C3	58,944.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY-LA CROSSE AREA - 3181 BERLIN DR - LA CROSSE, WI 54601-1845	39-1706999	501C3	52,250.	0.			COMMUNITY IMPROVEMENT
HOLMEN AREA COMMUNITY CENTER 600 N. HOLMEN DR., SUITE 200 HOLMEN, WI 54636	47-5400335	501C3	60,000.	0.			COMMUNITY IMPROVEMENT
HONOR THE EARTH 607 MAIN AVE CALLAWAY, MN 56521-0063	45-4714238	501C3	15,250.	0.			ENVIRONMENT
HOPE RESTORES 231 COPELAND AVE LA CROSSE, WI 54601	85-3904972	501C3	17,414.	0.			COMMUNITY IMPROVEMENT
HORSESENSE, INC P O BOX 906 LA CROSSE, WI 54602-0906	39-1966685	501C3	29,095.	0.			RECREATION AND WELLNESS
JUNIOR ACHIEVEMENT OF WISCONSIN 2715 LOSEY BLVD S LA CROSSE, WI 54601-7409	39-0826295	501C3	7,590.	0.			EDUCATION AND SCHOLARSHIP
KARUNA, INC. 315 3RD STREET SOUTH, UNIT 620 LA CROSSE, WI 54601	87-2587965	501C3	179,282.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE AREA FAMILY YMCA 1140 MAIN ST LA CROSSE, WI 54601-4124	39-0806172	501C3	49,769.	0.			RECREATION AND WELLNESS
LA CROSSE AREA SYNOD ELCA 2301 SOUTH AVENUE LA CROSSE, WI 54601-6229	36-3514260	501C3	5,770.	0.			FAITH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
LA CROSSE AREA UNDERWATER RESCUE AND RECOVERY UNIT - 317 KERTZMAN PLACE - LA CROSSE, WI 54601-5240	39-1498921	501C3	11,492.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE COMMUNITY THEATRE 428 FRONT STREET SOUTH LA CROSSE, WI 54601-4012	39-1035843	501C3	90,566.	0.			ARTS AND HUMANITIES
LA CROSSE CONCERT BAND PO BOX 2624 LA CROSSE, WI 54602-2624	93-0721113	501C3	6,410.	0.			ARTS AND HUMANITIES
LA CROSSE COUNTY HISTORICAL SOCIETY - 145 WEST AVENUE S - LA CROSSE, WI 54601-4382	39-1228755	501C3	90,506.	0.			ARTS AND HUMANITIES
LA CROSSE PUBLIC EDUCATION FOUNDATION, INC. - PO BOX 1811 - LA CROSSE, WI 54602-1811	39-1610700	501C3	70,197.	0.			ENVIRONMENT
LA CROSSE PUBLIC LIBRARY 800 MAIN ST. LA CROSSE, WI 54601	39-6005490	GOVT	9,650.	0.			COMMUNITY IMPROVEMENT
LA CROSSE ROTARY BRAIN GAME PO BOX 384 LA CROSSE, WI 54602	26-3035626	501C3	7,000.	0.			EDUCATION AND SCHOLARSHIP
LA CROSSE SYMPHONY ORCHESTRA, INC. 201 MAIN ST STE 230 LA CROSSE, WI 54601-0714	39-1024330	501C3	24,782.	0.			ARTS AND HUMANITIES
LAKE COUNTRY SCHOOL 3755 PLEASANT AVE S MINNEAPOLIS, MN 55409	41-1278205	501C3	10,000.	0.			EDUCATION AND SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF WOMEN VOTERS OF THE LA CROSSE AREA - P O BOX 363 - LA CROSSE, WI 54602-0363	23-7016103	501C3	5,061.	0.			COMMUNITY IMPROVEMENT
LUTHERAN CAMPUS MINISTRY OF LA CROSSE AREA SYNOD - 2301 SOUTH AVE - LA CROSSE, WI 54601	36-3514260	501C3	14,425.	0.			FAITH
LUTHERAN SOCIAL SERVICES/WISCONSIN & UPPER MI, INC. - 6737 WEST WASHINGTON ST SUITE 2275 - WEST ALLIS, WI 53214	39-0816846	501C3	11,540.	0.			FAITH
MAYO CLINIC HEALTH SYSTEM 200 FIRST ST SW ROCHESTER, MN 55905	39-0806374	501C3	12,899.	0.			HEALTH AND HUMAN SERVICES
MCDOWELL SONORAN CONSERVANCY 8175 EAST EVANS ROAD #12817 SCOTTSDALE, AZ 85260	86-0674350	501C3	10,000.	0.			ENVIRONMENT
MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DR STE 9 LA CROSSE, WI 54602-2611	39-1871201	501C3	21,290.	0.			ENVIRONMENT
MISSOURI RIVER BIRD OBSERVATORY PO BOX 16 ARROW ROCK, MO 65320	27-2746275	501C3	15,000.	0.			ENVIRONMENT
NEW HORIZONS SHELTER & OUTREACH CTRS. - PO BOX 2031 - LA CROSSE, WI 54602-2031	39-1737699	501C3	10,913.	0.			HEALTH AND HUMAN SERVICES
NEXT CHAPTER OF LA CROSSE PO BOX 535 LA CROSSE, WI 54602	83-4404743	501C3	50,000.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NEXT STEPS FOR CHANGE, INC. N5782 LAKE PARK DR ONALASKA, WI 54650-9645	85-3050594	501C3	25,000.	0.			COMMUNITY IMPROVEMENT
ONALASKA EDUCATION FOUNDATION 237 2ND AVE S ONALASKA, WI 54650-2905	39-1934475	501C3	14,100.	0.			EDUCATION AND SCHOLARSHIP
ONALASKA SCHOOL DISTRICT 237 2ND AVE S ONALASKA, WI 54650-2905	39-1411237	GOVT	20,685.	0.			EDUCATION AND SCHOLARSHIP
OUR SAVIOR'S LUTHERAN CHURCH P O BOX 97 LA CROSSE, WI 54602-0097	41-1568278	501C3	20,640.	0.			FAITH
OUTDOOR RECREATION ALLIANCE 125 7TH ST N LA CROSSE, WI 54601	39-2032671	501C3	35,746.	0.			RECREATION AND WELLNESS
PASTORS UNITED COMMUNITY ADVOCACY INC. - 3709 NORTH 57TH STREET - MILWAUKEE, WI 53216	90-0947280	501C3	7,000.	0.			COMMUNITY IMPROVEMENT
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 671 VANDALIA ST - ST. PAUL, MN 55114-1312	41-0948382	501C3	10,000.	0.			HEALTH AND HUMAN SERVICES
PLANNED PARENTHOOD OF WISCONSIN, INC. - 302 N JACKSON ST - MILWAUKEE, WI 53202-5904	39-0863391	501C3	24,900.	0.			HEALTH AND HUMAN SERVICES
PROFESSIONAL FIRE FIGHTERS OF WISCONSIN CHARITABLE FOUNDATION, INC. - 321 E MAIN STREET, SUITE 200 - MADISON, WI 53703	81-0548082	501C3	7,200.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT OF LA CROSSE 807 EAST AVE S LA CROSSE, WI 54601-4982	39-6002841	GOVT	53,792.	0.			EDUCATION AND SCHOLARSHIP
ST CLARE HEALTH MISSION INC 916 FERRY ST LA CROSSE, WI 54601-4717	82-3903651	501C3	95,646.	0.			HEALTH AND HUMAN SERVICES
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 1201 MAIN ST. - ONALASKA, WI 54650	39-1208234	CHURCH	12,000.	0.			FAITH
ST. RAPHAEL THE ARCHANGEL CATHOLIC CHURCH - 830 S. WESTHAVEN DRIVE - OSHKOSH, WI 54904	39-1162769	CHURCH	6,000.	0.			FAITH
SUGAR CREEK BIBLE CAMP 13141 SUGAR CREEK BIBLE CAMP RD FERRYVILLE, WI 54628-6033	39-1156303	501C3	14,425.	0.			FAITH
SUSTAINABILITY INSTITUTE 400 7TH ST N LA CROSSE, WI 54601	47-3133436	501C3	7,500.	0.			ENVIRONMENT
THE GOOD FIGHT COMMUNITY CENTER 118 6TH ST N LA CROSSE, WI 54601	81-2930941	501C3	21,000.	0.			RECREATION AND WELLNESS
THE HUNGER TASK FORCE OF LA CROSSE, INC. - 1240 CLINTON ST. - LA CROSSE, WI 54603	39-1947827	501C3	73,196.	0.			HEALTH AND HUMAN SERVICES
THE SALVATION ARMY 223 8TH ST N LA CROSSE, WI 54602-3359	36-2167910	501C3	33,300.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 1010 SILL ST LA CROSSE, WI 54603-2451	39-0901257	501C3	15,000.	0.			FAITH
UNITARIAN UNIVERSALIST FELLOWSHIP OF LA CROSSE - 401 WEST AVENUE SOUTH - LA CROSSE, WI 54601-4748	39-6098985	501C3	32,188.	0.			COMMUNITY IMPROVEMENT
UNITED FUND FOR THE ARTS AND HUMANITIES - 119 KING ST - LA CROSSE, WI 54601-4030	39-1543981	501C3	18,023.	0.			ARTS AND HUMANITIES
UW-LA CROSSE FOUNDATION 615 EAST AVE N LA CROSSE, WI 54602-1148	39-1145116	501C3	97,000.	0.			ENVIRONMENT
VITERBO UNIVERSITY 900 VITERBO DR LA CROSSE, WI 54601-8804	39-0978445	501C3	47,702.	0.			EDUCATION AND SCHOLARSHIP
VIVENT HEALTH 820 N PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501C3	20,000.	0.			HEALTH AND HUMAN SERVICES
WAFER, INC. 403 CAUSEWAY BLVD LA CROSSE, WI 54603-3117	39-1552632	501C3	70,513.	0.			HEALTH AND HUMAN SERVICES
WESTERN TECHNICAL COLLEGE FOUNDATION INC. - 400 7TH STREET NORTH, COLEMAN CENTER 130C - LA CROSSE, WI 54602-0908	23-7364361	501C3	45,100.	0.			EDUCATION AND SCHOLARSHIP
WINN (WHAT I NEED NOW) P O BOX 145 LA CROSSE, WI 54602-0145	86-2562816	501C3	71,350.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN WOMEN'S BUSINESS INITIATIVE CORPORATION - 1533 N RIVERCENTER DRIVE - MILWAUKEE, WI 53212	39-1597954	501C3	15,000.	0.			COMMUNITY IMPROVEMENT
WISCORPS, INC. 789 MYRICK PARK DR LA CROSSE, WI 54601-3711	27-0774779	501C3	9,200.	0.			ENVIRONMENT
WOMEN'S FUND OF GREATER LA CROSSE, INC. - PO BOX 654 - LA CROSSE, WI 54602-0654	27-2394065	501C3	96,810.	0.			CULTURE AND DIVERSITY
WORKFORCE CONNECTIONS, INC. 2615 EAST AVE S LA CROSSE, WI 54601	39-1458247	501C3	26,000.	0.			HEALTH AND HUMAN SERVICES
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	27-3521132	501C3	6,500.	0.			HEALTH AND HUMAN SERVICES
YWCA LA CROSSE 212 11TH ST S LA CROSSE, WI 54601	39-0810543	501C3	92,450.	0.			HEALTH AND HUMAN SERVICES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of 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	187	307,632.	0.		

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

PART I, LINE 2:

ALL GRANTEES' CHARITABLE STATUS IS VERIFIED THROUGH GUIDESTAR OR OTHER CHARITY CHECK DATABASE. IN ADDITION TO IRS VERIFICATION, ALL GRANTEES MUST MEET COMPONENTS OF THE FOUNDATION'S DUE DILIGENCE PROCESS, WHICH INCLUDES: NOT BEING INCLUDED ON SOUTHERN POVERTY LAW CENTERS LIST OF HATE GROUPS AND NOT HAVING SERIOUS VIOLATIONS OF GRANT TERMS FROM PREVIOUS GRANT AWARDS. COMPETITIVE GRANT AWARDS REQUIRE PROGRESS REPORTS DURING THE GRANT PERIOD AND/OR A FINAL REPORT AT THE END OF THE GRANT PERIOD. PROGRESS REPORTS ARE EXPECTED FOR MULTI-YEAR COMMITMENTS IN ORDER TO DETERMINE THAT THE PROJECT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **LA CROSSE COMMUNITY FOUNDATION** Employer identification number **39-6037996**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	233,314.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

**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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD CHAIR AND CHAIRS FOR
THE FINANCE AND INVESTMENT COMMITTEES REVIEW AND SIGN THE FORM 990. THE
ENTIRE GOVERNING BODY DOES REVIEW THE RETURN BEFORE FILING VIA EMAIL.

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

ENFORCEMENT OF CONFLICTS POLICY EACH YEAR, BOARD MEMBERS UPDATE THEIR
CONFLICT OF INTEREST STATEMENTS AND INDICATE THAT THEY WILL NOT DISCUSS OR
VOTE ON ANY MATTER FOR WHICH THEY HAVE A CONFLICT OF INTEREST. BOARD CHAIR
REQUESTS THAT A MEMBER NOT PARTICIPATE IN A DISCUSSION OF A GRANT, IN WHICH
CASES THEY ARE EXCUSED FROM THE DISCUSSION AND THE VOTE. THE VOTE COUNT
WILL REFLECT THAT A BOARD MEMBER ABSTAINED FROM A VOTE.

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

COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD MEETS ANNUALLY TO EVALUATE
THE EXECUTIVE DIRECTOR IN A CLOSED DOOR SESSION. THEY ALSO REVIEW THE GOALS
FROM THE PREVIOUS YEAR AT THIS TIME, AND DISCUSS NEW GOALS AND DECIDE ON A
SALARY INCREASE. COMPARABLE COMPENSATION DATA IS USED IN THIS PROCESS.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE IN THE FOUNDATION
OFFICE UPON REQUEST. CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE
PUBLIC, BUT DISCLOSURES MADE BY BOARD MEMBERS ARE NOT AVAILABLE TO THE
PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990) 2022

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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CHANGE IN PERPETUAL TRUST **-983,250.**

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.