Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AF	or th	e 2023 calendar year, or tax year beginning and	ending								
B c a	heck if pplicab	le: C Name of organization		D Employer identific	ation number						
X	Addre	LA CROSSE COMMUNITY FOUNDATION									
	Name			**-***799	96						
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final Final	601 7mu cm N	203	608.782.3	3223						
	termii ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	30,396,433.						
	Amer	LA CROSSE, WI J4001		H(a) Is this a group re	turn						
	Appli tion	F Name and address of principal officer: KICK KITE		for subordinates	? Yes X No						
	pendi	OUL /TH STREET N, STE 203, LA CROSSE, W	<u>√I_54</u>	H(b) Are all subordinates in	cluded? Yes No						
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions						
	Vebsi			H(c) Group exemption							
		f organization: Corporation X Trust Association Other	L Year	of formation: 1930 N	State of legal domicile: WI						
Fa	art I	Summary	FORTNO								
e	1	Briefly describe the organization's mission or most significant activities: CONN GIVING IN THE LA CROSSE AREA FOREVER.	ECTING	PEOPLE, PAS	SION, AND						
Governance		Check this box if the organization discontinued its operations or disposed	and of more	than QEO/ of its pat and							
/err	2			1 1	eis. 11						
ģ	4	Number of independent voting members of the governing body (Part VI, line 1a)			11						
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8						
ities	6	Total number of volunteers (estimate if necessary)			30						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
•	8	Contributions and grants (Part VIII, line 1h)		3,456,712.	15,157,605.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
eve	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.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,024,671.	4,188,711.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		467,104.	507,374.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 103,1		421,722.	E 29 //1						
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,913,497.	<u>528,441.</u> 5,224,526.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		153,880.	13,942,637.						
- 2	19	Revenue less expenses. Subtract line 18 from line 12	Be	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		59,131,423.	75,914,919.						
Asse Bala	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		5,424,557.	5,371,622.						
Net ,	22	Net assets or fund balances. Subtract line 21 from line 20		53,706,866.	70,543,297.						
Pa	art II	Signature Block									
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi									
			· · · · · · · · · · · · · · · · · · ·								
Sig	n	Signature of officer		Date							
	_	RICK KYTE CHAIR									

Hele -	RICK RIID, CHMIN			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	BRITTANY F. LEONARD	BRITTANY F. 1	LEONARD 09/2	20/24 self-employed P01646690
Preparer	Firm's name HAWKINS ASH CPAS,	LLP		Firm's EIN **-**2608
Use Only	Firm's address 500 S SECOND STRE	ET, SUITE 200)	
	LA CROSSE, WI 546	01		Phone no. 608 . 784 . 7737
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 33	32001 12-21-23	Form 990 (2023)

Form	990 (2023) LA CROSSE COMMUNITY FOUNDATION **-**7996 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
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 \$)
чы	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.
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Form 990 (2023				FOUNDATION
Part IV Ch	ecklist of Requi	red Schedu	lles	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
40	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	1
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		<u></u>	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	77	1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	000
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
06	Schedule L, Part I	200		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u		28a		x
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		32		x
22	Schedule N, Part II	52		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01		37		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Der	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Fai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vaa	Na	
20	Enter the number of employees reported on Form $W/2$. Transmitted of $W/2$ and Tay Statements			Yes	No	
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 8				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х		
			3a		x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
			<u>6a</u>		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X X	
			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
	to file Form 8282?		7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v	
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g			
g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8		x	
0	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		x	
a b			9b		X	
10	Section 501(c)(7) organizations. Enter:		50			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
11	Section 501(c)(12) organizations. Enter:		-			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b	_			
С	Enter the amount of reserves on hand	13c				
14a			14a		x	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1			
	excess parachute payment(s) during the year?		15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.		_	000	105-	
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Form 990	(2023)
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LA CROSSE COMMUNITY FOUNDATION

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

Section A. Governing Body and Management

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X

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.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		11			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	y other				
	officer, director, trustee, or key employee?			L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision		ĺ		
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fi	iled?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····			
	more members of the governing body?	-			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····· -	<u></u>		
					7b		х
0	 persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 						
					0-	х	
	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?			······	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		77
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ode.)				
				г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			····· -	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, a	ffiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before f	filing the fo	orm?	11a	Х	
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						
					12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y			Γ			
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		pendent				
_					45-	х	
	The organization's CEO, Executive Director, or top management official				15a		Х
b	Other officers or key employees of the organization				15b		~
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	а				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its part	ticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T	(section 50	01(c)(3)s (only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sche	edule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy, and f	finand	cial	
	statements available to the public during the tax year.			- , , and i			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and m	ecorde				
	LA CROSSE COMMUNITY FOUNDATION - 608-782-3223		000103				
	601 7TH ST N, STE 203, LA CROSSE, WI 54601						
o.c					Farre	990	(000
32006	6 12-21-23				rorm	550	(202
~ ~				117		0.1	~ ~
09	20 131582 0108528.0 2023.04020 LA CROSS	E COM	IMUNIT	Y FOU	JND	01	08

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		not c	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	nd a di	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JAMIE SCHLOEGEL CHIEF EXECUTIVE OFFICER	40.00			x				125,110.	0.	6,256.
(2) ERIN BELBY	40.00									
CHIEF OPERATING OFFICER				x				115,483.	0.	5,774.
(3) BRENT SMITH, JC CHAIR	1.00	x		x				0.	0.	0.
(4) RICHARD KYTE	1.00	Δ						0.	0.	0.
VICE-CHAIR	1.00	x		x				0.	0.	0.
(5) JOE MOUA	1.00	Δ							0.	
TREASURER	1.00	x		x				0.	0.	0.
(6) TAYLOR MATHY	1.00									
SECRETARY		х		x				0.	0.	0.
(7) JAMIE DAHL	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) CLARA GELATT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOSH COURT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TOM KENNEDY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SR. SUE ERNSTER BOARD MEMBER	1.00	x						0.	0.	0.
(12) TARA JOHNSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) DINA ZAVALA	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
		-								
222007 12 21 22										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

10050920 131582 0108528.0

	990 (2023) LA CROSSE	COMMUN	IΤ	Y	FO	UN	DA	ΤI	ON	**_**	**79	996	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue									· ,			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	not cl unles	ss per	ition more rson is irecto	Highest compensated Ly/s of the standard Highest compensated Highe	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	Estir amo ot compe fron organ	F) nated unt of her ensation n the ization elated
		below line)	Individual	Institutio	Officer	Key employee	Highest c employee	Former				organi	zations
									240 502		0	10	020
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but not shown and shown are shown as a shown are shown are shown as a shown are shown as a shown are shown a	, Section A			· · · · · · · ·				240,593. 0. 240,593.	000 of reportable	0.0.	. 0.	
2	compensation from the organization		056	IISLE	u au	love) 1011	Jie	ceived more than \$100,		;		2
3	Did the organization list any former officer,	-		-	•	-		Ŭ		-	[es No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		3 4	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5	X
	tion B. Independent Contractors				-								
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y	•	ensat		
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C) ompens	ation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			
												Form 99	90 (2023)

332008 12-21-23

Pa	rt V	/111	Statement of Rev	venue	е						
			Check if Schedule O o	contain	is a resp	onse	or note to any line		(5)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
iran oun		b	Membership dues		1b						
s, G		с	Fundraising events		1c						
Gift lar J		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contri								
		f	All other contributions, gifts,								
ibu Othe			similar amounts not included				15,157,605.				
ontr of O		g	Noncash contributions included in				1,023,720.				
<u>a Č</u>		h	Total. Add lines 1a-1f					15,157,605.			
							Business Code				
Program Service Revenue	2	а									
erv ue		b									
n S Ven		c									
grai Rev		d									
² roj		e f	All other program convice								
-		f a	All other program service								
	3	<u> </u>	Total. Add lines 2a-2f Investment income (includ								
	Ŭ			-				1,760,851.			1760851.
	4		Income from investment of				ſ	, , ,			
	5		Royalties				ł				
			···· · ·······························		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Secur	ities	(ii) Other				
			assets other than inventory	7a 1	3,358,	740.					
		b	Less: cost or other basis								
ne			and sales expenses	7b 1	1,229,	270.					
Revenue		с	Gain or (loss)	7c	2,129,	470.					
Re		d	Net gain or (loss)					2,129,470.			2129470.
Other	8	а	Gross income from fundraisir	ng even	ts (not						
đ			including \$								
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses			-					
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from Gross sales of inventory, l			,s 					
	10	a	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
						· , · ·	Business Code				
snc	11	а	PROCESSING FEES				900099	119,237.	119,237.		
nec		b									
scellaneo Revenue		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d					119,237.			
	12		Total revenue. See instruction					19,167,163.	119,237.	0.	3890321.
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LA CROSSE COMMUNITY FOUNDATION

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LA CROSSE COMMUNITY FOUNDATION

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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,837,561. 3,837,561. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 351,150. 351,150. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 114,692. 252,624. 98,522. 39,410. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 206,133. 148,260. 46,257. 11,616. Other salaries and wages 7 8 Pension plan accruals and contributions (include 14,711. 5,727. 8,584. 400. section 401(k) and 403(b) employer contributions) Other employee benefits 9 33,906. 19,445. 10,778. 3,683. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 16,610. 16,610. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 157,440. 157,440. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 47,374. 27,651. 19,723. Advertising and promotion 12 24,062. 13,846. 2,172. 8,044. Office expenses 13 43,126. 25,903. 13,394. 3,829. Information technology 14 15 Royalties 24,342. 14,620. 7,560. 2,162. 16 Occupancy 9,650. 5,796. 2,997. 857. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 3,142. 1,887. 976. 279. Depreciation, depletion, and amortization 22 7,694. 4,621. 2,390. 683. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 109,536. 109,536. PROGRAM EXPENSES а 40,885. DUES & MEETINGS 69,563. 16,965. 11,713. b

15,902.

10

5,224,526.

332010 12-21-23

Check here

c d

е

25 26 OTHER EXPENSES

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

All other expenses

2,627.

384,415.

751.

103,150.

Form 990 (2023)

2023.04020 LA CROSSE COMMUNITY FOUND 01085281

12,524.

4,736,961.

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33

Total liabilities and net assets/fund balances

59,131,423.

33

75,914,919.

Form 990 (2023)

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

 (A)
 Beginning of year

 Cash - non-interest-bearing
 465,860.

 Savings and temporary cash investments
 1,146,146.

 Pledges and grants receivable, net
 95,700.

 Accounts receivable, net
 95,700.

 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

	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 of				
		trustee, key employee, creator or founder, substantial con				
		controlled entity or family member of any of these persons	s		5	
	6	Loans and other receivables from other disqualified person	ns (as defined			
		under section 4958(f)(1)), and persons described in section		6		
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	_		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.
	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	4 61 1 011	20		
	21	Escrow or custodial account liability. Complete Part IV of S	4,617,911.	21	5,085,009.	
es	22	Loans and other payables to any current or former officer,				
Liabilities		trustee, key employee, creator or founder, substantial con				
-iab		controlled entity or family member of any of these persons	F		22	
-	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C	· /		05	
	26	of Schedule D Total liabilities. Add lines 17 through 25		5,424,557.	25 26	5,371,622.
	20	Organizations that follow FASB ASC 958, check here	X	5,121,557.	20	5,571,022.
es		and complete lines 27, 28, 32, and 33.				
nce	27	Net assets without donor restrictions		49,584,081.	27	66,130,872.
3ale	28	Net assets with donor restrictions		4,122,785.	28	4,412,425.
Π		Organizations that do not follow FASB ASC 958, check		, , ,		, , , -
Fu		and complete lines 29 through 33.				
o.	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equipment f			30	
Ast	31	Retained earnings, endowment, accumulated income, or o			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		53,706,866.	32	70,543,297.

LA CROSSE COMMUNITY FOUNDATION

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1

2

(B) End of year

2,249,127.

1,414,933

Form 990 (2023)
Part X Balance Sheet

1

2

	1990 (2023) LA CROSSE COMMUNITY FOUNDATION	**_*	**7996	Pag	_{le} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,167		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,224		
3	Revenue less expenses. Subtract line 2 from line 1	3	13,942	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,706	-	
5	Net unrealized gains (losses) on investments	5	2,557	,90)2.
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	,89)2.
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	, 29	<u>)7.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000 /	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

н

Name of the o	organization
---------------	--------------

Nan	ne or i	the organization			TON		Emp				
De	rt I			UNITY FOUNDA			<u> </u>	**-***7996			
		Reason for Public (ee instructions.				
	organ	ization is not a private found									
1		A church, convention of ch				n 170(b)(1	I)(A)(I).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	\mathbb{H}		· •				•				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
~		section 170(b)(1)(A)(iv).		a set al sus it also suite a d in		70(1-)(4)(4)	(-)				
6	\square	A federal, state, or local gov	0				.,	use wal we de lis also suite sal in			
7		An organization that norma section 170(b)(1)(A)(vi). (C	•	ntial part of its support if	rom a gove	ernmental	unit or from the ge	neral public described in			
8	X	A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	Inction with a land-	-grant college			
		or university or a non-land-g									
		university:		· · ·			-				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fee	es, and gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its sup	port from gross investment			
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the organiza	ation after June 30, 1975.			
		See section 509(a)(2). (Con									
11		An organization organized a	-	•	•						
12		An organization organized a		•			· · ·				
		more publicly supported or									
		lines 12a through 12d that	• •								
а		Type I. A supporting orga	-		• • •	-					
		the supported organization			majority o	of the direc	tors or trustees of	the supporting			
_		organization. You must o	-								
b		Type II. A supporting org	-								
		control or management o			ame perso	ns that co	ntrol or manage the	e supported			
		organization(s). You mus	-					e sure to all a state			
c		_ Type III functionally inte its supported organization					-	egrated with,			
d		Type III non-functionally		-				organization(s)			
-		that is not functionally int						•			
		requirement (see instructi			-		-				
е		Check this box if the orga	,	. ,	,			pe III			
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g	Prov	vide the following informatior									
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of mone				
		organization		above (see instructions))	Yes	No	support (see instruc	tions) support (see instructions)			
Tota	al										

Schedule A (Form 990) 2023

LA CROSSE COMMUNITY FOUNDATION

 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.)

See	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	5224223.	3510927.	4039125.	3456712.	15157605.	
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 instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stor	-					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	76.41 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	62.34 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	0 10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

LA CROSSE COMMUNITY FOUNDATION 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.)

Sec	Suon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				-		·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b 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	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
Sec	check this box and stop here						<u></u>
	Public support percentage for 2023 (column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
	Investment income percentage for 2					17	%
	Investment income percentage from					18	line 17 is not
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		·····
33202	23 12-21-23		15			Schee	dule A (Form 990) 2023

LA CROSSE COMMUNITY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

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

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LA CROSSE COMMUNITY FOUNDATION Schedule A (Form 990) 2023

2

Pa	t IV Supporting Organizations (continued)				
		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization? 11a				
b	A family member of a person described on line 11a above? 11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI. 11c				
Sec	tion B. Type I Supporting Organizations				
		Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

SUD	ervised. o	^r controlled i	the suppor	ting organ	ization.
Section	C. Typ	e II Suppo	orting O	rganizat	ions

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No

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10050920 131582 0108528.0

17

	2a		
	2b		
	3a		
	3b		
Schedule	A (Forn	n 990)	20

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990) 2023 LA CROSSE COMMUNITY FOUNDATION
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

LA CROSSE COMMUNITY FOUNDATION

instructions).

7

emergency temporary reduction (see instructions).

LA CROSSE COMMUNITY FOUNDATION	
nctionally Integrated 509(a)(3) Supporting Organizatior	າຣ

Sche		MUNITY FOUNDAT		*	*-***7996 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I	I	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). 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				
<u>h</u>	Applied to 2023 distributable amount				
<u> i</u>	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: \$				
<u>a</u>	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. 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				
۵	Excess from 2023				

Schedule A	(Form 990) 2023		OSSE COM				**-***7996	Page 8
Part VI	line 1; Part IV, Section A, Ii	nes 1, 2, 3b, 3c, 4 on D, lines 2 and	4b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	9b, 9c, 11a, n E, lines 1c,	11b, and 11c; P 2a, 2b, 3a, and	art IV, Section B, I 3b; Part V, line 1;	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Sectic Part V, Section B, line 1e; P dditional information.	n C,
332028 12-21-2	3						Schedule A (Form	990) 202
, 12-21-2	~			20				555, 202

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

LA	CROSSE	COMMUNITY	FOUNDATION
	CICODDE	COLUIDIGT I I	1 0 0100111 1 010

-*7996

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of

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.

LA	CRC	SSE	COMMU	YTIN	FOUN
Pa	rtl	Con	tributors	(see ins	structions)

Name of organization

(a)

butors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.

(b)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$3,194,328.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>373,668.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>5,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>382,776.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>550,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	-23 22		Schedule B (Form 990) (2023)

Employer identification number

(d)

-*7996

(c)

Schedule B (Form 990) (2023)

Employer identification number

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LA CROSSE COMMUNITY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		- \$ <u>2,129,646.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4	- \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
323452 12-26		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023)

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LA	CROSSE	COMMUNITY	FOUNDATION

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

Name of organization

Empl

Employer identification number

-*7996

Schedule	B (Form 990) (2023)			Page 4			
Name of c	organization			Employer identification number			
LA CR	OSSE COMMUNITY FOUNDATIC	N		**-**7996			
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	ons to organizations described in set through (e) and the following line en	ection 501(c)(7), (8), or (10)) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, cl	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this in	fo. once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		(e) Transfer of gi	/ ft				
	Transferee's name, address, an	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
Part I	(*) * * • • • • • •	(-,3					
	(e) Transfer of gift						
	Transferee's name, address, an	Relationship of	transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No.			<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
<u> </u>							
		(e) Transfer of gi	l				
	Transferee's name, address, an	nd ZIP + 4	Relationship of	transferor to transferee			
		[
		[
323454 12-26	6-23			Schedule B (Form 990) (2023)			
		25					

10050920 131582 0108528.0

Department of the Treasury

Internal Revenue Service

(Form 9	90)
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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 23 L **Open to Public** Inspection

Employer identification number **-***7996

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	106	15
2	Aggregate value of contributions to (during year)	7,661,298.	6,644,142
3	Aggregate value of grants from (during year)	1,877,996.	860,149
4	Aggregate value at end of year	18,823,655.	25,079,459
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised fu	
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes 🗌 N
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	
Dor			
	rt II Conservation Easements. Complete if the org		IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat Protection of natural habitat		istorically important land area ertified historic structure
	Protection of natural nabitat		entined historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation essement on the last
2	day of the tax year.		Held at the End of the Tax Ye
а			2a
	—		
	Number of conservation easements on a certified historic stru		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E	B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	that describes the
.	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	, ,	
	of art, historical treasures, or other similar assets held for pub		rance of public
Ŀ	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furtheral	ice of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB AS	-	
~	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
b			
b HA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 20

Sche		SE COMMUNII				**_**			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant ι	use of its			
	collection items (check all that apply).		-	-	-				
а	Public exhibition	d	Loan or exc	hange program					
b									
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang					. Part IV. li	_		_
	reported an amount on Form 990, Par		5			,			
1a	Is the organization an agent, trustee, custodia	an. or other intermed	iarv for contribution	s or other assets no	ot included				
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a					·····]
							Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				16 1f				
	Did the organization include an amount on Fo					X	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			X	-
Par						<u></u>			_
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	43,422,444.	51,187,746.	46,302,977	. , ,	, 40,054.	. ,	, 351,	
b	Contributions	7,128,805.	2,424,098.	1,122,711		, 702.		781,	
С	Net investment earnings, gains, and losses	5,517,372.	-7,461,402.	6,112,833		5,578,154.		273,	
d	Grants or scholarships	1,354,515.	2,228,627.			2,003,836.		827,	
	Other expenditures for facilities	_,	-,,	_,,	-,-		,	,	
e		1,482.	4,600.		1	.89,614.		139,	669
	and programs	493,059.	494,771.	514,261	-	13,483.		<u>399,</u>	
	Administrative expenses	54,219,565.	43,422,444.	,	_	02,977.		040,	
g	End of year balance [Provide the estimated percentage of the curr				• • • • • •	•2,577.	,	<u>, , , , , , , , , , , , , , , , , , , </u>	
2		4 0 0		i) field as.					
a L	Board designated or quasi-endowment Permanent endowment		_%						
U a		%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c should be the second seco			al a desta ta ta consel da co					
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	a administered for	the		Г	Yes	No
	organization by:							X	NU
	(i) Unrelated organizations?						3a(i)	^	X
							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Da	t VI Land, Buildings, and Equipm		vment funds.						
T ai	Complete if the organization answered		Part IV line 11a S	oo Form 000 Part '	V lino 10				
						<u> </u>	()		
	Description of property	(a) Cost or ot	• •		Accumulate		(d) Bool	c value	e
		basis (investm	Dasis	(other) c	depreciation				
	Land		1	0.046	10.2	07			<u></u>
b	Buildings			9,946.	19,3				<u>39.</u>
	Leasehold improvements		<u> </u>	6,936.	15,9	אצנ		99	97.
	Equipment								
	Other							<u> </u>	<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ≻	<u>(, line 10c, column</u>	<u>(B))</u>				L,63	
						Schedule	D (Form	990)	2023

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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)			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line [.]	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1) BENEFICIAL INTEREST IN PER		1	4,246,424
(2) CASH SURRENDER VALUE OF LI			131,596
	TE INSONANCE		131,370
(3)			
(4)			
(5)			
(6)			
• •			
(7)			
(7)			
(7) (8) (9)	(B))		4,378,020
(7) (8)	(B))		4,378,020
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			4,378,020
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability			4 , 378 , 020
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. vart X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line [·]	11e or 11f. See Form 990, Part X, line 25.	

Schedule D (Form 990) 2023 LA CROSSE COMMUNITY FOUNDATION

Part VII Investments - Other Securities

-*7996 Page 3

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 LA CROSSE COMMUNITY FOUNDA				***7996 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		n Revenue per Re	turn	
	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:				
а	Net unrealized gains (losses) on investments		2,557,902.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	219,340.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	157,440.		
b	Other (Describe in Part XIII.)	4b	43,248.		
с	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.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	th Expenses per F	Retur	n
	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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	157,440.		
b	Other (Describe in Part XIII.)	4b	159,800.		
с	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.

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 332054 09-28-23 Schedule D (Form 990) 2023 29

10050920 131582 0108528.0

Schedule D (Form 990) 2023 LA CROSSE COMMUNITY FOUNDATION **-**7996 Page 5 Part XIII Supplemental Information (continued) (continued) (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 D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compl		Attach to Form		11 IV, III e 2 I OI 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization LA CROSSE	COMMUNIT	Y FOUNDATIO	N				Employer identification number * - * * * 7996
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						on XYes No
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APTIV FOUNDATION INC 3000 S AVE. LA CROSSE, WI 54601	**-***6838	50103	13,079.	0.			HEALTH AND HUMAN SERVICES
	0050	50105	15,075.				HEADTH AND HOMAN 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			e line 1 table				102.
3 Enter total number of other organizations	s listed in the line 1	I table					3.

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

LA CROSSE COMMUNITY FOUNDATION Schedule I (Form 990)

(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	50103	6,453.	0.			HEALTH AND HUMAN SERVICES
CAUSEWAY INTERFAITH VOLUNTEER		50105	0,100.				
CAREGIVERS, INC 4141 MORMON							
COULEE RD - LA CROSSE, WI							
54601-7903	**-***9943	501C3	9,000.	٥.			RECREATION AND WELLNESS
CENTER INC. ONLY OF							
CENTERING ONALASKA							
415 MAIN ST	**-***1785	50102	7 500	0.			CONSTRUCTION AND OVENENT
ONALASKA, WI 54650		50103	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	50103	59,241.	٥.			CULTURE AND DIVERSITY
<u>IA CROSSE, WI 54001-5020</u>	- 0705	50105	55,241.	0.			COLICKE AND DIVERSITI
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							
	-*9384		8,774.	0.			ENVIRONMENT

Schedule I (Form 990) LA CROSSE COMMUNITY FOUNDATION

Part II Continuation of Grants and Other A				(
(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	50103	6,500.	0.			ENVIRONMENT
CROSSE, WI 54001	- 1522	50103	8,500.	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	50103	383,480.	0.			COMMUNITY IMPROVEMENT
DOCTORS WITHOUT BORDERS USA PO BOX 5030	**-***3452	50102	0.750	0.			UDAL DU AND UUWAN GEDUTCH
HAGERSTOWN, MD 21741-9804	- 5452	50103	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) LA CROSSE COMMUNITY FOUNDATION

(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.	** ***0.000						
LA CROSSE, WI 54601	**-**8490	СНОКСН	26,999.	0.			FAITH
FIRST TEENS CLOTHES CLOSET OF							
FIRST LUTHERAN CHURCH - 410 MAIN	** ***= // =	501.50					
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	**-***9215	50102	6 100	0.			ENVIRONMENT
LA CROSSE, WI 54601-6814	- 9215	50105	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	50103	10,000.	0.			EDUCATION AND SCHOLARSHI
, "	1		1 10,000.	<u> </u>			Estimation into benotiAkbi

Schedule I (Form 990) LA CROSSE COMMUNITY FOUNDATION

(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 SCHOLARSHIE
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							CULTURE AND
231 COPELAND AVE							DIVERSITYCULTURE AND
LA CROSSE, WI 54603	**-***4972	501C3	70,315.	0.			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	50103	71,491.	0.			EDUCATION AND SCHOLARSHI
		50100	,1,1911				
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	50103	42,319.	0.			RECREATION AND WELLNESS

LA CROSSE COMMUNITY FOUNDATION Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
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	**-***8755	50103	111,043.	0.			ARTS AND HUMANITIES
CROSSE, WI 54601-4382	- 8755	50105	111,043.	0.			ARTS AND HOMANITIES
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 CRASSE NETCURAPHOADS INC							
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) LA CROSSE COMMUNITY FOUNDATION

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(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	50103	52,183.	0.			EDUCATION AND SCHOLARSHI
		50105	52,105.				
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	** ***4220	F 0 1 6 2		0			
LA CROSSE, WI 54601-0714	**-***4330	50103	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	50103	13,499.	0.			HEALTH AND HUMAN SERVICES
	0374	50105	15,155.				
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.	٥.			ENVIRONMENT

LA CROSSE COMMUNITY FOUNDATION Schedule I (Form 990)

(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 SERVICI
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 SCHOLARSHI
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 SCHOLARSHI
OUR SAVIOR'S LUTHERAN CHURCH P O BOX 97 LA CROSSE, WI 54602-0097	**_**8278	501C3	21,620.	0.			FAITH

LA CROSSE COMMUNITY FOUNDATION Schedule I (Form 990)

(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.	٥.			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.	٥.			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.	**-***9618	E0103	11 100	0			ADMG AND UUDGANTETEG
LA CROSSE, WI 54601 RHYMES (RUNAWAY AND HOMELESS YOUTH		50103	11,169.	0.			ARTS AND HUMANITIES
MEDIATION AND EMERGENCY SERVICES)							
- 212 11TH STREET SOUTH - LA							
CROSSE, WI 54601	**-***4582	50103	88,500.	0.			HEALTH AND HUMAN SERVICES
	1502	50105		.			
SAINT CLARE HEALTH MISSION INC							
916 FERRY ST							
LA CROSSE, WI 54601-4717	**-**3651	501C3	25,424.	٥.			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 SCHOLARSHIE
SHELTER DEVELOPMENT INC.							
1009 4TH ST S	**-**8865	E0102	44 530	_			COMMINITELY THERE OF THE
LA CROSSE, WI 54601		50163	44,539.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990) LA CROSSE COMMUNITY FOUNDATION

(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, NI 54650	**_**8234	501C3	11,900.	0.			FAITH
SUGAR CREEK BIBLE CAMP .3141 SUGAR CREEK BIBLE CAMP RD PERRYVILLE, 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 SERVICI
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 SERVIC

Schedule I (Form 990) LA CROSSE COMMUNITY FOUNDATION

(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 SERVICE:
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 SCHOLARSHI
,,				- •			
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 SERVICE:
WESTERN TECHNICAL COLLEGE							
FOUNDATION INC 400 7TH STREET							
NORTH, COLEMAN CENTER 130C - LA CROSSE, WI 54602-0908	**-***4361	50103	73,150.	0.			COMMUNITY IMPROVEMENT
CR055E, WI 54002-0900	- 4301	50105	75,150.	0.			COMMONITI 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	++ +++0.16	501.00					
LA CROSSE, WI 54602-0145	**-***2816	20163	13,320.	Ο.			HEALTH AND HUMAN SERVICE

LA CROSSE COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	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
NORREODOR CONNEGRIONS INC							
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
NULTINGE FOR THE OPENE LIVES							
ALLIANCE FOR THE GREAT LAKES 150 N MICHIGAN AVE							
CHICAGO, IL 60601	**-***4524	50103	10,000.	0.			ENVIRONMENT
	1021	50105	10,000.	••			
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.	Ο.			CULTURE AND DIVERSITY

Schedule I (Form 990) 2023 LA CROS

LA	CROSSE	COMMUNITY	FOUNDATION
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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 requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	l .			
PART I, LINE 2:								
ALL GRANTEES' CHARITABLE STATUS IS	VERIFIED	THROUGH G	UIDESTAR O	R OTHER				
CHARITY CHECK DATABASE. IN ADDITION	I TO IRS	VERIFICATI	ON, ALL GR.	ANTEES MUST				
MEET COMPONENTS OF THE FOUNDATION'S	5 DUE DIL	IGENCE PRO	CESS, WHIC	H 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 I (Form 990) LA CROSSE COMMUNITY FOUNDATION **-***7996 Page 2
Part IV Supplemental Information
WAS UNDERTAKEN TOWARD AN IDENTIFIED/DEFINED GOAL. PROGRESS REPORTS INCLUDE
ADDRESSING THE OBJECTIVES OF WHAT HAS BEEN LEARNED OR ACHIEVED, IMPACT ON
THE CORE MISSION OF THE ORGANIZATION, EFFECT ON THE COMMUNITY, AND
ACCOUNTABILITY TO STATED DELIVERABLES. GRANTS COMMITTEE MEMBERS AND
FOUNDATION STAFF CONSIDER THE CONTENT OF PRIOR REPORTS AND THE FOUNDATION
WILL NOT CONSIDER APPLICATIONS FROM ORGANIZATIONS THAT HAVE OVERDUE GRANT
REPORTS. LCF STAFF ARE ACTIVELY ENGAGED WITH GRANTEES WITHIN THE COMMUNITY
THAT REGULARLY RECEIVE FUNDING. STAFF WORK TO UNDERSTAND THE MISSION AND
IMPACT OF GRANTEES AND HOW UNRESTRICTED FUNDING IS USED TO MEET STATED
MISSION OF EACH ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number **-**7996

Department of the Treasury Internal Revenue Service

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.

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		•	•
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ion ai	nounts	5
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	Х	20	1,006,657.	QUOTED MARKI	ST 1	PRIC	CE
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							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
					ſ		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the		ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties o		•					77
-	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r tor which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

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Schedule M	(Form 990) 2023	LA CROSSE	COMMUNITY	FOUNDATION	*	*-**7996	Page 2
Part II	Supplemental	Information. F	Provide the information	on required by Part I. lir	nes 30b, 32b, and 33, and s received, or a combinati	whether the organization of both. Also com	tion
	. ,						
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				46			,
				40			

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number **-**7996

LA CROSSE COMMUNITY FOUNDATION

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

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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.

Schedule O (Form 990) 2023

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