A	EXTI	ENDED TO MA	AY 1	L7, 2021					
Form 990-T-	Exempt Organi	ization Bus	ine	ss Income T	'ax Return	L	OMB No 1545-0047		
		d proxy tax unde			2006	>	0040		
	For calendar year 2019 or other tax year b	eginning JUL 1,	20	19 and ending JU	N 30, 202	<u>0</u>	2019		
Department of the Treasury				ons and the latest inform		-	Open to Public Inspection for		
Internal Revenue Service	. Do not enter SSN numbers				ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if	Name of organization (•	•		Empl	oyer identification number loyees' trust, see		
address changed	· ·	COMMUNITY FOUNDATION FOR THE FOX VALLEY instructions)							
B Exempt under section	Print REGION, INC				<u>-</u>	_	9-1548450 ated business activity code		
X 501(c) 13)	Number, street, and room o		k, see ir	nstructions			nstructions)		
408(e) 220(e)	TAWKEI W CCPP								
408A 530(a)	City or town, state or provin	ice, country, and ZIP of 54914	r toreig	n postal code		900	000		
529(a) C Book value of all assets	F Group exemption number		_			300	099		
at end of year	37. G Check organization type	·	onration	1 501(c) trust	401(a)	trust	Other trust		
	organization's unrelated trades or bus		1		the only (or first) un	-			
	► SEE STATEMENT	· -			complete Parts I-V.		than one.		
	lank space at the end of the previous		rts I an						
business, then complete	·	, ,		,					
	the corporation a subsidiary in an affi	hated group or a paren	it-subs	idiary controlled group?	▶ [Ye	es X No		
If "Yes," enter the name a	nd identifying number of the parent of	orporation -							
J The books are in care of	► STEVE VELDHORS	ST		Teleph	one number 🕨 9	20-	830-1290		
Part Unrelated	d Trade or Business Inco	me		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale	s								
b Less returns and allow	wances	c Balance	1c	-	SASCALAS A				
2 Cost of goods sold (S	chedule A, line 7)		2		No de deservations				
3 Gross profit Subtract	line 2 from line 1c		3						
	ne (attach Schedule D)		4a						
- , , ,	4797, Part II, line 17) (attach Form 4	797)	4b			//			
c Capital loss deduction			4c	00 075		-2332 2007	00 075		
• •	partnership or an S corporation (attai	ch statement)	5	99,075.		**************************************	99,075.		
6 Rent income (Schedu	•		6						
	ed income (Schedule E)		7			-	-		
	ralties, and rents from a controlled org		8						
	a section 501(c)(7), (9), or (17) orga vity income (Schedule I)	illization (Schedule G)	10						
11 Advertising income (S	•		11						
	structions, attach schedule)		12			194°G			
13 Total. Combine lines	•		13	99,075.	TO THE STATE OF TH		99,075.		
	ns Not Taken Elsewhere	(See instructions fo			•				
(Deductions	must be directly connected with	the unrelated busine	ess ind	come)					
14 Compensation of off	icers, directors, and trustees (Schedu	le K)				14			
15 Salaries and wages						15			
16 Repairs and mainten	ance	ECENTER		7		16			
17 Bad debts		RECEIVED			·	17			
18 Interest (attach sche	dule) (see instructions)		וטֵר			18			
19 Taxes and licenses	/ ISI A	PR 05 2021	RS-OS(19			
20 Depreciation (attach	Form 4562)		13	20		Œ.			
21 Less depreciation cla	Form 4562) nimed on Schedule A and elsewhere d	n return	1≅1	21a		21b			
,		DEN, UI	- 1			22			
/	erred compensation plans .					23			
24 Employee benefit pro						24			
25 Excess exempt expe	· ·					25			
26 Excess readership co	· ·					26			
27 Other deductions (at	•				i	27	0.		
/	dd lines 14 through 27 axable income before net operating lo	nes daduction Subtract	tline of	3 from line 12	i	28 29	99,075.		
/	axable income before het operating to erating loss arising in tax years begin					73	22,012.		
(see instructions)	crauny 1055 ansiny in tax years degin	ווווש טוו טו מונפו שמווטמו	y 1, 2U	710		30	0.		
<i>1</i> '	axable income. Subtract line 30 from	line 29				31	99,075.		
	r Panerwork Reduction Act Notice.					U1	Form 990-T (2019)		

6.8

	O-T (29/19) COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	39-1548450 Page 2
Par	Total Unrelated Business Taxable Income	+
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	99,075.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules) STMT 2 STMT 3	9,808.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	89,267.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	89,267.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	68 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	88,267.
Parl	Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	18,536.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from	
	Tax rate schedule or Schedule D (Form 1041)	▶ 41
42	Proxy tax See instructions	▶ 42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income See instructions	44
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	18,536.
Part	V Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	
b	Other credits (see instructions) 46b	
C	General business credit Attach Form 3800 46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	
е	Total credits Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	18,536.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	
49	Total tax Add lines 47 and 48 (see instructions)	18,536.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a	Payments A 2018 overpayment credited to 2019 10, 981	
	2019 estimated tax payments QV Fib 3,859	1 1
	Tax deposited with Form 8868 () (546 23,000	
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	7
	Backup withholding (see instructions) 51e	<u> </u>
	Credit for small employer health insurance premiums (attach Form 8941) 51f	-
	Other credits, adjustments, and payments: Form 2439	7 1
•	☐ Form 4136 ☐ Other ☐ Total ► 51g	
52	Total payments Add lines 51a through 51g	37,840.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 19,304.
	Enter the amount of line 55 you want Credited to 2020 estimated tax 19,304. Refunded	▶ 56 0.
Part		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	1
	here >	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
•••	If "Yes," see instructions for other forms the organization may have to file	
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge DIRECTOR AND	
Here	My Holmselex 14/1/21 CHAIRPERSON	May the IRS discuss this return with the preparer shown below (see
	Signature of officer Date Title	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
na:-	ACT OVER THE	
Paid	MICHAEL MANDENHOGEN MANDENHOGEN 02/10/21	P00499282
	CL TEMONY AD CONSTITUTION	
use	Only Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 200 EAST WASHINGTON STREET, PO BOX 17	
	Firm's address ► APPLETON, WI 54912 Phone no	920-731-8111
	11.27-20	520 /51 0111 Form 990-T (2010)

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· · · · · · · · · · · · · · · · · · ·											
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A							
1 Inventory at beginning of year	1		7	Inventory at end of year		<u> </u>	6				
2 Purchases						Cost of goods sold Subtract line 6					
3 Cost of labor	3		_	from line 5. Enter here	and in I	Part I,					
4 a Additional section 263A costs				line 2			7				
(attach schedule)	4a		_ 8	Do the rules of section		•	Yes No				
 Other costs (attach schedule) 	4b		4	property produced or a	cquired	for resale) apply to					
5 Total. Add lines 1 through 4b				the organization?		LIMEN D. LD					
Schedule C - Rent Income (see instructions)	(From Real	Property and	ı Pers	sonai Property L	ease	a with Real Prope	rty)				
Description of property			•								
(1)											
(2)											
(3)											
(4)											
	2 Rent receiv	ed or accrued					-				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal p	nal property (if the percentagoroperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)				
(1)				, , ,							
(2)											
(3)											
(4)							-				
Total	0.	Total			0.						
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>	-		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	O .				
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)							
			,	Gross income from		3 Deductions directly connect to debt-financed					
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)											
(2)			1								
(3)			1								
(4)											
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				%							
(2)				%							
(3)				%							
(4)				%							
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals				▶		0.	0.				
Total dividends-received deductions in	icluded in column	18				•	0.				
						F 1	Form 990-T (2010)				

distriction of controlled Organizations 7. Tasable freeme 8 (Net webside freeme (less) (see instructions) 9 Total of special payments in add a page (1) and a study of the season of t	orm 990-T (2019) REGIO	N, INC								39-15	4845	0 P
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2) 3.5 Section for the second of section 501(c)(7), (9), or (17) Organizations 1) Description of moderns 1) Description of moderns 2) Amount of moderns 2) Amount of moderns 2) Amount of moderns 3) Description of moderns 2) Amount of moderns 3) Description of moderns 4) Service for the second on pages 1, Pert 1, Inc. 8, column (8) (ast 2 should be shown as a manufacture of the second of the shown and an pages 1, Pert 1, Inc. 8, column (9) (ast 2 should be shown as a manufacture of moderns 1) Description of moderns 2) Amount of moderns 2) Amount of moderns 2) Amount of moderns 3) Description of moderns 4) Service for the second of shown and an appear 1, Pert 1, Inc. 8, column (9) (ast 2 should be shown as a manufacture of moderns of the shown and an appear 1, Pert 1, Inc. 8, column (9) (ast 2 should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a manufacture of moderns of the should be shown as a shown as a should be shown as a show	1 Name of controlled organiza	ation	ıdentıfı	ication					includ	led in the contr	rolling	6 Deductions direct connected with incom in column 5
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The controlling organization	, , ў	T —	lated incom	na (lass)	0 Total	of specified pays	nonte	10. Part of colu	mp 0 tha	tus included	11 Do	dustions dispaths comp
Add columns 5 and 10 Enter here and on page 1, Part 1, Inter here and on p	7. Taxable Illcome				y rotal			in the controlli	ng organ	nization's	with	n income in column 10
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Continue										4 50	nauda-	5 Total deduct
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Form 990-T (2019) REGION, INC

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	_	0.	0.	ALEX XXX			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)-	>	0.	0.		648 - A-A-464		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	•
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

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FORM 990-T	DESCRIPTION	OF (ORGANIZATION'S	PRIMARY	ONKELATED	STATEMENT	Ŧ
		B	BUSINESS ACTIVIT	Ϋ́			

INVESTMENT INCOME FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUUOMA	
50% CASH ONLY	N/A	23,210,343.	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	23,210,343.	