

Form **990**

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
2020
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 LA CROSSE COMMUNITY FOUNDATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 401 MAIN STREET RM/STE 205
 City or town, state or province, country, and ZIP or foreign postal code
 LA CROSSE WI 54601

D Employer identification number
 39-6037996

E Telephone number
 608-782-3223

G Gross receipts\$ 25,944,566

F Name and address of principal officer:
 BRENT SMITH
 401 MAIN STREET, STE 205
 LA CROSSE WI 54601

H(a) Is this a group return for subordinates Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** WWW.LAXCOMMFOUNDATION.COM **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: 1930 **M** State of legal domicile: WI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTING PEOPLE, PASSION, AND GIVING IN THE LA CROSSE AREA FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,224,223	3,510,927
	9 Program service revenue (Part VIII, line 2g)	39,683	39,737
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,200,314	1,309,454
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,743	30,928
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,472,963	4,891,046
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,393,218
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		311,953	352,116
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 68,446			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		308,732	271,253
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,013,903	4,942,232	
19 Revenue less expenses. Subtract line 18 from line 12	3,459,060	-51,186	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	57,359,813	62,818,234
	21 Total liabilities (Part X, line 26)	4,617,191	4,838,704
	22 Net assets or fund balances. Subtract line 21 from line 20	52,742,622	57,979,530

Part II Signature Block

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

Sign Here

Signature of officer: BRENT SMITH
 Date: VICE CHAIR

Paid Preparer Use Only

Print/Type preparer's name: SCOTT TURNBULL
 Preparer's signature: SCOTT TURNBULL
 Date: 05/13/21
 Check if self-employed
 PTIN: P00446288
 Firm's name: JOHNSON BLOCK & CO., INC.
 Firm's EIN: 39-1628949
 Firm's address: 122 6TH STREET NORTH
 LA CROSSE, WI 54601
 Phone no.: 608-784-1890

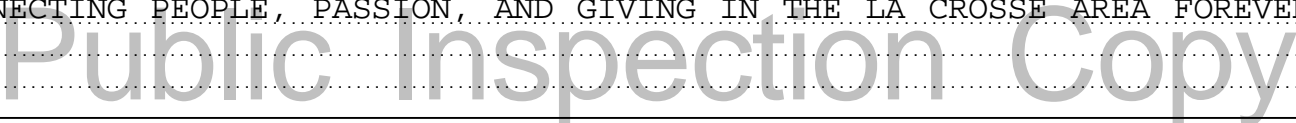
May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CONNECTING PEOPLE, PASSION, AND GIVING IN THE LA CROSSE AREA FOREVER.



2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 \$ 2,241,654 including grants of \$ 2,164,821) (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 233 DONOR-DIRECTED FUNDS. IN 2020, A TOTAL OF \$1,865,624 WAS AWARDED IN NONCOMPETATIVE GRANTS AND \$299,197 WAS AWARDED IN SCHOLARSHIPS.

4b (Code:) (Expenses \$ 2,222,009 including grants of \$ 2,154,042) (Revenue \$) COMMUNITY-FOCUSED ACTIVITIES: GROWING A SOURCE OF PERMANENT, UNRESTRICTED COMMUNITY CAPITAL FROM PHILANTHROPIC GIFTS TO AWARD COMPETITIVE GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS IN LA CROSSE COUNTY WHO ARE MEETING IDENTIFIED COMMUNITY NEEDS. LCF HAS 25 FUNDS THAT AWARD COMPETITIVE GRANTS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EACH QUARTER. LCF AWARDED \$2,154,042 IN COMPETITIVE GRANTS IN 2020.

4c (Code:) (Expenses \$ 68,251 including grants of \$) (Revenue \$) LEADERSHIP ACTIVITIES AND FISCAL SPONSORSHIPS: SERVICE TO CONVENE COMMUNITY PARTNERS AROUND CURRENT COMMUNITY NEEDS AND HELPING AREA CHARITABLE GROUPS AND NONPROFITS BUILD CAPACITY TO INCREASE THEIR IMPACT.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 4,531,914

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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 Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

LA CROSSE COMMUNITY FOUNDATION 401 MAIN STREET, SUITE 205
 LA CROSSE WI 54601 608-782-3223

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMIE SCHLOEGEL EXECUTIVE DIRECTOR	40.00 0.00			X				118,934	0	5,947
1b Subtotal u								118,934		5,947
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u								118,934		5,947

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	3,510,927				
	1g	Noncash contributions included in lines 1a-1f	\$ 571,478				
	h	Total. Add lines 1a-1f	u	3,510,927			
Program Service Revenue	2a	PROCESSING FEES	Business Code	39,737	39,737		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	u	39,737			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	u	1,194,577		1,194,577	
	4	Income from investment of tax-exempt bond proceeds	u				
	5	Royalties	u				
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses	6b				
	6c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)	u				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	20,368,397	800,000		
			7b	20,136,773	916,747		
	7c	Gain or (loss)	7c	231,624	-116,747		
d	Net gain or (loss)	u	114,877		114,877		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
8b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events	u					
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities	u					
10a	Gross sales of inventory, less returns and allowances	10a					
10b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	OTHER REVENUE	Business Code	30,928	30,928		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	u	30,928			
12	Total revenue. See instructions	u	4,891,046	70,665	0	1,309,454	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,019,666	4,019,666		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	299,197	299,197		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,934	53,521	29,733	35,680
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	193,642	96,925	80,814	15,903
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,628	7,522	5,527	2,579
9 Other employee benefits				
10 Payroll taxes	23,912	11,509	8,457	3,946
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,160		10,160	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	134,248		134,248	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	25,990		25,736	254
13 Office expenses	20,951	4,882	11,602	4,467
14 Information technology	20,259		20,259	
15 Royalties				
16 Occupancy	20,453	10,136	7,309	3,008
17 Travel	2,472	110	2,329	33
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,823	1,895	1,366	562
23 Insurance	2,618	1,297	936	385
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	19,279	19,279		
b OTHER	6,739	4,556	1,973	210
c DUES & MEETINGS	4,261	1,419	1,423	1,419
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,942,232	4,531,914	341,872	68,446
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	312,644	1	444,763
	2 Savings and temporary cash investments		2	2,825
	3 Pledges and grants receivable, net	492,467	3	215,181
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,811	9	18
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,623		
	b Less: accumulated depreciation	10b 25,924	10c 12,522	8,699
	11 Investments—publicly traded securities	51,302,623	11	57,414,090
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,236,746	15	4,732,658
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,359,813	16	62,818,234	
Liabilities	17 Accounts payable and accrued expenses	1,207	17	1,241
	18 Grants payable	238,750	18	166,143
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,377,234	21	4,671,320
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,617,191	26	4,838,704
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	47,945,083	27	53,092,212
	28 Net assets with donor restrictions	4,797,539	28	4,887,318
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	52,742,622	32	57,979,530
33 Total liabilities and net assets/fund balances	57,359,813	33	62,818,234	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,891,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,942,232
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,186
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,742,622
5	Net unrealized gains (losses) on investments	5	4,922,547
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	365,547
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,979,530

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,267,557	1,178,772	2,257,871	5,224,223	3,510,927	14,439,350
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,267,557	1,178,772	2,257,871	5,224,223	3,510,927	14,439,350
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)						1,485,061
6 Public support. Subtract line 5 from line 4.						12,954,289

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,267,557	1,178,772	2,257,871	5,224,223	3,510,927	14,439,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,013,362	1,676,628	2,078,220	1,689,719	1,194,577	7,652,506
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						22,091,856
12 Gross receipts from related activities, etc. (see instructions)					12	418,849
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	58.64%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	53.32%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in 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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in 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.		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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

Public Inspection Copy

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Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

39-6037996

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 510,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 322,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 312,917	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 192,616	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 104,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 138,203	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 100,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 110,446	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 99,368	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	3549.419 SH VANGUARD LARGE CAP I	\$ 312,917	12/29/20
12	150 SH TESLA	\$ 99,368	12/29/20
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

39-6037996

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, total number of easements, and yes/no questions regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,768,679	28,958,549	32,031,847	28,231,164	26,892,020
b Contributions	1,291,702	1,781,902	1,741,606	542,849	1,462,342
c Net investment earnings, gains, and losses	4,633,263	5,992,117	-2,363,902	4,614,439	2,148,891
d Grants or scholarships	1,658,535	1,492,563	5,225,017	1,148,972	1,974,207
e Other expenditures for facilities and programs	189,614	139,669	7,331,604	114,132	466
f Administrative expenses	346,581	331,657	344,415	321,765	298,348
g End of year balance	38,498,914	34,768,679	28,958,549	32,031,847	28,231,164

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment u %
 - c Term endowment u %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,946	13,597	6,349
d Equipment		14,677	12,327	2,350
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	8,699

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST PERPETUAL TRUSTS	4,672,137
(2) LIFE INSURANCE POLICY	60,521
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 4,732,658

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,044,892
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	4,922,547	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	365,547	
	e Add lines 2a through 2d		2e	5,288,094
3	Subtract line 2e from line 1		3	4,756,798
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	134,248	
	c Add lines 4a and 4b		4c	134,248
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,891,046

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

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

1	Total expenses and losses per audited financial statements		1	4,807,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,807,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	134,248	
	c Add lines 4a and 4b		4c	134,248
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,942,232

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

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

PART X - FIN 48 FOOTNOTE

IN ACCORDANCE WITH PROFESSIONAL STANDARDS, THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR THEIR INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
CHANGE IN PERPETUAL TRUST \$ 365,547

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
INVESTMENT EXPENSES \$ 134,248

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
INVESTMENT EXPENSES \$ 134,248

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LA CRESCENT AREA EVENT CENTER INC. P O BOX 46 LA CRESCENT MN 55947	46-4473251	501(C)	502,000				
(2)	CATHOLIC CHARITIES OF THE DIOCESE 3710 EAST AVE S LA CROSSE WI 54601-7215	39-1896823	501(C)	349,191				
(3)	COULEECAP, INC. 201 MELBY ST WESTBY WI 54667-1013	39-1077614	501(C)	298,550				
(4)	OUTDOOR RECREATION ALLIANCE OF THE PO BOX 609 LA CROSSE WI 54602	39-2032671	501(C)	265,250				
(5)	LA CROSSE AREA FAMILY YMCA 1140 MAIN ST LA CROSSE WI 54601-4124	39-0806172	501(C)	224,189				
(6)	BOYS & GIRLS CLUBS OF GREATER LA 1331 CLINTON ST LA CROSSE WI 54602-0091	39-6084791	501(C)	168,276				
(7)	GREAT RIVERS UNITED WAY 1855 E MAIN ST ONALASKA WI 54650-6727	39-0848188	501(C)	93,465				
(8)	FRANCISCAN SISTERS OF PERPETUAL ADO 912 MARKET ST LA CROSSE WI 54601-8800	39-0806386	501(C)	88,500				
(9)	ST. CLARE HEALTH MISSION 916 FERRY ST LA CROSSE WI 54601-4717	39-0806374	501(C)	76,595				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 195**
- 3 Enter total number of other organizations listed in the line 1 table **u 9**

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Schedule I (Form 990) (2020)

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(1)	INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD. LA CROSSE WI 54601	39-1762026	501(C)	75,900				
(2)	WAFER, INC. 403 CAUSEWAY BLVD LA CROSSE WI 54603-3117	39-1552632	501(C)	73,527				
(3)	SAFE FAMILIES FOR CHILDREN 205 E COMMERCE COURT ELKHORN WI 53121	47-2646525	501(C)	58,861				
(4)	BIG BROTHERS BIG SISTERS OF THE 7 313 4TH ST S LA CROSSE WI 54601-4047	39-1762460	501(C)	57,485				
(5)	SCHOOL DISTRICT OF LA CROSSE BUSINESS OFFICE LA CROSSE WI 54601-4982	39-6002841	GOV'T	55,975				
(6)	COULEE COUNCIL ON ADDICTIONS 933 FERRY ST LA CROSSE WI 54601-4752	39-1129125	501(C)	49,410				
(7)	CIA SIAB INC. 1825 SUNSET LN LA CROSSE WI 54601-3020	81-3606765	501(C)	48,500				
(8)	PLANNED PARENTHOOD OF WISCONSIN, 302 N JACKSON ST MILWAUKEE WI 53202-5904	39-0863391	501(C)	47,050				
(9)	YWCA LA CROSSE 3219 COMMERCE ST LA CROSSE WI 54603-1755	39-0810543	501(C)	45,430				

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Schedule I (Form 990) (2020)

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(1)	VITERBO UNIVERSITY ADVANCEMENT OFFICE LA CROSSE WI 54601-8804	39-0978445	501(C)	40,275				
(2)	APTIV FOUNDATION INC 3000 SOUTH AVE LA CROSSE WI 54601	39-1366838	501(C)	38,540				
(3)	VIVENT HEALTH 820 N PLANKINTON AVE MILWAUKEE WI 53203	39-1534049	501(C)	36,455				
(4)	SHELTER DEVELOPMENT INC. THEEXCHANGE LA CROSSE WI 54601-6234	47-1538865	501(C)	36,300				
(5)	LA CROSSE COMMUNITY THEATRE 428 FRONT STREET SOUTH LA CROSSE WI 54601-4012	39-1035843	501(C)	35,600				
(6)	UW-LA CROSSE FOUNDATION 615 EAST AVE N LA CROSSE WI 54602-1148	39-1145116	501(C)	32,950				
(7)	WESTERN TECHNICAL COLLEGE FOUNDATIO 400 7TH STREET NORTH, COLEMAN CENTE LA CROSSE WI 54602-0908	23-7364361	501(C)	32,500				
(8)	WOMEN'S FUND OF GREATER LA CROSSE, PO BOX 654 LA CROSSE WI 54602-0654	27-2394065	501(C)	32,210				
(9)	LA CROSSE COUNTY HISTORICAL SOCIETY 145 WEST AVENUE S LA CROSSE WI 54601-4382	39-1228755	501(C)	31,460				

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Schedule I (Form 990) (2020)

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(1)	CHILDREN'S MUSEUM OF LA CROSSE, INC 207 5TH AVE S LA CROSSE WI 54601-4044	39-1856383	501(C)	30,250				
(2)	LA CROSSE PERFORMING ARTS CENTER IN DBA WEBER CENTER FOR THE PERFORMING LA CROSSE WI 54601	45-3799708	501(C)	30,000				
(3)	THE SALVATION ARMY 223 8TH ST N LA CROSSE WI 54602-1152	36-2167910	501(C)	28,337				
(4)	LA CROSSE PUBLIC EDUCATION FOUNDATI PO BOX 1811 LA CROSSE WI 54602-1811	39-1610700	501(C)	28,276				
(5)	HORSESENSE P O BOX 906 LA CROSSE WI 54602-0906	39-1966685	501(C)	27,850				
(6)	LA CROSSE SYMPHONY ORCHESTRA, INC. 201 MAIN ST STE 230 LA CROSSE WI 54601-0714	39-1024330	501(C)	26,760				
(7)	GUNDERSEN MEDICAL FOUNDATION 1836 SOUTH AVE LA CROSSE WI 54601-5429	39-1249705	501(C)	26,645				
(8)	THE PUMP HOUSE REGIONAL ARTS CENTER 119 KING ST. LA CROSSE WI 54601	39-1239618	501(C)	26,610				
(9)	MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DR STE 9 LA CROSSE WI 54602-2611	39-1871201	501(C)	25,510				

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(1)	FRIENDS OF COULEE REGION RSVP 2920 EAST AVE S STE.104 LA CROSSE WI 54601-8282	39-1781646	501(C)	25,450				
(2)	WISCORPS, INC. 789 MYRICK PARK DR LA CROSSE WI 54601-3711	27-0774779	501(C)	25,247				
(3)	NEXT CHAPTER OF LA CROSSE PO BOX 535 LA CROSSE WI 54602	83-4404743	501(C)	25,200				
(4)	BUFFALO COUNTY LAND & TRAILS TRUST PO BOX 74 ALMA WI 54610	47-1894376	501(C)	25,000				
(5)	FIRST PRESBYTERIAN CHURCH 233 WEST AVE. S. LA CROSSE WI 54601	39-0808490	CHURCH	24,900				
(6)	COULEE REGION HUMANE SOCIETY 911 CRITTER CT ONALASKA WI 54650-8654	23-7366713	501(C)	24,590				
(7)	GOOD FIGHT COMMUNITY CENTER INC. 508 JAY ST STE 101 LA CROSSE WI 54601-3438	81-2930941	501(C)	22,100				
(8)	LA CROSSE COUNTY HEALTH DEPARTMENT HEALTH AND HUMAN SERVICES BUILDING LA CROSSE WI 54601-3229	39-6005709	GOV'T	21,445				
(9)	HUNGER TASK FORCE OF LA CROSSE, INC 1240 CLINTON ST LA CROSSE WI 54603-2427	39-1947827	501(C)	20,556				

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(1)	WORKFORCE CONNECTIONS, INC 2615 EAST AVE SOUTH STE 103 LA CROSSE WI 54601	39-1458247	501(C)	20,243				
(2)	OUR SAVIOR'S LUTHERAN CHURCH 612 DIVISION ST LA CROSSE WI 54601-4570	41-1568278	501(C)	20,010				
(3)	CAUSEWAY INTERFAITH VOLUNTEER CAREG 4141 MORMON COULEE RD LA CROSSE WI 54601-7903	26-4719943	501(C)	20,000				
(4)	THE PARENTING PLACE 1500 GREEN BAY ST LA CROSSE WI 54601-6455	39-1676842	501(C)	17,925				
(5)	LGBTQ RESOURCE CENTER FOR THE 7 RIV 230 S. 6TH STREET LA CROSSE WI 54602-3313	83-0403958	501(C)	17,306				
(6)	SCHOOL DISTRICT OF ONALASKA 237 2ND AVE S ONALASKA WI 54650-2905	39-1411237	GOV'T	16,694				
(7)	GATEWAY AREA BOY SCOUTS 2600 QUARRY RD LA CROSSE WI 54601-3939	39-0806175	501(C)	16,547				
(8)	LA CROSSE NEIGHBORHOODS INC. P O BOX 1661 LA CROSSE WI 54602-1661	47-4445115	501(C)	15,250				
(9)	AQUINAS CATHOLIC SCHOOLS FOUNDATION 315 11TH ST S LA CROSSE WI 54601-4763	51-0162072	501(C)	14,764				

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(1)	LEAGUE OF WOMEN VOTERS OF THE LA P O BOX 363 LA CROSSE WI 54602-0363	23-7016103	501(C)	14,500				
(2)	LUTHERAN CAMPUS MINISTRY AT COMMON 1334 PINE AVE LA CROSSE WI 54601	39-1749318	CHURCH	14,250				
(3)	SUGAR CREEK BIBLE CAMP 13141 SUGAR CREEK BIBLE CAMP RD FERRYVILLE WI 54628-6033	39-1156303	501(C)	14,250				
(4)	MAYO CLINIC HEALTH SYSTEM-FRANCISCA DEPT OF DEVELOPMENT ROCHESTER MN 55905	39-0806374	501(C)	13,760				
(5)	JUNIOR ACHIEVEMENT OF WISCONSIN C/O ALTRA FEDERAL CREDIT UNION LA CROSSE WI 54601-7409	39-0826295	501(C)	13,350				
(6)	HONOR THE EARTH 607 MAIN AVE CALLAWAY MN 56521-0063	45-4714238	501(C)	12,400				
(7)	ST. PAUL EVANGELICAL LUTHERAN CHURC 1201 MAIN ST. ONALASKA WI 54650	39-1208234	501(C)	12,100				
(8)	LA CROSSE PROMISE INC. P O BOX 2394 LA CROSSE WI 54602-2394	45-5610547	501(C)	12,000				
(9)	LUTHERAN SOCIAL SERVICES/WISCONSIN 6737 WEST WASHINGTON ST SUITE 2275 WEST ALLIS WI 53214	39-0816846	501(C)	11,400				

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(1)	LA CROSSE PUBLIC LIBRARY 800 MAIN ST. LA CROSSE WI 54601	39-6005490	GOV'T	11,340				
(2)	UW-LA CROSSE 121 GRAFF MAIN HALL LA CROSSE WI 54601-3742	39-1805963	GOV'T	11,280				
(3)	COULEE REGION SYSTEM OF CARE INC. 300 4TH ST N LA CROSSE WI 54601	39-6005709	GOV'T	11,050				
(4)	FAMILY & CHILDREN'S CENTER 1707 MAIN ST LA CROSSE WI 54601-4200	39-0821863	501(C)	10,625				
(5)	ARTS AT LARGE INC. 908 SOUTH 5TH STREET MILWAUKEE WI 53204	33-1114575	501(C)	10,000				
(6)	BLUE STARS, PERFORMING ARTS FOR YOU P O BOX 2523 LA CROSSE WI 54602-2523	39-1469643	501(C)	10,000				
(7)	HEIDER CENTER FINE ARTS BOARD 405 HAMLIN ST E WEST SALEM WI 54669	20-1441751	501(C)	10,000				
(8)	PLANNED PARENTHOOD MINNESOTA, NORTH 671 VANDALIA ST #323 ST. PAUL MN 55114-1312	41-0948382	501(C)	10,000				
(9)	HABITAT FOR HUMANITY-LA CROSSE AREA 3181 BERLIN DR LA CROSSE WI 54601-1845	39-1706999	501(C)	9,675				

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(1)	NEW HORIZONS SHELTER & OUTREACH CTR PO BOX 2031 LA CROSSE WI 54602-2031	39-1737699	501(C)	9,030				
(2)	UNITED FUND FOR THE ARTS AND HUMANI 119 KING ST LA CROSSE WI 54601-4030	39-1543981	501(C)	7,600				
(3)	CITY OF LA CROSSE 6TH FLOOR LA CROSSE WI 54601-3374	39-6005490	GOV'T	7,500				
(4)	MID WEST MUSIC FEST 514 GOULD ST WINONA MN 55987	46-4958792	501(C)	7,500				
(5)	DIOCESE OF LA CROSSE 3710 EAST AVE S LA CROSSE WI 54602-4004	39-0807229	501(C)	6,450				
(6)	SCHOOL DISTRICT OF HOLMEN 1019 MCHUGH RD. HOLMEN WI 54636-9296	39-6002627	GOV'T	6,310				
(7)	FAITH UNITED METHODIST CHURCH 1818 REDFIELD STREET LA CROSSE WI 54601	30-0796587	501(C)	6,200				
(8)	CHRIST EPISCOPAL CHURCH PO BOX 2908 LA CROSSE WI 54602-2908	39-0806295	CHURCH	6,030				
(9)	AMERICAN INDIAN EDUCATION FUND PARTNERSHIP WITH NATIVE AMERICANS CULPEPER VA 22701	47-3730147	501(C)	6,010				

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF LA CROSSE PARKS, REC. & FOR 400 LA CROSSE ST. LA CROSSE WI 54601	39-6005490	GOV'T	5,774				
(2)	LA CROSSE AREA SYNOD ELCA 2301 SOUTH AVENUE LA CROSSE WI 54601-6229	36-3514260	501(C)	5,700				
(3)	APTIV INC 3000 SOUTH AVE LA CROSSE WI 54601-6754	93-0756626	501(C)	5,400				
(4)	SCHOOL DISTRICT OF WEST SALEM 405 HAMLIN ST E WEST SALEM WI 54669-1251	39-6007946	GOV'T	5,339				
(5)								
(6)								
(7)								
(8)								
(9)								

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	180	299,197			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information	2020
For calendar year 2020, or tax year beginning _____, and ending _____		

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS ARE AWARDED BASED ON DONOR ADVISORS' ADVICE, DONOR DESIGNATION, OR COMPETITIVE GRANT PROCESS. MANY OF THE GRANTS 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 WAS UNDERTAKEN TOWARD AN IDENTIFIED/DEFINED GOAL. PROGRESS REPORTS INCLUDE ADDRESSING THE OBJECTS OF WHAT HAS BEEN LEARNED, ITS IMPACT ON THE CORE MISSION OF THE ORGANIZATION AND EFFECT ON THE COMMUNITY AND ACCOUNTABILITY WHEN REVIEWING AN APPLICATION FROM AN ORGANIZATION THAT HAS RECEIVED PRIOR FUNDING. 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; THIS INCLUDES NON-COMPETITIVE PROCESSES TO FOLLOW THIS FINAL REPORT PROCESS AS SUGGESTED BY THE DONOR ADVISOR, OTHERWISE, THE LCF RELIES ON THE DONOR ADVISORS' ADVICE REGARDING THE USE OF GRANT FUNDS AND DECISION TO CONTINUE TO FUND AN ORGANIZATION IN THE FUTURE.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	10	571,478	QUOTED MARKET PRICE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

39-6037996

FORM 990, PART VI, 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, 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE BOARD MEETS ANNUALLY TO EVALUATE THE EXECUTIVE DIRECTOR IN A CLOSED
 DOOR SESSION. THEY ALSO REVIEW THE GOALS FROM THE PREVIOUS YEAR AT THIS
 TIME, AND DISCUSS NEW GOALS AND DECIDE ON A SALARY INCREASE. COMPARABLE
 COMPENSATION DATA IS USED IN THIS PROCESS.

FORM 990, PART VI, 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 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization LA CROSSE COMMUNITY FOUNDATION	Employer identification number 39-6037996
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CHANGE IN PERPETUAL TRUST	\$ 365,547
INVESTMENT EXPENSES	\$ -134,248
INVESTMENT EXPENSES	\$ 134,248
TOTAL	\$ 365,547

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