

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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 ** - ***7996
	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	
	601 7TH ST N		G Gross receipts \$ 30,396,433.
	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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
F Name and address of principal officer: RICK KYTE 601 7TH STREET N, STE 203, LA CROSSE, WI 54		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.LAXCOMMFOUNDATION.COM		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 2023 (Part V, line 2a)	5	8
	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 3,456,712.	Current Year 15,157,605.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,540,668.	3,890,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,997.	119,237.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,067,377.	19,167,163.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,024,671.
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)		467,104.	507,374.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		103,150.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		421,722.	528,441.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,913,497.	5,224,526.	
19 Revenue less expenses. Subtract line 18 from line 12	153,880.	13,942,637.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 59,131,423.	End of Year 75,914,919.
	21 Total liabilities (Part X, line 26)	5,424,557.	5,371,622.
	22 Net assets or fund balances. Subtract line 21 from line 20	53,706,866.	70,543,297.

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 RICK KYTE, CHAIR		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BRITTANY F. LEONARD	Preparer's signature BRITTANY F. LEONARD	Date 09/20/24	Check if self-employed <input type="checkbox"/> PTIN P01646690
	Firm's name HAWKINS ASH CPAS, LLP	Firm's EIN ** - ***2608	Phone no. 608.784.7737	
	Firm's address 500 S SECOND STREET, SUITE 200 LA CROSSE, WI 54601			

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 [X]

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 [X] No

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

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

4a (Code:) (Expenses \$ 3,212,307. including grants of \$ 3,005,767.) (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 250 DONOR-DIRECTED FUNDS. IN 2023, A TOTAL OF \$2,654,617 WERE AWARDED IN NONCOMPETITIVE GRANTS AND \$351,150 WERE AWARDED IN SCHOLARSHIPS.

4b (Code:) (Expenses \$ 1,127,444. including grants of \$ 1,023,144.) (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 31 FUNDS THAT AWARD COMPETITIVE GRANTS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EACH QUARTER. LCF AWARDED \$1,023,144.

4c (Code:) (Expenses \$ 237,410. 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 \$ 159,800. including grants of \$ 159,800.) (Revenue \$)

4e Total program service expenses 4,736,961.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated 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		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
601 7TH ST N, STE 203, 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 CHIEF EXECUTIVE OFFICER	40.00			X			125,110.	0.	6,256.	
(2) ERIN BELBY CHIEF OPERATING OFFICER	40.00			X			115,483.	0.	5,774.	
(3) BRENT SMITH, JC CHAIR	1.00	X		X			0.	0.	0.	
(4) RICHARD KYTE VICE-CHAIR	1.00	X		X			0.	0.	0.	
(5) JOE MOUA TREASURER	1.00	X		X			0.	0.	0.	
(6) TAYLOR MATHY SECRETARY	1.00	X		X			0.	0.	0.	
(7) JAMIE DAHL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) CLARA GELATT BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JOSH COURT BOARD MEMBER	1.00	X					0.	0.	0.	
(10) TOM KENNEDY BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SR. SUE ERNSTER BOARD MEMBER	1.00	X					0.	0.	0.	
(12) TARA JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DINA ZAVALA BOARD MEMBER	1.00	X					0.	0.	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	15,157,605.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,023,720.			
	h	Total. Add lines 1a-1f		15,157,605.			
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)		1,760,851.		1760851.	
	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			
	b	Less: cost or other basis and sales expenses	7b	11,229,270.			
	c	Gain or (loss)	7c	2,129,470.			
	d	Net gain or (loss)		2,129,470.			2129470.
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	119,237.	119,237.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			119,237.		
12	Total revenue. See instructions			19,167,163.	119,237.	0.	
						3890321.	

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 ...	3,837,561.	3,837,561.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	351,150.	351,150.		
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	252,624.	114,692.	98,522.	39,410.
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	206,133.	148,260.	46,257.	11,616.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,711.	8,584.	5,727.	400.
9 Other employee benefits				
10 Payroll taxes	33,906.	19,445.	10,778.	3,683.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,610.		16,610.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,440.		157,440.	
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	47,374.	27,651.		19,723.
13 Office expenses	24,062.	13,846.	2,172.	8,044.
14 Information technology	43,126.	25,903.	13,394.	3,829.
15 Royalties				
16 Occupancy	24,342.	14,620.	7,560.	2,162.
17 Travel	9,650.	5,796.	2,997.	857.
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	3,142.	1,887.	976.	279.
23 Insurance	7,694.	4,621.	2,390.	683.
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	109,536.	109,536.		
b DUES & MEETINGS	69,563.	40,885.	16,965.	11,713.
c OTHER EXPENSES	15,902.	12,524.	2,627.	751.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,224,526.	4,736,961.	384,415.	103,150.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	465,860.	1	2,249,127.
	2 Savings and temporary cash investments	1,146,146.	2	1,414,933.
	3 Pledges and grants receivable, net	95,700.	3	166,000.
	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	2,985.	9	10,402.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,882.		
	b Less: accumulated depreciation	10b 35,246.	4,778.	10c 1,636.
	11 Investments - publicly traded securities	53,329,648.	11	67,694,801.
	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	4,086,306.	15	4,378,020.
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,131,423.	16	75,914,919.	
Liabilities	17 Accounts payable and accrued expenses	25,621.	17	33,553.
	18 Grants payable	744,128.	18	125,944.
	19 Deferred revenue	36,897.	19	127,116.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,617,911.	21	5,085,009.
	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	5,424,557.	26	5,371,622.
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	49,584,081.	27	66,130,872.
	28 Net assets with donor restrictions	4,122,785.	28	4,412,425.
	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	53,706,866.	32	70,543,297.
	33 Total liabilities and net assets/fund balances	59,131,423.	33	75,914,919.

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	19,167,163.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,224,526.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,942,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,706,866.
5	Net unrealized gains (losses) on investments	5	2,557,902.
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	335,892.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,543,297.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5224223.	3510927.	4039125.	3456712.	15157605.	31388592.
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	5224223.	3510927.	4039125.	3456712.	15157605.	31388592.
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)						49,716.
6 Public support. Subtract line 5 from line 4.						31338876.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5224223.	3510927.	4039125.	3456712.	15157605.	31388592.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1689719.	1194577.	3271505.	1708979.	1760851.	9625631.
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						41014223.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	76.41 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	62.34 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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>	Yes	No
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

** - ***7996

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number ** - ***7996
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>3,194,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>373,668.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>382,776.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number ** - ***7996
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,129,646.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number ** - ***7996
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	2435 SHARES OF FAST, 1620 SHARES OF SMCWX, 1960 SHARES OF AGTHX <hr/> <hr/> <hr/>	\$ <u>382,776.</u>	<u>12/11/23</u>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number ** - *** 7996
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2023

Open to Public Inspection

Name of the organization LA CROSSE COMMUNITY FOUNDATION Employer identification number ** - *** 7996

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 about 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 by 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 art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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 in 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	43,422,444.	51,187,746.	46,302,977.	42,040,054.	35,351,387.
b Contributions	7,128,805.	2,424,098.	1,122,711.	1,291,702.	1,781,902.
c Net investment earnings, gains, and losses	5,517,372.	-7,461,402.	6,112,833.	5,578,154.	7,273,691.
d Grants or scholarships	1,354,515.	2,228,627.	1,836,514.	2,003,836.	1,827,305.
e Other expenditures for facilities and programs	1,482.	4,600.		189,614.	139,669.
f Administrative expenses	493,059.	494,771.	514,261.	413,483.	399,952.
g End of year balance	54,219,565.	43,422,444.	51,187,746.	46,302,977.	42,040,054.

- 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		19,946.	19,307.	639.
c Leasehold improvements		16,936.	15,939.	997.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,636.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	4,246,424.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	131,596.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,378,020.

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, line 25, col. (B))	

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	21,743,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,557,902.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	219,340.	
	e Add lines 2a through 2d	2e	2,777,242.	
3	Subtract line 2e from line 1		3	18,966,475.
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	157,440.	
	b Other (Describe in Part XIII.)	4b	43,248.	
	c Add lines 4a and 4b	4c	200,688.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,167,163.

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	4,907,286.
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	4,907,286.
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	157,440.	
	b Other (Describe in Part XIII.)	4b	159,800.	
	c Add lines 4a and 4b	4c	317,240.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,224,526.

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 FUNDS HELD FOR SEVERAL ORGANIZATIONS THEY PROVIDE FISCAL MANAGEMENT SERVICES FOR.

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, 2023 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 219,340.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE 43,248.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES 159,800.

**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

2023

**Open to Public
Inspection**

Name of the organization **LA CROSSE COMMUNITY FOUNDATION** Employer identification number **** - *** 7996**

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
APTIV FOUNDATION INC 3000 S AVE. LA CROSSE, WI 54601	** - *** 6838	501C3	13,079.	0.			HEALTH AND HUMAN SERVICES
AQUINAS CATHOLIC SCHOOLS FOUNDATION, INC. - 315 11TH ST S - LA CROSSE, WI 54601-4763	** - *** 2072	501C3	11,814.	0.			EDUCATION AND SCHOLARSHIP
AQUINAS CATHOLIC SCHOOLS INC. 315 11TH ST S LA CROSSE, WI 54601-4763	** - *** 0105	501C3	22,400.	0.			EDUCATION AND SCHOLARSHIP
BETHANY LUTHERAN HOMES, INC. D/B/A EAGLE CREST COMMUNITIES - 2575 7TH ST S - LA CROSSE, WI 54601-5249	** - *** 9446	501C3	11,920.	0.			HEALTH AND HUMAN SERVICES
BLACK LEADERS ACQUIRING COLLECTIVE KNOWLEDGE (BLACK) INC. - 212 11TH STREET S - LA CROSSE, WI 54601	** - *** 9213	501C3	95,995.	0.			CULTURE AND DIVERSITY
BLESSED SACRAMENT CATHOLIC CHURCH 130 LOSEY BLVD S LA CROSSE, WI 54601-4399	** - *** 3886	501C3	8,530.	0.			FAITH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 102.

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

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

Schedule I (Form 990) 2023

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
BORDER KINDNESS PO BOX 2454 EL CENTRO, CA 92244-2450	**-***0868	501C3	10,000.	0.			CULTURE AND DIVERSITY
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - PO BOX 91 - LA CROSSE, WI 54602-0091	**-***4791	501C3	348,140.	0.			RECREATION AND WELLNESS
CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE - 3710 EAST AVE S - LA CROSSE, WI 54601-7215	**-***6823	501C3	6,453.	0.			HEALTH AND HUMAN SERVICES
CAUSEWAY INTERFAITH VOLUNTEER CAREGIVERS, INC. - 4141 MORMON COULEE RD - LA CROSSE, WI 54601-7903	**-***9943	501C3	9,000.	0.			RECREATION AND WELLNESS
CENTERING ONALASKA 415 MAIN ST ONALASKA, WI 54650	**-***1785	501C3	7,500.	0.			COMMUNITY IMPROVEMENT
CHRIST EPISCOPAL CHURCH PO BOX 2908 LA CROSSE, WI 54602-2908	**-***6295	501C3	5,973.	0.			FAITH
CIA SIAB INC. 1825 SUNSET LN LA CROSSE, WI 54601-3020	**-***6765	501C3	59,241.	0.			CULTURE AND DIVERSITY
CITY OF LA CROSSE POLICE DEPARTMENT - 400 LA CROSSE ST. - LA CROSSE, WI 54601-3374	**-***5490	501C3	55,616.	0.			COMMUNITY IMPROVEMENT
CLEARWATER FARM FOUNDATION 760 GREEN COULEE ROAD ONALASKA, WI 54650	**-***9384	501C3	8,774.	0.			ENVIRONMENT

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
CLIMATE ALLIANCE FOR THE COMMON GOOD - N2176 VALLEY RD. - LA CROSSE, WI 54601	**_***7522	501C3	6,500.	0.			ENVIRONMENT
COULEECAP, INC. 201 MELBY ST WESTBY, WI 54667-1013	**_***7614	501C3	27,350.	0.			HEALTH AND HUMAN SERVICES
COULEE COUNCIL ON ADDICTIONS D/B/A COULEE RECOVERY CENTER - 933 FERRY ST - LA CROSSE, WI 54601-4752	**_***9125	501C3	47,389.	0.			HEALTH AND HUMAN SERVICES
COULEE REGION HUMANE SOCIETY 911 CRITTER CT ONALASKA, WI 54650-8654	**_***6713	501C3	383,480.	0.			COMMUNITY IMPROVEMENT
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741-9804	**_***3452	501C3	8,750.	0.			HEALTH AND HUMAN SERVICES
DRIFTLESS URBAN ORCHESTRA INC 1715 MISSISSIPPI ST LA CROSSE, WI 54601	**_***0524	501C3	10,176.	0.			ARTS AND HUMANITIES
FAITH UNITED METHODIST CHURCH 1818 REDFIELD STREET LA CROSSE, WI 54601	**_***6587	501C3	6,099.	0.			FAITH
FAMILY & CHILDREN'S CENTER 1707 MAIN ST LA CROSSE, WI 54601-4200	**_***1863	501C3	35,745.	0.			HEALTH AND HUMAN SERVICES
FIRST EVANGELICAL LUTHERAN CHURCH 400 WEST AVE. S. LA CROSSE, WI 54601	**_***5189	501C3	28,500.	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
FIRST PRESBYTERIAN CHURCH 233 WEST AVE. S. LA CROSSE, WI 54601	**-***8490	CHURCH	26,999.	0.			FAITH
FIRST TEENS CLOTHES CLOSET OF FIRST LUTHERAN CHURCH - 410 MAIN ST - ONALASKA, WI 54650-2952	**-***5415	501C3	18,400.	0.			HEALTH AND HUMAN SERVICES
FISHER HOUSE FOUNDATION P.O. BOX 791598 BALTIMORE, MD 21279	**-***8401	501C3	15,000.	0.			HEALTH AND HUMAN SERVICES
FOR INDEPENDENT HMONG FARMERS CORP. - P.O. BOX 578 - LA CROSSE, WI 54602	**-***1883	501C3	8,100.	0.			COMMUNITY IMPROVEMENT
FRIENDS OF COULEE REGION RSVP 2920 EAST AVE S STE.104 LA CROSSE, WI 54601-8282	**-***1646	501C3	22,644.	0.			RECREATION AND WELLNESS
FRIENDS OF SNOWFLAKE SKI JUMPING INC - PO BOX 2 - WESTBY, WI 54667	**-***7921	501C3	25,000.	0.			RECREATION AND WELLNESS
FRIENDS OF THE BLUFFLANDS 2222 HOESCHLER DR LA CROSSE, WI 54601-6814	**-***9215	501C3	6,100.	0.			ENVIRONMENT
GATEWAY AREA COUNCIL, BSA 2600 QUARRY RD LA CROSSE, WI 54601-3939	**-***6175	501C3	213,799.	0.			ENVIRONMENT
GEARUP, INC N2136 VALLEY RD LA CROSSE, WI 54601	**-***9288	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
GREAT RIVERS UNITED WAY 1855 E MAIN ST ONALASKA, WI 54650-6727	**-***8188	501C3	13,042.	0.			EDUCATION AND SCHOLARSHIP
GUNDERSEN MEDICAL FOUNDATION 1836 SOUTH AVE LA CROSSE, WI 54601-5429	**-***9705	501C3	16,095.	0.			HEALTH AND HUMAN SERVICES
HOLY TRINITY CATHOLIC CHURCH 1333 13TH ST S LA CROSSE, WI 54601-5699	**-***6447	501C3	21,554.	0.			FAITH
HONOR THE EARTH 1430 HAINES AVE. RAPID CITY, SD 57701	**-***4238	501C3	14,600.	0.			ENVIRONMENT
HOPE RESTORES CORPORATION 231 COPELAND AVE LA CROSSE, WI 54603	**-***4972	501C3	70,315.	0.			CULTURE AND DIVERSITYCULTURE AND DIVERSITY
HORSESENSE, INC P O BOX 906 LA CROSSE, WI 54602-0906	**-***6685	501C3	16,592.	0.			HEALTH AND HUMAN SERVICES
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD. LA CROSSE, WI 54601	**-***2026	501C3	71,491.	0.			EDUCATION AND SCHOLARSHIP
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	**-***9467	501C3	15,000.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE AREA FAMILY YMCA 1140 MAIN ST LA CROSSE, WI 54601-4124	**-***6172	501C3	42,319.	0.			RECREATION AND WELLNESS

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
LA CROSSE AREA SYNOD ELCA 2301 SOUTH AVENUE LA CROSSE, WI 54601-6229	**_***4260	501C3	5,620.	0.			FAITH
LA CROSSE AREA VETERANS MENTOR PROGRAM - 212 6TH ST. NORTH, ROOM 450 - LA CROSSE, WI 54601	**_***3227	501C3	5,210.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE COMMUNITY THEATRE 428 FRONT STREET SOUTH LA CROSSE, WI 54601-4012	**_***5843	501C3	35,648.	0.			ARTS AND HUMANITIES
LA CROSSE COUNTY HEALTH DEPARTMENT HEALTH AND HUMAN SERVICES BUILDING LA CROSSE, WI 54601-3229	**_***5709	501C3	5,775.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE COUNTY HISTORICAL SOCIETY - 145 WEST AVENUE S - LA CROSSE, WI 54601-4382	**_***8755	501C3	111,043.	0.			ARTS AND HUMANITIES
LACROSSE JAIL MINISTRY, INC. PO BOX 2675 LA CROSSE, WI 54602-2675	**_***5213	501C3	8,110.	0.			FAITH
LA CROSSE LIONS CHARITIES 717 19TH ST. S. LA CROSSE, WI 54602-1531	**_***7741	501C3	7,500.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE NEIGHBORHOODS INC. P O BOX 1661 LA CROSSE, WI 54602-1661	**_***5115	501C3	20,000.	0.			COMMUNITY IMPROVEMENT
LA CROSSE NEIGHBORHOODS INC. P O BOX 1661 LA CROSSE, WI 54602-1661	**_***5115	501C3	13,800.	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
LA CROSSE PUBLIC EDUCATION FOUNDATION, INC. - PO BOX 1811 - LA CROSSE, WI 54602-1811	**-***0700	501C3	52,183.	0.			EDUCATION AND SCHOLARSHIP
LA CROSSE PUBLIC LIBRARY 800 MAIN ST. LA CROSSE, WI 54601	**-***5490	GOV'T	15,470.	0.			COMMUNITY IMPROVEMENT
LA CROSSE SYMPHONY ORCHESTRA, INC. 201 MAIN ST STE 230 LA CROSSE, WI 54601-0714	**-***4330	501C3	29,232.	0.			ARTS AND HUMANITIES
LUTHERAN CAMPUS MINISTRY OF LA CROSSE AREA SYNOD - 2301 SOUTH AVE - LA CROSSE, WI 54601	**-***4260	501C3	14,050.	0.			FAITH
LUTHERAN SOCIAL SERVICES/WISCONSIN & UPPER MI, INC. - 6737 WEST WASHINGTON ST SUITE 2275 - WEST ALLIS, WI 53214	**-***6846	501C3	11,240.	0.			HEALTH AND HUMAN SERVICES
MARINE CREDIT UNION FOUNDATION 300 N 2ND STREET LA CROSSE, WI 54601	**-***4606	501C3	23,676.	0.			COMMUNITY IMPROVEMENT
MAYO CLINIC HEALTH SYSTEM DEPT OF DEVELOPMENT ROCHESTER, MN 55905	**-***6374	501C3	13,499.	0.			HEALTH AND HUMAN SERVICES
MCDOWELL SONORAN CONSERVANCY 15300 N 90TH ST, STE 400 SCOTTSDALE, AZ 85260	**-***4350	501C3	10,000.	0.			ENVIRONMENT
MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DR STE 9 LA CROSSE, WI 54602-2611	**-***1201	501C3	30,760.	0.			ENVIRONMENT

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
MISSOURI RIVER BIRD OBSERVATORY PO BOX 16 ARROW ROCK, MO 65320	**-***6275	501C3	15,000.	0.			ENVIRONMENT
NEIGH N BRAY EQUINE RESCUE INC N6159 MCKINLEY VALLEY RD WEST SALEM, WI 54669	**-***9082	501C3	5,400.	0.			COMMUNITY IMPROVEMENT
NEW HORIZONS SHELTER & OUTREACH CTRS. - PO BOX 2031 - LA CROSSE, WI 54602-2031	**-***7699	501C3	14,980.	0.			HEALTH AND HUMAN SERVICESHEALTH AND HUMAN SERVICES
NEXT STEPS FOR CHANGE, INC. N5782 LAKE PARK DR ONALASKA, WI 54650-9645	**-***0594	501C3	35,117.	0.			HEALTH AND HUMAN SERVICES
NORSKEDALEN NATURE AND HERITAGE CENTER - PO BOX 235 - COON VALLEY, WI 54623-0235	**-***8906	501C3	5,510.	0.			CULTURE AND DIVERSITY
ONALASKA EDUCATION FOUNDATION 237 2ND AVE S ONALASKA, WI 54650-2905	**-***4475	501C3	6,000.	0.			EDUCATION AND SCHOLARSHIP
ONALASKA ENHANCEMENT FOUNDATION 415 MAIN ST ONALASKA, WI 54650-2953	**-***5880	501C3	7,500.	0.			COMMUNITY IMPROVEMENT
ONALASKA SCHOOL DISTRICT 237 2ND AVE S ONALASKA, WI 54650-2905	**-***1237	501C3	17,079.	0.			EDUCATION AND SCHOLARSHIP
OUR SAVIOR'S LUTHERAN CHURCH P O BOX 97 LA CROSSE, WI 54602-0097	**-***8278	501C3	21,620.	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
OUTDOOR RECREATION ALLIANCE 125 7TH ST N LA CROSSE, WI 54601	**-***2671	501C3	175,750.	0.			RECREATION AND WELLNESS
PASTORS UNITED COMMUNITY ADVOCACY INC. - C/O SOULS TO THE POLLS MILWAUKEE - MILWAUKEE, WI 53216	**-***7280	501C3	6,500.	0.			COMMUNITY IMPROVEMENT
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 671 VANDALIA ST - ST. PAUL, MN 55114-1312	**-***8382	501C3	10,000.	0.			HEALTH AND HUMAN SERVICES
PLANNED PARENTHOOD OF WISCONSIN, INC. - 302 N JACKSON ST - MILWAUKEE, WI 53202-5904	**-***3391	501C3	31,205.	0.			HEALTH AND HUMAN SERVICES
PUMP HOUSE REGIONAL ARTS CENTER 119 KING ST. LA CROSSE, WI 54601	**-***9618	501C3	11,169.	0.			ARTS AND HUMANITIES
RHYMES (RUNAWAY AND HOMELESS YOUTH MEDIATION AND EMERGENCY SERVICES) - 212 11TH STREET SOUTH - LA CROSSE, WI 54601	**-***4582	501C3	88,500.	0.			HEALTH AND HUMAN SERVICES
SAINT CLARE HEALTH MISSION INC 916 FERRY ST LA CROSSE, WI 54601-4717	**-***3651	501C3	25,424.	0.			HEALTH AND HUMAN SERVICES
SCHOOL DISTRICT OF LA CROSSE 807 EAST AVE S LA CROSSE, WI 54601-4982	**-***2841	GOV'T	51,410.	0.			EDUCATION AND SCHOLARSHIP
SHELTER DEVELOPMENT INC. 1009 4TH ST S LA CROSSE, WI 54601	**-***8865	501C3	44,539.	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
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 1201 MAIN ST. - ONALASKA, WI 54650	**-***8234	501C3	11,900.	0.			FAITH
SUGAR CREEK BIBLE CAMP 13141 SUGAR CREEK BIBLE CAMP RD FERRYVILLE, WI 54628-6033	**-***6303	501C3	14,050.	0.			RECREATION AND WELLNESS
TEAM RUBICON 5230 PACIFIC CONCOURSE DRIVE #200 LOS ANGELES, CA 90045	**-***0480	501C3	15,000.	0.			VCOMMUNITY IMPROVEMENT
TEEN INTERNATIONAL MEDIA EXCHANGE 14358 MAGNOLIA BLVD. SHERMAN OAKS, CA 91423	**-***8953	501C3	18,500.	0.			CULTURE AND DIVERSITY
THE GOOD FIGHT COMMUNITY CENTER 118 6TH STREET N LACROSSE, WI 54601	**-***0941	501C3	94,905.	0.			RECREATION AND WELLNESS
THE HUNGER TASK FORCE OF LA CROSSE, INC. - 1240 CLINTON ST. - LA CROSSE, WI 54603	**-***7827	501C3	8,984.	0.			HEALTH AND HUMAN SERVICES
THE NATURE CONSERVANCY MEMBERSHIP PROCESSING MERRIFIELD, VA 22116-1556	**-***2652	501C3	6,500.	0.			ENVIRONMENT
THE NATURE PLACE / WISCORPS, INC. 789 MYRICK PARK DR LA CROSSE, WI 54601-3711	**-***4779	501C3	18,140.	0.			ENVIRONMENT
THE PARENTING PLACE 1500 GREEN BAY ST LA CROSSE, WI 54601-6455	**-***6842	501C3	5,975.	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
THE SALVATION ARMY 223 8TH ST N LA CROSSE, WI 54602-3359	**-***7910	501C3	27,049.	0.			HEALTH AND HUMAN SERVICES
UNITED FUND FOR THE ARTS AND HUMANITIES - 119 KING ST - LA CROSSE, WI 54601-4030	**-***3981	501C3	18,676.	0.			ARTS AND HUMANITIES
UW-LA CROSSE FOUNDATION 615 EAST AVE N LA CROSSE, WI 54602-1148	**-***5116	501C3	58,237.	0.			EDUCATION AND SCHOLARSHIP
UW-LA CROSSE (SCHOLARSHIPS) 121 GRAFF MAIN HALL LA CROSSE, WI 54601-3742	**-***5963	501C3	40,450.	0.			EDUCATION AND SCHOLARSHIP
VITERBO UNIVERSITY ADVANCEMENT OFFICE LA CROSSE, WI 54601-8804	**-***8445	501C3	78,430.	0.			EDUCATION AND SCHOLARSHIP
WAFER, INC. 1603 GEORGE ST LA CROSSE, WI 54603	**-***2632	501C3	77,862.	0.			HEALTH AND HUMAN SERVICES
WESTERN TECHNICAL COLLEGE FOUNDATION INC. - 400 7TH STREET NORTH, COLEMAN CENTER 130C - LA CROSSE, WI 54602-0908	**-***4361	501C3	73,150.	0.			COMMUNITY IMPROVEMENT
WEST SALEM SCHOOL DISTRICT 405 EAST HAMLIN STREET WEST SALEM, WI 54669-1224	**-***7946	501C3	15,758.	0.			EDUCATION AND SCHOLARSHIP
WINN (WHAT I NEED NOW) P O BOX 145 LA CROSSE, WI 54602-0145	**-***2816	501C3	13,320.	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 BADGER CAMP PO BOX 723 PLATTEVILLE, WI 53818-0723	**-***7398	501C3	6,800.	0.			RECREATION AND WELLNESS
WISCONSIN FIRST ROBOTICS, INC. N41W28660 IMPERIAL DRIVE PEWAUKEE, WI 53072	**-***3823	501C3	5,500.	0.			RECREATION AND WELLNESS
WOMEN'S FUND OF GREATER LA CROSSE, INC. - PO BOX 654 - LA CROSSE, WI 54602-0654	**-***4065	501C3	98,085.	0.			COMMUNITY IMPROVEMENT
WORKFORCE CONNECTIONS, INC. 2615 EAST AVE S LA CROSSE, WI 54601	**-***8247	501C3	20,900.	0.			HEALTH AND HUMAN SERVICES
ADULT & TEEN CHALLENGE OF WESTERN WISCONSIN INC. - PO BOX 126 - LA CROSSE, WI 54602	**-***4057	501C3	17,195.	0.			HEALTH AND HUMAN SERVICES
AGING AND DISABILITY RESOURCE CENTER OF LA CROSSE COUNTY - 300 4TH ST. N. - LA CROSSE, WI 54601	**-***5709	501C3	7,250.	0.			HEALTH AND HUMAN SERVICES
ALLIANCE FOR THE GREAT LAKES 150 N MICHIGAN AVE CHICAGO, IL 60601	**-***4524	501C3	10,000.	0.			ENVIRONMENT
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	**-***3874	501C3	20,000.	0.			ENVIRONMENT
AMERICAN INDIAN EDUCATION FUND PARTNERSHIP WITH NATIVE AMERICANS ADDISON, TX 75001-3210	**-***0147	501C3	6,000.	0.			CULTURE AND DIVERSITY

Schedule I (Form 990)

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	202	351,150.	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

2023

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 **** - *** 7996**

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	20	1,006,657.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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

2023

Open to Public
Inspection

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

** - ***7996

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGENCY-FUND ACTIVITIES: LCF MANAGES AGENCY FUNDS ESTABLISHED BY

NONPROFIT ORGANIZATIONS. THE LCF HAS FIDUCIARY RESPONSIBILITY OVER THE

FUNDS, AND EACH YEAR THE ORGANIZATION CAN CHOOSE TO TAKE THE SPENDING

RATE DISTRIBUTION, OR CONTINUE TO GROW THE FUND WITH ITS ANNUAL

EARNINGS.

EXPENSES \$ 159,800. INCLUDING GRANTS OF \$ 159,800. REVENUE \$ 0.

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number ** - ***7996
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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:

CHANGE IN PERPETUAL TRUST	219,340.
AGENCY FUND CONTRIBUTIONS AND GRANTS	116,552.
TOTAL TO FORM 990, PART XI, LINE 9	335,892.

FORM 990, PART XII, LINE 3B:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.