

HAWKINS ASH CPAS, LLP
500 S SECOND STREET, SUITE 200
LA CROSSE, WI 54601

LA CROSSE COMMUNITY FOUNDATION
601 7TH ST N, 203
LA CROSSE, WI 54601

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CLIENT'S COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2024

Open to Public
Inspection

A For the 2024 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 LA CROSSE AREA COMMUNITY FOUNDAT Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 7TH ST N 203 City or town, state or province, country, and ZIP or foreign postal code LA CROSSE, WI 54601 F Name and address of principal officer: RICK KYTE 601 7TH STREET N, STE 203, LA CROSSE, WI 54	D Employer identification number **-***7996 E Telephone number 608.782.3223 G Gross receipts \$ 26,058,481.
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		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
J Website: WWW.LACROSSEAREAFOUNDATION.ORG		H(c) Group exemption number
K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other		L Year of formation: 1930 M State of legal domicile: WI

Part I Summary

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 ☐ 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 2024 (Part V, line 2a)	5	10
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.
8	Contributions and grants (Part VIII, line 1h)	8	15,157,605.
9	Program service revenue (Part VIII, line 2g)	9	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	3,890,321.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	119,237.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	19,167,163.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	4,188,711.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	507,374.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	134,579.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	528,441.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	5,224,526.
19	Revenue less expenses. Subtract line 18 from line 12	19	13,942,637.
20	Total assets (Part X, line 16)	20	75,914,919.
21	Total liabilities (Part X, line 26)	21	5,371,622.
22	Net assets or fund balances. Subtract line 21 from line 20	22	70,543,297.

Part II Signature Block

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

Sign Here	Signature of officer RICK KYTE, CHAIR Type or print name and title	Date	
Paid Preparer Use Only	Preparer's name BRITTANY F. LEONARD	Preparer's signature BRITTANY F. LEONARD	Date 06/03/25 Check if self-employed ☐ PTIN P01646690
	Firm's name HAWKINS ASH CPAS, LLP	Firm's EIN ** - ***2608	
	Firm's address 500 S SECOND STREET, SUITE 200 LA CROSSE, WI 54601	Phone no. 608.784.7737	

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

Part III Statement of Program Service AccomplishmentsCheck 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 \$ **3,951,125.** including grants of \$ **3,634,184.**) (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 271 DONOR-DIRECTED FUNDS. IN 2024, A TOTAL OF \$3,260,334 WERE AWARDED IN NONCOMPETITIVE GRANTS AND \$373,850 WERE AWARDED IN SCHOLARSHIPS.****4b** (Code:) (Expenses \$ **1,697,054.** including grants of \$ **1,535,012.**) (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 32 FUNDS THAT AWARD COMPETITIVE GRANTS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EACH QUARTER. LCF AWARDED \$1,535,012.****4c** (Code:) (Expenses \$ **192,510.** 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 \$ **177,300.** including grants of \$ **177,300.**) (Revenue \$)**4e** Total program service expenses **6,017,989.**Form **990** (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 15	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		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 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		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?	12a		
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.	13a		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
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 the instructions and file Form 4720, Schedule N.	15		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.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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**

	1a	1b	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.	11			
b Enter the number of voting members included on line 1a, above, who are independent		11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
LA CROSSE COMMUNITY FOUNDATION - 608-782-3223
601 7TH ST N, STE 203, LA CROSSE, WI 54601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMIE SCHLOEGEL CHIEF EXECUTIVE OFFICER UNTIL OCT 24	40.00			X				125,290.	0.	6,265.
(2) ERIN BELBY OPERATIONS DIRECTOR	40.00			X				118,156.	0.	5,908.
(3) RICHARD KYTE CHAIR	1.00	X		X				0.	0.	0.
(4) JOE MOUA VICE-CHAIR	1.00	X		X				0.	0.	0.
(5) SR. SUE ERNSTER TREASURER	1.00	X		X				0.	0.	0.
(6) TAYLOR MATHY SAUERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(7) CLARA GELATT BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOSH COURT BOARD MEMBER	1.00	X						0.	0.	0.
(9) JIM WARREN BOARD MEMBER	1.00	X						0.	0.	0.
(10) EVERETT MCKINNEY BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARGIE WEBSTER BOARD MEMBER	1.00	X						0.	0.	0.
(12) DINA ZAVALA BOARD MEMBER	1.00	X						0.	0.	0.
(13) KATELYN DOYLE BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,836,177.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 969,964.				
	h Total. Add lines 1a-1f				2,836,177.		
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,923,775.			2923775.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b	20,178,396. 19,019,779.				
	c Gain or (loss)	7c	1,158,617.				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a PROCESSING FEES	900099		120,133.	120,133.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				120,133.		
12 Total revenue. See instructions				7,038,702.	120,133.	0.	4082392.

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	4,968,500.	4,968,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	377,996.	377,996.		
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	243,446.	109,907.	95,952.	37,587.
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	350,156.	274,794.	57,528.	17,834.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,235.	17,537.	7,103.	2,595.
9 Other employee benefits				
10 Payroll taxes	44,316.	28,537.	11,556.	4,223.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,170.		17,170.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	195,372.		195,372.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	62,012.	26,738.		35,274.
13 Office expenses	47,866.	30,189.	8,231.	9,446.
14 Information technology	44,200.	30,169.	10,613.	3,418.
15 Royalties				
16 Occupancy	58,782.	40,121.	14,856.	3,805.
17 Travel	18,389.	12,551.	4,416.	1,422.
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	4,552.	3,107.	352.	1,093.
23 Insurance	9,238.	6,305.	2,218.	715.
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 OTHER EXPENSES	80,309.	59,171.	9,939.	11,199.
b DUES & MEETINGS	23,770.	16,282.	1,520.	5,968.
c PROGRAM EXPENSES	16,085.	16,085.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,589,394.	6,017,989.	436,826.	134,579.
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	2,249,127.	1	198,290.
	2 Savings and temporary cash investments	1,414,933.	2	1,658,941.
	3 Pledges and grants receivable, net	166,000.	3	28,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,402.	9	10,353.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,430.		
	b Less: accumulated depreciation	10b 7,395.		
		1,636.	10c	34,035.
	11 Investments - publicly traded securities	67,694,801.	11	74,082,106.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,378,020.	15	4,882,767.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	75,914,919.	16	80,894,492.	
Liabilities	17 Accounts payable and accrued expenses	33,553.	17	49,006.
	18 Grants payable	125,944.	18	629,000.
	19 Deferred revenue	127,116.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,085,009.	21	5,804,136.
	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	0.	25	472,873.
	26 Total liabilities. Add lines 17 through 25	5,371,622.	26	6,955,015.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	66,130,872.	27	69,486,202.
	28 Net assets with donor restrictions	4,412,425.	28	4,453,275.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	70,543,297.	32	73,939,477.
	33 Total liabilities and net assets/fund balances	75,914,919.	33	80,894,492.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	7,038,702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,589,394.
3	Revenue less expenses. Subtract line 2 from line 1	3	449,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,543,297.
5	Net unrealized gains (losses) on investments	5	2,705,915.
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	240,957.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	73,939,477.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		☒
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number	
--------------------------------	--

-*7996

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3510927.	4039125.	3456712.	15157605.	2836177.	29000546.
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	3510927.	4039125.	3456712.	15157605.	2836177.	29000546.
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)						
6 Public support. Subtract line 5 from line 4.						29000546.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3510927.	4039125.	3456712.	15157605.	2836177.	29000546.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1194577.	3271505.	1708979.	1760851.	2923775.	10859687.
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						39860233.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	72.76	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	76.41	%
16a 33 1/3% support test - 2024. 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			☒
b 33 1/3% support test - 2023. 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			☐
17a 10% -facts-and-circumstances test - 2024. 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			☐
b 10% -facts-and-circumstances test - 2023. 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			☐
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			☐

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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.		
1		
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.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 .			
3a			
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.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

** - ***7996

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

-*7996

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
<u>1</u>		\$ <u>142,380.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>198,104.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>199,876.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>105,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>326,568.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

-*7996

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		\$ 367,082.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 205,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LA CROSSE COMMUNITY FOUNDATION

-*7996

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
2	2504 SHARES OF FASTENAL	\$ 198,104.	12/12/24
3	2563 SHARES OF FASTENAL	\$ 199,876.	12/17/24
6	2400 SHARES OF NVIDIA CORP	\$ 326,568.	12/13/24
		\$	
		\$	
		\$	

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

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

-*7996

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	107	172
2 Aggregate value of contributions to (during year)	1,331,438.	1,110,631.
3 Aggregate value of grants from (during year)	2,108,661.	1,227,648.
4 Aggregate value at end of year	19,468,853.	27,154,326.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes	☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,219,565.	43,422,444.	51,187,746.	46,302,977.	42,040,054.
b Contributions	1,145,976.	7,128,805.	2,424,098.	1,122,711.	1,291,702.
c Net investment earnings, gains, and losses	5,429,872.	5,517,372.	-7,461,402.	6,112,833.	5,578,154.
d Grants or scholarships	2,510,625.	1,354,515.	2,228,627.	1,836,514.	2,003,836.
e Other expenditures for facilities and programs		1,482.	4,600.		189,614.
f Administrative expenses	580,437.	493,059.	494,771.	514,261.	413,483.
g End of year balance	57,704,351.	54,219,565.	43,422,444.	51,187,746.	46,302,977.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		12,991.	974.	12,017.
d Equipment		28,439.	6,421.	22,018.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				34,035.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,405,275.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	11,910.
(3) RIGHT OF USE ASSET	465,582.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,882,767.

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) LEASE LIABILITY	472,873.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	472,873.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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	9,612,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,705,915.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	158,850.
e	Add lines 2a through 2d	2e	2,864,765.
3	Subtract line 2e from line 1	3	6,748,137.
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	195,372.
b	Other (Describe in Part XIII.)	4b	95,193.
c	Add lines 4a and 4b	4c	290,565.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,038,702.

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	6,216,722.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,216,722.
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	195,372.
b	Other (Describe in Part XIII.)	4b	177,300.
c	Add lines 4a and 4b	4c	372,672.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,589,394.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

ESCROW LIABILITY ARRANGEMENT EXPLANATION ORGANIZATION HELD INVESTMENTS AT A THIRD PARTY INVESTMENT CORPORATION THAT ARE FUNDS HELD FOR SEVERAL ORGANIZATIONS THEY PROVIDE FISCAL MANAGEMENT SERVICES FOR.

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2024 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN PERPETUAL TRUST 158,850.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE 95,193.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:
AGENCY FUND EXPENSES 177,300.

Empty lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number
****-***7996**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1000 GENERATIONS, INC. SAFE FAMILIES FOR CHILDREN - PO BOX 213 - ELKHORN, WI 53121	**_***6525	501C3	5,500.	0.			HEALTH AND HUMAN SERVICES
ADULT & TEEN CHALLENGE OF WESTERN WISCONSIN INC. - PO BOX 126 - LA CROSSE, WI 54602	**_***4057	501C3	22,500.	0.			HEALTH AND HUMAN SERVICES
AGING AND DISABILITY RESOURCE CENTER OF LA CROSSE COUNTY - 300 4TH ST. N. - LA CROSSE, WI 54601	**_***5709	501C3	9,600.	0.			HEALTH AND HUMAN SERVICES
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA, PA 19102	**_***2010	501C3	26,700.	0.			EDUCATION AND SCHOLARSHIP
APTIV FOUNDATION INC 3000 SOUTH AVE LA CROSSE, WI 54601	**_***6838	501C3	17,012.	0.			HEALTH AND HUMAN SERVICES
AQUINAS CATHOLIC SCHOOLS INC. 315 11TH ST S LA CROSSE, WI 54601-4763	**_***0105	501C3	24,625.	0.			EDUCATION AND SCHOLARSHIP

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC LA CROSSE INC AND CITIZEN ADVOCACY OF ARC LA CROSSE - 601 N 7TH LL001 - LA CROSSE, WI 54601	**_***3913	501C3	6,000.	0.			HEALTH AND HUMAN SERVICES
BETHANY LUTHERAN HOMES, INC. D/B/A EAGLE CREST COMMUNITIES - 2575 7TH ST S - LA CROSSE, WI 54601-5249	**_***9446	501C3	11,920.	0.			HEALTH AND HUMAN SERVICES
BIG BROTHERS BIG SISTERS OF THE 7 RIVERS REGION - 313 4TH ST S - LA CROSSE, WI 54601-4047	**_***2460	501C3	12,500.	0.			COMMUNITY IMPROVEMENT
BLACK LEADERS ACQUIRING COLLECTIVE KNOWLEDGE (BLACK) INC. - 1205 REDFIELD ST. - LA CROSSE, WI 54601	**_***9213	501C3	21,000.	0.			CULTURE AND DIVERSITY
BLESSED SACRAMENT CATHOLIC CHURCH 130 LOSEY BLVD S LA CROSSE, WI 54601-4399	**_***3886	501C3	8,530.	0.			FAITH
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - PO BOX 91 - LA CROSSE, WI 54602-0091	**_***4791	501C3	599,877.	0.			RECREATION AND WELLNESS
CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE - 3710 EAST AVE S - LA CROSSE, WI 54601-7215	**_***6823	501C3	7,792.	0.			HEALTH AND HUMAN SERVICES
CAUSEWAY INTERFAITH VOLUNTEER CAREGIVERS, INC. - 4141 MORMON COULEE RD - LA CROSSE, WI 54601-7903	**_***9943	501C3	9,830.	0.			RECREATION AND WELLNESS
CHARIOTS4HOPE WISCONSIN CORPORATION - PO BOX 33 - LA CROSSE, WI 54601	**_***9719	501C3	7,500.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH PO BOX 2908 LA CROSSE, WI 54602-2908	**_***6295	501C3	16,873.	0.			FAITH
CITY OF LA CROSSE - GRANTEE 400 LA CROSSE ST 6TH FLOOR LA CROSSE, WI 54601-3374	**_***5490	GOV'T	59,441.	0.			COMMUNITY IMPROVEMENT
CLIMATE ALLIANCE FOR THE COMMON GOOD - N2176 VALLEY RD. - LA CROSSE, WI 54601	**_***7522	501C3	7,500.	0.			ENVIRONMENT
CONSUMER CREDIT COUNSELING OF SHEBOYGAN - 1930 N. 8TH ST. - SHEBOYGAN, WI 53081	**_***8501	501C3	5,937.	0.			HEALTH AND HUMAN SERVICES
COULEECAP, INC. 201 MELBY ST WESTBY, WI 54667-1013	**_***7614	501C3	105,653.	0.			HEALTH AND HUMAN SERVICES
COULEE CHILDREN'S CENTER 2935 E. AVE. S. LA CROSSE, WI 54601	**_***4503	501C3	17,425.	0.			EDUCATION AND SCHOLARSHIP
COULEE COUNCIL ON ADDICTIONS D/B/A COULEE RECOVERY CENTER - 933 FERRY ST - LA CROSSE, WI 54601-4752	**_***9125	501C3	44,250.	0.			HEALTH AND HUMAN SERVICES
COULEE REGION ALLIANCE FOR THE VISUAL ARTS INC - 1802 STATE ST - LA CROSSE, WI 54601	**_***1596	501C3	30,700.	0.			ARTS AND HUMANITIES
COULEE REGION HUMANE SOCIETY 911 CRITTER CT ONALASKA, WI 54650-8654	**_***6713	501C3	59,126.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCERS AGAINST CANCER 11132 WINNERS CIRCLE SUITE 100 LOS ALAMITOS, CA 90720	**_***8076	501C3	10,000.	0.			ARTS AND HUMANITIES
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741-9804	**_***3452	501C3	9,000.	0.			HEALTH AND HUMAN SERVICES
DOWN SYNDROME ASSOCIATION OF WISCONSIN, INC. - 11709 W CLEVELAND AVE STE 2 - WEST ALLIS, WI 53227-2901	**_***1338	501C3	10,000.	0.			HEALTH AND HUMAN SERVICES
EMERGENCY FOOD BASKET, INC. 735 SAND LAKE RD. ONALASKA, WI 54650	**_***4972	501C3	6,400.	0.			HEALTH AND HUMAN SERVICES
FAITH UNITED METHODIST CHURCH 1818 REDFIELD STREET LA CROSSE, WI 54601	**_***6587	501C3	6,133.	0.			FAITH
FAMILY & CHILDREN'S CENTER 811 MONITOR STREET LA CROSSE, WI 54603	**_***1863	501C3	40,043.	0.			HEALTH AND HUMAN SERVICES
FATHER JOSEPH WALIJEWSKI LEGACY GUILD, CASA HOGAR - P.O. BOX 4004 - LA CROSSE, WI 54602-4004	**_***2013	501C3	13,000.	0.			FAITH
FIRST PRESBYTERIAN CHURCH 233 WEST AVE. S. LA CROSSE, WI 54601	**_***8490	CHURCH	33,233.	0.			FAITH
FIRST TEENS CLOTHES CLOSET OF FIRST LUTHERAN CHURCH - 410 MAIN ST - ONALASKA, WI 54650-2952	**_***5415	501C3	232,264.	0.			FAITH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE BLUFFLANDS 2222 HOESCHLER DR LA CROSSE, WI 54601-6814	**_***9215	501C3	9,750.	0.			ENVIRONMENT
FRIENDS OF THE SHENANDOAH TRAIL P O BOX 816 WOODSTOCK, VA 22664	**_***4811	501C3	20,000.	0.			COMMUNITY IMPROVEMENT
GATEWAY AREA COUNCIL, BSA 2600 QUARRY RD LA CROSSE, WI 54601-3939	**_***6175	501C3	36,483.	0.			ENVIRONMENT
GEARUP, INC N2136 VALLEY RD LA CROSSE, WI 54601	**_***9288	501C3	11,000.	0.			EDUCATION AND SCHOLARSHIP
GREAT RIVERS UNITED WAY 1855 E MAIN ST ONALASKA, WI 54650-6727	**_***8188	501C3	15,151.	0.			HEALTH AND HUMAN SERVICES
GROW LA CROSSE INC. PO BOX 1241 LA CROSSE, WI 54602-1241	**_***2006	501C3	7,740.	0.			ENVIRONMENT
GUNDERSEN MEDICAL FOUNDATION 1836 SOUTH AVE LA CROSSE, WI 54601-5429	**_***9705	501C3	92,130.	0.			HEALTH AND HUMAN SERVICES
HABITAT FOR HUMANITY OF THE GREATER LA CROSSE REGION - 3181 BERLIN DR - LA CROSSE, WI 54601-1845	**_***6999	501C3	53,400.	0.			COMMUNITY IMPROVEMENT
HEART2HEART PET LIFELINE W2668 CLARENCE CT LA CROSSE, WI 54601	**_***5312	501C3	6,900.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMOOB CULTURAL AND COMMUNITY AGENCY, INC - 1815 WARD AVE - LA CROSSE, WI 54601-6737	**_***5587	501C3	303,500.	0.			CULTURE AND DIVERSITY
HONOR THE EARTH 1430 HAINES AVE. STE. 108, #225 RAPID CITY, SD 57701	**_***4238	501C3	15,000.	0.			ENVIRONMENT
HOPE RESTORES CORPORATION 231 COPELAND AVE LA CROSSE, WI 54603	**_***4972	501C3	41,578.	0.			EDUCATION AND SCHOLARSHIP
HORSESENSE, INC P O BOX 906 LA CROSSE, WI 54602-0906	**_***6685	501C3	29,991.	0.			RECREATION AND WELLNESS
ISLANDS OF BRILLIANCE, INC. P.O. BOX 774 MILWAUKEE, WI 53201	**_***9195	501C3	10,000.	0.			EDUCATION AND SCHOLARSHIP
JDRF INTERNATIONAL 1800 APPLETON ROAD SUITE 2 MENASHA, WI 54952	**_***7729	501C3	5,100.	0.			HEALTH AND HUMAN SERVICES
JUNIOR ACHIEVEMENT OF WISCONSIN INC. COULEE REGION - 2715 LOSEY BLVD S - LA CROSSE, WI 54601-7409	**_***6295	501C3	8,100.	0.			EDUCATION AND SCHOLARSHIP
JUSTA CENTER 1001 W JEFFERSON STREET PHOENIX, AZ 85007-2913	**_***9424	501C3	20,000.	0.			HEALTH AND HUMAN SERVICES
KARUNA, INC. 703 FARNAM ST #207 LA CROSSE, WI 54601	**_***7965	501C3	17,000.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KICKING BEAR FOUNDATION 2015 WARD AVE #111 LA CROSSE, WI 54601	**_***4016	501C3	7,500.	0.			FAITH
LA CROSSE AREA FAMILY YMCA 1140 MAIN ST LA CROSSE, WI 54601-4124	**_***6172	501C3	51,869.	0.			RECREATION AND WELLNESS
LA CROSSE AREA SYNOD ELCA 2301 SOUTH AVENUE LA CROSSE, WI 54601-6229	**_***4260	501C3	5,640.	0.			FAITH
LA CROSSE AREA VETERANS MENTOR PROGRAM - 212 6TH ST. NORTH, ROOM 450 - LA CROSSE, WI 54601	**_***3227	501C3	7,478.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE CENTRAL ALUMNI ASSOCIATION INC - PO BOX 3012 - LA CROSSE, WI 54601	**_***6139	501C3	26,500.	0.			EDUCATION AND SCHOLARSHIP
LA CROSSE CHAMBER CHORALE, INC. PO BOX 626 LA CROSSE, WI 54602-0626	**_***7453	501C3	5,900.	0.			ARTS AND HUMANITIES
LA CROSSE COMMUNITY NONPROFITS INITIATIVE - P O BOX 1661 - LA CROSSE, WI 54602-1661	**_***5115	501C3	139,774.	0.			COMMUNITY IMPROVEMENT
LA CROSSE COMMUNITY THEATRE 428 FRONT STREET SOUTH LA CROSSE, WI 54601-4012	**_***5843	501C3	24,864.	0.			ARTS AND HUMANITIES
LA CROSSE COUNTY 212 6TH ST N ROOM 2400 LA CROSSE, WI 54601	**_***8755	GOV'T	72,393.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CROSSE JAIL MINISTRY, INC. PO BOX 2675 LA CROSSE, WI 54602-2675	**_***5213	501C3	6,820.	0.			FAITH
LA CROSSE LIGHTHOUSE INC. 158 HIGHWAY 16 LA CROSSE, WI 54601	**_***5670	501C3	181,478.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE LIGHTNING LACROSSE CLUB PO BOX 3335 LA CROSSE, WI 54602	**_***3482	501C3	5,635.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE LIONS CHARITIES 717 19TH ST. S. LA CROSSE, WI 54602-1531	**_***7741	501C3	6,000.	0.			HEALTH AND HUMAN SERVICES
LA CROSSE PUBLIC EDUCATION FOUNDATION, INC. - PO BOX 1811 - LA CROSSE, WI 54602-1811	**_***0700	501C3	80,077.	0.			EDUCATION AND SCHOLARSHIP
LA CROSSE SYMPHONY ORCHESTRA, INC. 201 MAIN ST STE 230 LA CROSSE, WI 54601-0714	**_***4330	501C3	22,666.	0.			ARTS AND HUMANITIES
LEAGUE OF WOMEN VOTERS OF THE LA CROSSE AREA - P O BOX 363 - LA CROSSE, WI 54602-0363	**_***6103	501C3	16,222.	0.			COMMUNITY IMPROVEMENT
LUTHERAN CAMPUS MINISTRY OF LA CROSSE AREA SYNOD - 2301 SOUTH AVE - LA CROSSE, WI 54601	**_***4260	501C3	14,100.	0.			FAITH
LUTHERAN SOCIAL SERVICES/WISCONSIN & UPPER MI, INC. - 6737 WEST WASHINGTON ST SUITE 2275 - WEST ALLIS, WI 53214	**_***6846	501C3	11,280.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH WISCONSIN 11020 W. PLANK COURT SUITE 200 WAUWATOSA, WI 53226	**_***3541	501C3	7,500.	0.			HEALTH AND HUMAN SERVICES
MAYO CLINIC HEALTH SYSTEM 200 FIRST ST SW ROCHESTER, MN 55905	**_***6374	501C3	12,532.	0.			HEALTH AND HUMAN SERVICES
MINNESOTA MASTERPIECE HALL PO BOX 322 WINONA, MN 55987	**_***1197	501C3	10,000.	0.			ARTS AND HUMANITIES
MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DR STE 9 LA CROSSE, WI 54602-2611	**_***1201	501C3	22,810.	0.			ENVIRONMENT
MOBILE MEALS OF LA CROSSE 2600 QUARRY RD LA CROSSE, WI 54601-3939	**_***7523	501C3	6,500.	0.			HEALTH AND HUMAN SERVICES
NEW HORIZONS SHELTER & OUTREACH CTRS. - PO BOX 2031 - LA CROSSE, WI 54602-2031	**_***7699	501C3	12,495.	0.			HEALTH AND HUMAN SERVICES
NEXT STEPS FOR CHANGE, INC. N5782 LAKE PARK DR ONALASKA, WI 54650-9645	**_***0594	501C3	270,000.	0.			HEALTH AND HUMAN SERVICES
NORSKEDALEN NATURE AND HERITAGE CENTER - PO BOX 235 - COON VALLEY, WI 54623-0235	**_***8906	501C3	7,000.	0.			CULTURE AND DIVERSITY
NORTH PRESBYTERIAN CHURCH 1327 N SALEM ROAD LA CROSSE, WI 54603	**_***2549	501C3	10,000.	0.			EDUCATION AND SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONALASKA EDUCATION FOUNDATION 237 2ND AVE S ONALASKA, WI 54650-2905	**_***4475	501C3	27,600.	0.			EDUCATION AND SCHOLARSHIP
ONALASKA ENHANCEMENT FOUNDATION 415 MAIN ST ONALASKA, WI 54650-2953	**_***5880	501C3	34,800.	0.			COMMUNITY IMPROVEMENT
ONALASKA SCHOOL DISTRICT 237 2ND AVE S ONALASKA, WI 54650-2905	**_***1237	GOV'T	10,770.	0.			EDUCATION AND SCHOLARSHIP
OUR SAVIOR'S LUTHERAN CHURCH P O BOX 97 LA CROSSE, WI 54602-0097	**_***8278	501C3	23,120.	0.			FAITH
OUTDOOR RECREATION ALLIANCE 125 7TH ST N LA CROSSE, WI 54601	**_***2671	501C3	77,500.	0.			RECREATION AND WELLNESS
PASTORS UNITED COMMUNITY ADVOCACY INC. - 3709 NORTH 57TH STREET - MILWAUKEE, WI 53216	**_***7280	501C3	6,000.	0.			COMMUNITY IMPROVEMENT
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 671 VANDALIA ST - ST. PAUL, MN 55114-1312	**_***8382	501C3	10,000.	0.			HEALTH AND HUMAN SERVICES
PLANNED PARENTHOOD OF WISCONSIN, INC. - 302 N JACKSON ST - MILWAUKEE, WI 53202-5904	**_***3391	501C3	13,600.	0.			HEALTH AND HUMAN SERVICES
PUMP HOUSE REGIONAL ARTS CENTER 119 KING ST. LA CROSSE, WI 54601	**_***9618	501C3	21,742.	0.			ARTS AND HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE INTERNATIONAL FRIENDSHIP GARDENS - P O BOX 3473 - LA CROSSE, WI 54602-3473	**_***8498	501C3	81,300.	0.			CULTURE AND DIVERSITY
SAINT CLARE HEALTH MISSION INC 916 FERRY ST LA CROSSE, WI 54601-4717	**_***3651	501C3	36,397.	0.			HEALTH AND HUMAN SERVICES
SAINT THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	**_***5110	501C3	24,209.	0.			EDUCATION AND SCHOLARSHIP
SCHOOL DISTRICT OF LA CROSSE 807 EAST AVE S LA CROSSE, WI 54601-4982	**_***2841	GOV'T	60,422.	0.			EDUCATION AND SCHOLARSHIP
SHELTER DEVELOPMENT INC. 1009 4TH ST S LA CROSSE, WI 54601	**_***8865	501C3	28,250.	0.			COMMUNITY IMPROVEMENT
SHOEFLY EMPOWERED INC. 2526 EDGEWOOD PL LA CROSSE, WI 54601	**_***5303	501C3	7,061.	0.			RECREATION AND WELLNESS
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE MAIL F-12 ST. PAUL, MN 55105	**_***5509	501C3	24,209.	0.			EDUCATION AND SCHOLARSHIP
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 1201 MAIN ST. - ONALASKA, WI 54650	**_***8234	501C3	12,000.	0.			FAITH
ST. RAPHAEL THE ARCHANGEL CATHOLIC CHURCH - 830 S. WESTHAVEN DRIVE - OSHKOSH, WI 54904	**_***2769	CHURCH	6,500.	0.			FAITH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUGAR CREEK BIBLE CAMP 13141 SUGAR CREEK BIBLE CAMP RD FERRYVILLE, WI 54628-6033	**_***6303	501C3	14,100.	0.			RECREATION AND WELLNESS
SUSTAINABILITY INSTITUTE 400 7TH ST N LA CROSSE, WI 54601	**_***3436	501C3	151,500.	0.			ENVIRONMENT
TELLURIAN UCAN, INC. 300 FEMRITE DRIVE MADISON, WI 53716	**_***2987	501C3	50,000.	0.			HEALTH AND HUMAN SERVICES
THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - 3333 N MAYFAIR RD SUITE 104 - MILWAUKEE, WI 53222	**_***1855	501C3	6,000.	0.			EDUCATION AND SCHOLARSHIP
THE GOOD FIGHT COMMUNITY CENTER 118 6TH STREET N LACROSSE, WI 54601	**_***0941	501C3	52,250.	0.			RECREATION AND WELLNESS
THE HUNGER TASK FORCE OF LA CROSSE, INC. - 1240 CLINTON ST. - LA CROSSE, WI 54603	**_***7827	501C3	19,860.	0.			HEALTH AND HUMAN SERVICES
THE NATURE PLACE / WISCORPS, INC. 789 MYRICK PARK DR LA CROSSE, WI 54601-3711	**_***4779	501C3	9,935.	0.			ENVIRONMENT
THE PARENTING PLACE 1500 GREEN BAY ST LA CROSSE, WI 54601-6455	**_***6842	501C3	18,500.	0.			HEALTH AND HUMAN SERVICES
THE SALVATION ARMY 223 8TH ST N LA CROSSE, WI 54602-3359	**_***7910	501C3	30,857.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 1010 SILL ST LA CROSSE, WI 54603-2451	**_***1257	501C3	10,000.	0.			FAITH
UNITED FUND FOR THE ARTS AND HUMANITIES - 119 KING ST - LA CROSSE, WI 54601-4030	**_***3981	501C3	19,510.	0.			ARTS AND HUMANITIES
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	**_***6760	501C3	26,000.	0.			EDUCATION AND SCHOLARSHIP
UNIVERSITY OF MINNESOTA FOUNDATION P O BOX 860266 MINNEAPOLIS, MN 55486-0266	**_***2488	501C3	36,900.	0.			EDUCATION AND SCHOLARSHIP
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE - PO BOX 64947 - ST. PAUL, MN 55164-0947	**_***3970	501C3	24,209.	0.			EDUCATION AND SCHOLARSHIP
UW-EAU CLAIRE FOUNDATION PO BOX 1208 EAU CLAIRE, WI 54702-1208	**_***2350	501C3	10,000.	0.			EDUCATION AND SCHOLARSHIP
UWL ALUMNI & FRIENDS FOUNDATION 615 EAST AVE N LA CROSSE, WI 54602-1148	**_***5116	501C3	40,500.	0.			EDUCATION AND SCHOLARSHIP
VILLAGE OF HOLMEN 421 S MAIN ST HOLMEN, WI 54636	**_***7818	GOV'T	25,000.	0.			HEALTH AND HUMAN SERVICES
VITERBO UNIVERSITY 900 VITERBO DR LA CROSSE, WI 54601-8804	**_***8445	501C3	44,602.	0.			EDUCATION AND SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAFER, INC. 1603 GEORGE ST LA CROSSE, WI 54603	**_***2632	501C3	33,395.	0.			HEALTH AND HUMAN SERVICES
WESTERN TECHNICAL COLLEGE FOUNDATION INC. - 400 7TH STREET NORTH, - LA CROSSE, WI 54602-0908	**_***4361	501C3	46,560.	0.			EDUCATION AND SCHOLARSHIP
WINN (WHAT I NEED NOW) P O BOX 145 LA CROSSE, WI 54602-0145	**_***2816	501C3	11,696.	0.			HEALTH AND HUMAN SERVICES
WISCONSIN CONSERVATION VOICES 133 S BUTLER ST STE 320 MADISON, WI 50703	**_***8891	501C3	7,700.	0.			CULTURE AND DIVERSITY
WISCONSIN WOMEN'S BUSINESS INITIATIVE CORPORATION - 1533 N RIVERCENTER DRIVE - MILWAUKEE, WI 53212	**_***7954	501C3	10,000.	0.			COMMUNITY IMPROVEMENT
WOMEN'S FUND OF GREATER LA CROSSE, INC. - PO BOX 654 - LA CROSSE, WI 54602-0654	**_***4065	501C3	94,000.	0.			COMMUNITY IMPROVEMENT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001	**_***1132	501C3	20,000.	0.			HEALTH AND HUMAN SERVICES
YWCA LA CROSSE 212 11TH ST S LA CROSSE, WI 54601	**_***0543	501C3	73,750.	0.			HEALTH AND HUMAN SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	215	373,850.	0.		
ARTISTIC GRANTS	4	4,146.	0.		

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

ALL GRANTEE'S CHARITABLE STATUS IS VERIFIED THROUGH GUIDESTAR OR OTHER CHARITY CHECK DATABASE. IN ADDITION TO IRS VERIFICATION, ALL GRANTEE'S MUST MEET COMPONENTS OF THE FOUNDATION'S DUE DILIGENCE PROCESS, WHICH INCLUDES: NOT BEING INCLUDED ON SOUTHERN POVERTY LAW CENTERS LIST OF HATE GROUPS AND NOT HAVING SERIOUS VIOLATIONS OF GRANT TERMS FROM PREVIOUS GRANT AWARDS. COMPETITIVE GRANT AWARDS REQUIRE PROGRESS REPORTS DURING THE GRANT PERIOD AND/OR A FINAL REPORT AT THE END OF THE GRANT PERIOD. PROGRESS REPORTS ARE EXPECTED FOR MULTI-YEAR COMMITMENTS IN ORDER TO DETERMINE THAT THE PROJECT WAS UNDERTAKEN TOWARD AN IDENTIFIED/DEFINED GOAL. PROGRESS REPORTS INCLUDE ADDRESSING THE OBJECTIVES OF WHAT HAS BEEN LEARNED OR ACHIEVED, IMPACT ON THE CORE MISSION OF THE ORGANIZATION, EFFECT ON THE COMMUNITY, AND ACCOUNTABILITY TO STATED DELIVERABLES. GRANTS COMMITTEE MEMBERS AND FOUNDATION STAFF CONSIDER THE CONTENT OF PRIOR REPORTS AND THE FOUNDATION WILL NOT CONSIDER APPLICATIONS FROM ORGANIZATIONS THAT HAVE OVERDUE GRANT REPORTS. LCF STAFF ARE ACTIVELY ENGAGED WITH GRANTEE'S WITHIN THE COMMUNITY THAT REGULARLY RECEIVE FUNDING. STAFF WORK TO UNDERSTAND THE MISSION AND IMPACT OF GRANTEE'S AND HOW UNRESTRICTED FUNDING IS USED TO MEET STATED

MISSION OF EACH ORGANIZATION.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

LA CROSSE COMMUNITY FOUNDATION

Employer identification number

-*7996

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	968,964.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	LA CROSSE COMMUNITY FOUNDATION	Employer identification number	** - ***7996
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AGENCY-FUND ACTIVITIES: LCF MANAGES AGENCY FUNDS ESTABLISHED BY
NONPROFIT ORGANIZATIONS. THE LCF HAS FIDUCIARY RESPONSIBILITY OVER THE
FUNDS, AND EACH YEAR THE ORGANIZATION CAN CHOOSE TO TAKE THE SPENDING
RATE DISTRIBUTION, OR CONTINUE TO GROW THE FUND WITH ITS ANNUAL
EARNINGS.
EXPENSES \$ 177,300. INCLUDING GRANTS OF \$ 177,300. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD CHAIR AND CHAIRS FOR
THE FINANCE AND INVESTMENT COMMITTEES REVIEW AND SIGN THE FORM 990. THE
ENTIRE GOVERNING BODY DOES REVIEW THE RETURN BEFORE FILING VIA EMAIL.

FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICTS POLICY EACH YEAR, BOARD MEMBERS UPDATE THEIR
CONFLICT OF INTEREST STATEMENTS AND INDICATE THAT THEY WILL NOT DISCUSS OR
VOTE ON ANY MATTER FOR WHICH THEY HAVE A CONFLICT OF INTEREST. BOARD CHAIR
REQUESTS THAT A MEMBER NOT PARTICIPATE IN A DISCUSSION OF A GRANT, IN WHICH
CASES THEY ARE EXCUSED FROM THE DISCUSSION AND THE VOTE. THE VOTE COUNT
WILL REFLECT THAT A BOARD MEMBER ABSTAINED FROM A VOTE.

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

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE IN THE FOUNDATION
OFFICE UPON REQUEST. CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE
PUBLIC, BUT DISCLOSURES MADE BY BOARD MEMBERS ARE NOT AVAILABLE TO THE
PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN PERPETUAL TRUST	158,850.
AGENCY FUND CONTRIBUTIONS AND GRANTS	82,107.
TOTAL TO FORM 990, PART XI, LINE 9	240,957.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

LA CROSSE COMMUNITY FOUNDATION

EIN or SSN

-*7996

Name and title of officer or person subject to tax RICK KYTE
CHAIR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,038,702.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize HAWKINS ASH CPAS, LLP to enter my PIN 08528
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39786812608

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BRITTANY F. LEONARD Date 06/03/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)