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Department of the

Internal Revenue Service

Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493097002392

Open to Public Inspection

A F	or th	e <b>2020</b> c		ing 07-01-2020 , and ending 06-	30-2021			
<b>B</b> Che	ck if a	pplicable:	C Name of organization COMMUNITY FOUNDATION FOR THE R	FOX VALLEY		D Employer	identif	ication number
		change	REGION INC	OX VALLET		39-15484	50	
	me ch tial ret	-	Doing business as					
		n/terminated						
		d return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite	E Telephone	number	
□ Ар	plication	on pending	4455 W LAWRENCE ST			(920) 830	-1290	
			City or town, state or province, count	ry, and ZIP or foreign postal code				
			APPLETON, WI 54914			<b>G</b> Gross recei	pts \$ 27	72,289,766
			F Name and address of principal	officer:	H(a) Is	s this a group retu	n for	
			CURT DETJEN 4455 W LAWRENCE ST			ubordinates?		□Yes 🗹 No
			APPLETON, WI 54914			re all subordinates icluded?	;	☐ Yes ☐No
I Ta	x-exer	mpt status:	<b>✓</b> 501(c)(3)	nsert no.) 4947(a)(1) or 527		f "No," attach a list	. (see	
J W	ebsit	te:▶ WW	VW.CFFOXVALLEY.ORG			roup exemption n	•	•
<b>K</b> Forr	n of o	rganization	: 🗹 Corporation 🔲 Trust 🔲 Assoc	iation Other ►	<b>L</b> Year of	formation: 1986	State	of legal domicile: WI
			•					
Pa	art I	Sum	mary					
			scribe the organization's mission or	most significant activities: PIC INTERESTS BENEFITING THE FOX	\/ALLEV			
ce	-	IO SERVE	A BROAD RANGE OF PHILANTHRO	PIC INTERESTS BENEFITING THE FOX	VALLET.			
Ē	-							
Governance	-							
٥,				ontinued its operations or disposed of				1 22
	l			body (Part VI, line 1a)			3	23
Ses	l		· ·	the governing body (Part VI, line 1b)			4	23
Ĕ	l		, ,	endar year 2020 (Part V, line 2a)			5	39
Activities &	l		•	essary)			6	125
⋖	ı	Total unr	7a	-70,479				
	b	Net unre	lated business taxable income from	Form 990-T, line 39	<u> </u>		7b	0
						Prior Year		Current Year
Ωį	l		tions and grants (Part VIII, line 1h)			23,210,34	3	30,783,724
Ravenue	9	Program	service revenue (Part VIII, line 2g)			475,79	0	472,191
Ρÿ	10	Investme	ent income (Part VIII, column (A), lir	658,00	7	29,743,476		
	1	Other rev	0	0				
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		24,344,14	0	60,999,391
	13	Grants a	nd similar amounts paid (Part IX, co	lumn (A), lines 1–3 )		23,255,23	6	32,005,594
	14	Benefits	paid to or for members (Part IX, col	umn (A), line 4)			0	0
83	15	Salaries,	other compensation, employee ber	efits (Part IX, column (A), lines 5-10)		2,652,02	5	2,808,575
Expenses	16a	Profession	onal fundraising fees (Part IX, colum	n (A), line 11e)			0	0
e do	Ь	Total fund	raising expenses (Part IX, column (D), lii	ne 25) ►455,800				
<u> </u>	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		2,630,37	8	2,750,327
	18	Total exp	enses. Add lines 13–17 (must equa	l Part IX, column (A), line 25)		28,537,63	9	37,564,496
	19	Revenue	less expenses. Subtract line 18 from	m line 12		-4,193,49	9	23,434,895
\$ <del>8</del>					Begin	ning of Current Yea	r	End of Year
Net Assets or Fund Balances								
Bal	20	Total ass	ets (Part X, line 16)			391,655,83	7	500,269,949
귤	21	Total liab	oilities (Part X, line 26)			60,478,95	6	79,142,301
Zű	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		331,176,88	1	421,127,648
	ırt II		ature Block					
				ned this return, including accompanyin Declaration of preparer (other than off				
any k								<u> </u>
		1 *****	*			2022 04 07		
C:		Signat	ure of officer			2022-04-07 Date		
Sign Here								
	•		MARIAHAZY DIRECTOR AND CHAIRPERS or print name and title	ON				
		17	Print/Type preparer's name	Preparer's signature	Date	☐ PTI	N	
Dair	4		Type propurer a name		2022-04-07	Check L if PO	499282	2
Paid		\ <u>_</u>	Firm's name  CLIFTONLARSONALLEN	ı LLP		self-employed Firm's EIN ► 41-07	46749	
Pre		51 .k.				1		
Use	Un	יי <b>ע</b>   ּ	Firm's address ► 200 EAST WASHINGTON 1739	STREET PO BOX		Phone no. (920) 73	1-8111	
			APPLETON, WI 54912					
May +	he IR	S discuss	this return with the preparer show	n above? (see instructions)			V	'es 🗌 No

Cat. No. 11282Y

Form **990** (2020)

Form	990 (2020)					Page 2
Pa	rt III Statem	ent of Program Service	e Accomplis	hments		
	Check if S	Schedule O contains a respo	onse or note to	any line in this Part III .		🗹
1		the organization's mission:				
	ECEIVE AND MANA RTANT COMMUNI		TS, TO MAKE PF	RUDENT, SENSITIVE ANI	O CREATIVE GRANTS AND TO EXER	CISE LEADERSHIP IN
2	Did the organiza	tion undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 9	90 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe	e these new services on Sch	nedule O.			
3	Did the organiza	tion cease conducting, or m	nake significant	changes in how it condu	cts, any program	
						☐ Yes 🗹 No
4	Describe the org Section 501(c)(3	anization's program service	accomplishmer	to report the amount o	argest program services, as measu f grants and allocations to others, th	
4a	(Code:	) (Expenses \$	33,747,466	including grants of \$	32,005,594 ) (Revenue \$	472,191 )
	See Additional Data		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-					
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedi	ule O.) uding grants of	\$	) (Revenue \$	)
40	Total program	service expenses ▶	33.747.4	.66		

16

17

18

19

Form	990 (2020)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕏	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ĺ	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	15		No

Nο

Nο

Nο

Nο

Nο

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20a

20b

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Yes

Form **990** (2020)

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

rm 9	990 (2020)			Page
Part	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
t	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
9	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
art	Statements Regarding Other IRS Filings and Tax Compliance	,		
_	Check if Schedule O contains a response or note to any line in this Part V			
_	Filtrath, which was add to Burg of Francisco Filtration Filtration Filtration Filtration		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	cover the number of Forms W-74 included in time 13 Forer -U- If not applicable 1 in 1			

**1**c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and						
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	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)?  If "Yes," enter the name of the foreign country:	4a		No			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> c					
	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		No 			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b					
	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No			
10	Section 501(c)(7) organizations. Enter:						
а	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:						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
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.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
	Enter the amount of reserves on hand	_		<b>.</b> .			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	parachute payment(s) during the year?	15		No			
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		No			

J. 111	990 (2020)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	respo	onse to l	ines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 23			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 23			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in		res	
	Schedule O how this was done	12c	Yes	
13				
13 14	Schedule O how this was done	12c	Yes	
14	Schedule O how this was done	12c	Yes Yes	
14 15	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	12c	Yes Yes	
14 15 a	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	12c 13 14	Yes Yes Yes	
14 15 a	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	12c 13 14	Yes Yes Yes	
14 15 a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	12c 13 14	Yes Yes Yes	No
14 15 a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  WI  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b	Yes Yes Yes	No

Part VII

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related	31113						/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form <b>990</b> (2020)

Form	990 (2020)														Page <b>8</b>
Pa	t VII Section A. Officers, Direct	1	, Key l	Emp			and	Higl			ated	Employees	(cor	itinued)	
hours per week (list any hours				than one box, unless person is both an officer and a director/trustee) corg						(D) eportable spensation rom the ganization (-2/1099-		(E) Reportable compensation from related organizations (W-2/1099-		Estir amount compe fron	F) mated of other ensation n the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee Officer		Highest compensated employee	Former		2/1099- 1ISC)		MISC)	<i>,-</i>	rela	ation and ated zations
See	Additional Data Table														
											+				
											-				
16.6	Sub-Total						<u></u> ▶								
	Total from continuation sheets to Pa						•								
d 1	Total (add lines 1b and 1c)						▶			669,800			0		127,490
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	rec	eived mo	ore than	\$100	,000			
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule 3									mpensat	ed e	mployee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual											he 	4		
5	Did any person listed on line 1a receiv services rendered to the organization									ation or i	ndivi •	dual for	5	1	No
Se	ection B. Independent Contract	ors													
1	Complete this table for your five high- from the organization. Report comper												ompe	nsation	
	Name a	(A) and business addre	nee.								occrin	(B) tion of services			(C) ensation
SAND	ERSON ASSET MANAGEMENT	ina pasiness addre	:55									1ANAGEMENT		Соттр	142,854
	HCOAT HOUSE 20 SAVILLE ROW ON, LONDON														
1345	EAGLE INVESTMENTS  AVENUE OF THE AMERICAS  YORK, NY 10105									INVESTM	IENT (	CONSULTANT			123,969
VULC 2100	AN INVESTMENTS LLC SOUTHBRIDGE PKWY									INVESTM	IENT (	CONSULTANT			116,382
CLIFT 200 E	INGHAM, AL 35209 ONLARSONALLEN LLP WASHINGTON ST									AUDIT AI	ND PA	YROLL SERVIC	ES		113,759
WEST	ETON, WI 54911  WOOD GLOBAL INVESTMENTS  FINANCIAL CENTER SUITE 1620									INVESTM	IENT I	MANAGEMENT			102,079
BOST <b>2</b>	ON, MA 02111 Total number of independent contractor compensation from the organization ►!		not lim	ited t	o th	ose	listed	abov	ve) who	received	mor	e than \$100,0	000 o	F	
														Form 9	<b>90</b> (2020)

		(2020)		_						Page <b>9</b>
Part	VII						lias is this DestAUU			
		Check if Sched	dule	O contains a	a respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	<b>1</b> a	Federated campaig	gns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. [	<b>1</b> b					
9.E	С	Fundraising events	5.		1c					
ifs,	d	Related organizati	ons		<b>1</b> d	4,648,246				
n (G	е	Government grants (	contr	ibutions)	1e	435,093				
ons Sir	f	All other contributions and similar amounts	s, gifi not ir	ts, grants, ncluded	1f	25,700,385				
Contribution and Other	-	above Noncash contribution	s incl	uded in	<u> </u>	23,700,363				
	9	lines 1a - 1f:\$			<b>1</b> g	12,865,785				
S 50	h	<b>Total.</b> Add lines 1a	a-1f			•	30,783,724			
						Business Code				
	2	a ADMINISTRATIVE FE	E INC	COME FROM A	3	561000	252,256	252,256		
ınıe	ŀ	ADMINISTRATIVE FE	E INC	OME FROM SI	J	564000	219,935	219,935		
Program Service Revenue						561000				
eo	١,	3								
Şe.										
<u> </u>	۲									
ogra	•	•								
ΔŤ	١,			ē						
		All other program				172 101				
	⊢	Investment income				472,191 nterest and other				
		similar amounts) .			•	•	3,461,924	1	-70,479	3,532,403
		Income from invest			mpt bo		1			
	5	Royalties	·	(i) Rea	• al	(ii) Personal	* <u> </u>			
				(1) 1.00		(ii) i ersenar	1			
		a Gross rents	6a				_			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	١,	or (1055) d Net rental income								
				(i) Secur		(ii) Other				
	78	Gross amount from sales of	7a	227	E71 027	,	7			
		assets other than inventory		237,	571,927					
	ь	Less: cost or	<u> </u>				7			
	_	other basis and sales expenses		211,	290,375	5				
	_	Gain or (loss)	7c	26	281,552		7			
	ı	<b>d</b> Net gain or (loss)		<u>'</u>				2		26,281,552
	ı	Gross income from fu	ındra	ising events						
nue		(not including \$ contributions reported	d on	of line 1c).						
eve		See Part IV, line 18	•		8a					
Other Revenue		<b>b</b> Less: direct expen			8b					
the	<b>'</b>	c Net income or (los	ss) fr	om fundrais	ing eve	ents 📂	1			
	9a	Gross income from	gam	ing activities.						
		See <b>Part</b> IV, line 19			9a		_			
		<b>b</b> Less: direct expen c Net income or (los			9b	iec .				
	'	t ivet income or (los	5) 11	om gaming	activiti	les <b>&gt;</b>	1			
	10	aGross sales of inve	ento	ry, less						
					10a 10b		4			
	l	<b>b</b> Less: cost of good <b>c</b> Net income or (los				ory ►				
		Miscellaneo			IIIVEIII	Business Code				
	1:	1a								
		ь								
	١ '	c								
		d All other revenue								
		e Total. Add lines 1				•				
	12	2 Total revenue. S	ee ir	nstructions	• •	• • • •	60,999,391	472,191	-70,479	
										Form <b>990</b> (2020)

Cataly Statement of Europianal Expanses				rage 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to ar				
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,959,909	30,959,909		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,045,685	1,045,685		
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	782,260	335,818	359,775	86,667
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,601,592	818,614	617,326	165,652
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	48,438	24,748	18,679	5,011
9 Other employee benefits	231,113	118,082	89,123	23,908
<b>10</b> Payroll taxes	145,172	70,593	59,207	15,372
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	71,790		71,790	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,439,981		1,439,981	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	488,515	28,282	460,233	
12 Advertising and promotion	123,926	30,730		93,196
13 Office expenses	104,971	58,705	36,450	9,816
14 Information technology	314,276	154,561	125,836	33,879
15 Royalties				
<b>16</b> Occupancy	54,684	26,894	21,895	5,895
<b>17</b> Travel	4,999	2,459	2,002	538
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	28,486	14,009	11,406	3,071
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,597	42,097	34,273	9,227
23 Insurance	21,453	10,551	8,590	2,312
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION	11,649	5,729	4,664	1,256
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,564,496	33,747,466	3,361,230	455,800
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here • I if following SOP 98-2 (ASC 958-720)				

End of year

Page **11** 

Check if Schedule C	) contains a	response o	or note t	o any	line in	this Part IX	

Total liabilities and net assets/fund balances

33

<b>1</b> Cash-non-interest-bearing		1	
2 Savings and temporary cash investments	2,161,280	2	2,662,633
3 Pledges and grants receivable, net	4,052,418	3	3,481,844
4 Accounts receivable, net		4	
<b>5</b> 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		5	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Beginning of year

500,269,949 Form 990 (2020)

	l					_	
S	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges			52,381	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,316,965			
	ь	Less: accumulated depreciation	10b	590,595	1,353,225	10c	1,726,370
	11	Investments—publicly traded securities .		191,287,186	11	192,064,504	
	12	Investments—other securities. See Part IV, line		191,994,450	12	299,553,917	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11		[	754,897	15	780,681
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	391,655,837	16	500,269,949
	17	Accounts payable and accrued expenses			1,039,850	17	1,079,581
	18	Grants payable		9,008,073	18	11,407,520	
	19	Deferred revenue		19			

		,,	· '		· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 33)	391,655,837	16	500,269,949
	17	Accounts payable and accrued expenses	1,039,850	17	1,079,581
	18	Grants payable	9,008,073	18	11,407,520
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	507,700	24	0
	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	49,923,333	25	66,655,200
	26	<b>Total liabilities.</b> Add lines 17 through 25	60,478,956	26	79,142,301
					i

iabilitie	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	507,700	24	0
	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	49,923,333	25	66,655,200
	26	Total liabilities. Add lines 17 through 25	60,478,956	26	79,142,301
alances	27	Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	325,686,719	27	416,363,492
ದ	I				ļ

	24	Unsecured notes and loans payable to unrelated third parties	507,700	24	C
	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	49,923,333	25	66,655,200
	26	<b>Total liabilities.</b> Add lines 17 through 25	60,478,956	26	79,142,301
Balances	27	Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	325,686,719	27	416,363,492
	28	Net assets with donor restrictions	5,490,162	28	4,764,156
or Fund	29	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.  Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32	Total net assets or fund balances	331,176,881	32	421,127,648
Net	33	Total liabilities and net assets/fund balances	391,655,837	33	500,269,949

☐ Both consolidated and separate basis

Yes

No

Form 990 (2020)

2c

3a

3h

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

### Additional Data

Software ID:

Software Version:

**EIN:** 39-1548450

Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY

REGION INC

Form 990 (2020)

Form 990, Part III, Line 4a:

GRANTS WERE AWARDED FROM CHARITABLE FUNDS ESTABLISHED BY INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS REFLECTING THEIR WISHES FOR GIVING BACK IN WAYS THAT COLLECTIVELY STRENGTHEN OUR COMMUNITY FOR CURRENT AND FUTURE GENERATIONS. THESE GRANTS MAKE A DIFFERENCE IN THE LIVES OF PEOPLE THROUGHOUT THE FOX VALLEY REGION IN THE AREAS OF ARTS & CULTURE, EDUCATION, COUMMUNITY IMPROVEMENT, HEALTH CARE, HUMAN SERVICES. THE ENVIRONMENT AND RELIGION, OUR DISCRETIONARY GRANT PROGRAM INCLUDES THE FOLLOWING EFFORTS: 1) HELP STRENGTHEN NONPROFIT

ORGANIZATIONS; 2) PROVIDE COMMUNITY LEADERSHIP GRANTS TO SUPPORT AND ADVANCE KEY COMMUNITY INITIATIVES CONSISTENT WITH OUR GRANT PRIORITIES; 3) INCREASE ACCESS AND INCLUSION AND EDUCATING CHILDREN AND YOUTH IN THE AREAS OF ARTS AND CULTURE AND ENVIRONMENTAL SUSTAINABILITY; 4) AND RAISING AWARENESS OF COMMUNITY ISSUES TO HELP SPARK ACTION RESULTING IN POSITIVE CHANGE.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	a dir	ecto	 rustee	organization (W- 2/1099-	organizations	rrom the organization and	
	for related organizations below dotted line)	mer hest compensated ployee / employee loar loar stitutional Trustee ividual trustee director		(W- 2/1099- MISC)	related organizations				
BEN ADAMS DIRECTOR	0.50	х				0	0	0	
PAUL MUELLER PAST DIRECTOR	0.50	х				0	0	0	
KATHI SEIFERT PAST DIRECTOR & VICE CHAIR	0.50	х		x		0	0	0	
JON STELLMACHER DIRECTOR & CHAIR	0.50	Х		x		0	0	0	
MARKALAN SMITH PAST DIRECTOR & VICE CHAIR	0.50	х		x		0	0	0	
RAQUEL STRAYER	0.50								

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JON STELLMACHER
DIRECTOR & CHAIR
MARKALAN SMITH
PAST DIRECTOR & VICE CHAIR

RAQUEL STRAYER

CATHERINE TIERNEY

OMAR ATASSI MD

KATHRYN SIEMAN

PETER MARIAHAZY

SECRETARY & VICE CHAIR

...... **DIRECTOR & VICE CHAIR** 

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

BILL BOHN

DIRECTOR

DIRECTOR

DAVID GROSS

LAURA MERONK

MELANIE MILLER

DIRECTOR & VICE CHAIR

TREASURER & VICE CHAIR

......

GREG PAWLAK

DIRECTOR & VICE CHAIR

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEPHANIE VRABEC	0.50	Х		x				0	0	0	
DIRECTOR & VICE CHAIR		,,,		``					-	_	
SUSAN MAY	0.50										
PAST DIRECTOR		Х						0	0	0	
PIERCE SMITH	0.50	X						0	0	0	
DIRECTOR		^							0		

PAST DIRECTOR							
PIERCE SMITH	0.50	¥			0	0	
DIRECTOR		^			Į	0	
BETH FLAHERTY	0.50	_	<		0	0	
DIRECTOR & VICE CHAIR		^	^		0	0	
JIM JOHNSON	0.50						

DIRECTOR		Х			0	0	
BETH FLAHERTY	0.50		x		0	0	
DIRECTOR & VICE CHAIR							
JIM JOHNSON	0.50						

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

**CURT DETJEN** 

PRESIDENT/CEO

TAMMY GEENEN

ANN ENGELHARD

MIKE MADER

SHIPRA SEEFELDT

.......

VP COMMUNITY ENGAGEMENT

VP DONOR SERVICES & GIFT P

......

	any hours			recto	r/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PA LEE MOUA DIRECTOR	0.50	Х						0	0	0	
JIM PROSSER DIRECTOR	0.50	Х						0	0	0	
MICHELLE SCHULER	0.50	х						0	0	0	

BIRECTOR .							
MICHELLE SCHULER	0.50						
DIRECTOR		X			0		
CHUCK SELF	0.50				0		
DIRECTOR		^					
JEFF LANG	0.50						

0.50

0.50

40.00

40.00

40.00

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62,884

24,314

3,860

282,128

116,163

128,863

and Independent Contractors (A) Name and Title

STEVE VELDHORST

CFO

nours per week (list any hours for related organization: below dotted line)
40.0

(B)

Average

Institutiona

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Reportable compensation from the organization (W-2/1099-MISC) 142,646

(D)

(E)

amount of other compensation from the organization and related organizations

36,432

Estimated

efile GRAPHIC print - DO NO			it - DO NOT PROCESS	DO NOT PROCESS As Filed Data -				
SCI	1ED	ULE A	Dublic	Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047
	m 990			organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization o		2020
		the Treasury	► Go to <u>www.ir</u>	s.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Name COMM	e of th	ne organiza	tion FOR THE FOX VALLEY				Employer identific	<u> </u>
REGIO	n INC	Bosson	for Public Charity Stat	···· (All organization	s must comple	to this part \ C	39-1548450	
			a private foundation becaus				see mstructions.	-
1			· onvention of churches, or a	•	•		(A)(i).	
2		A school de	scribed in section 170(b)	( <b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3			or a cooperative hospital ser		`	, ,		
4		·	esearch organization opera	_			•	nter the hospital's
	Ш	name, city,		•	•			'
5		-	ation operated for the benef (iv). (Complete Part II.)	it of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government o	r governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).	
7			ation that normally receives $\mathbf{O(b)(1)(A)(vi)}$ . (Complet		s support from a	governmental u	ınit or from the gener	al public described in
8	<b>✓</b>		ty trust described in <b>sectio</b>	•	(Complete Part I	I.)		
9			ural research organization d ant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives ies related to its exempt fu income and unrelated busi See section 509(a)(2). (C	nctións—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2	). See section 509(a	
а		organizatio	supporting organization ope n(s) the power to regularly Part IV, Sections A and B	appoint or elect a major				
b		manageme	supporting organization sunt of the supporting organizablete Part IV, Sections A	ation vested in the sar			` ',' '	_
c			unctionally integrated. A prganization(s) (see instruction					ited with, its
d		Type III n	on-functionally integrate integrated. The organization i). You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization rece or Type III non-functionally	ived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provi	de the follow	ing information about the s	upported organization(	s).			
	organization organization in your governing document? In		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No		
Total			tion Act Notice, see the I	L	Cat. No. 11285			90 or 990-EZ) 2020

Jen	dule A (101111 330 01 330 EZ) 2020						rage Z		
Р	Support Schedule for (Complete only if you ch If the organization failed	necked the box o	on line 5, 7, or 8	of Part I or if th	ie organization f	ailed to qualify u			
S	ection A. Public Support			,		,	_		
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	28,276,904	123,676,335	24,265,674	23,210,343	30,783,724	230,212,980		
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 <b>Total.</b> Add lines 1 through 3  The portion of total contributions by	28,276,904	123,676,335	24,265,674	23,210,343	30,783,724	230,212,980		
	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						104,608,866		
6	(f) <b>Public support.</b> Subtract line 5  from line 4.						125,604,114		
S	ection B. Total Support								
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	28,276,904	123,676,335	24,265,674	23,210,343	30,783,724	230,212,980		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,646,319	5,594,135	6,585,141	5,589,618	3,537,687	24,952,900		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		27,980	79,412	99,075	-75,763	130,704		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
11	<b>Total support.</b> Add lines 7 through 10						255,296,584		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,242,356		
13	First 5 years. If the Form 990 is for	the organization's (	first, second, third,	fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation, check		
	this box and <b>stop here</b>					▶□			
S	ection C. Computation of Publi	c Support Perc	entage						
	Public support percentage for 2020 (li					14	49.200 %		
	Public support percentage for 2019 So					15	46.960 %		
16a	<b>33 1/3% support test—2020.</b> If the								
	and stop here. The organization qual 33 1/3% support test—2019. If the								
b		-		•		•			
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2020.</b> If the orgon meets the "facts	ganization did not e s-and-circumstance	check a box on lin s" test, check this	e 13, 16a, or 16b, s box and <b>stop he</b>	and line 14 <b>re.</b> Explain	. •		
b	organization	st—2019. If the or zation meets the "i on meets the "facts	rganization did not facts-and-circumst s-and-circumstanc	check a box on li ances" test, check es" test. The organ	ne 13, 16a, 16b, o this box and <b>stor</b> nization qualifies a	or 17a, and line o <b>here.</b> as a publicly	▶ □ r 17a, and line • <b>here.</b>		
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16	Sa, 16b, 17a, or 1	7b, check this box	and see			
	instructions			<u> </u>	<u> </u>		► <u></u>		

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► 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						
5	to or expended on its behalf The value of services or facilities						
3	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,	•	• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.			
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			

	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination.	3b			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination.					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
	If fes, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> 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.					
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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					

C	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).				

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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)				
				Yes	No	
		e organization accepted a gift or contribution from any of the following persons?				
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a			
b	A fami	ily member of a person described in 11a above?	11b			
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c			
_	VI.	B. Type I Supporting Organizations				
	ection	b. Type I Supporting Organizations		Yes	No	
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1			
2	Did the	e 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		2			
_						
5	ection	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		163	110	
-	each d	of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
S	ection	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					
docur		ents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
_			2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		3			
S	ection	E. Type III Functionally-Integrated Supporting Organizations				
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):			
	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 <b>Part VI</b> how you supported a government entity (see	instru	ctions)		
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No	
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-			
		entially all of its activities.  e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a			
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b			
3		of Supported Organizations. Answer lines 3a and 3b below.	20			
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a			
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b			
		, , , , , , , , , , , , , , , , , , , ,				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). 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	
		ı	

Other distributions (describe in Fait VI). See histraction	0			
<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to white details in <b>Part VI</b> ). See instructions	8			
9 Distributable amount for 2020 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) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				

7 Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	nich the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2020 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) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016			·	
c From 2017				
<b>d</b> From 2018				
E 3010				

(see instructions)	Excess Distributions	Pre-2020	Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
<b>\$</b>			
a Applied to underdistributions of prior years			

a 110111 20101 1 1 1 1 1 1		
e From 2019		
f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>&gt;</b>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		
${f c}$ Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

c Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
<b>b</b> Excess from 2017		
<b>c</b> Excess from 2018		

Schedule A (Form 990 or 990-EZ) (2020)

d Excess from 2019. e Excess from 2020.

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
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).
	Facts And Circumstances Test

**SCHEDULE D** 

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

DLN: 93493097002392

2020

OMB No. 1545-0047

## **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.

Open to Public

Department of the Treasury

(Form 990)

Interi	nal Revenue Service Go	to <u>www.irs.gov/Form</u>	<u>1990</u> for instructio	ns and the latest info	rmatio	n. In	spection
CO	ame of the organization MMUNITY FOUNDATION FOR THE FOX V GION INC	/ALLEY			-	loyer identification	number
	art I Organizations Main	taining Donor Advi	sed Funds or Ot	her Similar Funds o		548450	
		nization answered "Ye			,, Acc	ourits.	
			(a) Donor a	dvised funds	(	(b) Funds and other	accounts
1	Total number at end of year			465			74.
2	Aggregate value of contributions	to (during year)		15,094,216			18,464,81
3	Aggregate value of grants from	(during year)		17,134,202			17,419,18
4	Aggregate value at end of year .			229,132,581			161,418,46
5	Did the organization inform all organization's property, subject						Yes 🗌 No
6	Did the organization inform all charitable purposes and not for private benefit?	the benefit of the donor	or donor advisor, o	r for any other purpose (	be use conferri	ing impermissible	Yes 🗌 No
Pa	Conservation Easer Complete if the organ	<b>nents.</b> nization answered "Ye	s" on Form 990, I	Part IV, line 7.			
1	Purpose(s) of conservation ease	ements held by the organ	nization (check all th	nat apply).			
	Preservation of land for pu	ublic use (e.g., recreation	n or education)	Preservation of an	histori	ically important land	area
	Protection of natural habit	at		Preservation of a	certified	d historic structure	
	Preservation of open space	e					
2	Complete lines 2a through 2d if	the organization held a	qualified conservation	on contribution in the fo	rm of a	conservation	
	easement on the last day of the	,			, [	Held at the End o	of the Year
а					2a		
b	,				2b		
С					2c		
d	Number of conservation easeme structure listed in the National F		red after 7/25/06, a	nd not on a historic	2d		
3	Number of conservation easemetax year ►	-	d, released, extingu	ished, or terminated by	the org	janization during the	
4	Number of states where proper	ty subject to conservatio	n easement is locat	ed ▶			
5	Does the organization have a ward enforcement of the conserv	ritten policy regarding the vation easements it holds	ne periodic monitorii s?	ng, inspection, handling	of viola	ations,	□ No
6	Staff and volunteer hours devot	ted to monitoring, inspec	ting, handling of vic	lations, and enforcing co	onserva	ation easements durir	ng the year
7	Amount of expenses incurred in  ▶ \$	monitoring, inspecting,	handling of violation	ns, and enforcing conser	vation	easements during the	∍ year
8	Does each conservation easement and section 170(h)(4)(B)(ii)? .				70(h)(4	4)(B)(i) <b>Yes</b>	□ No
9	In Part XIII, describe how the c balance sheet, and include, if a	pplicable, the text of the	footnote to the orga			tement, and	
Pa	the organization's accounting for the Organizations Main	taining Collections	of Art, Historica		er Sir	nilar Assets.	
<b>1</b> a	TC 11 1 1 1 1 1	nization answered "Ye permitted under FASB AS		•	nt and I	balance sheet works	 of art.
Ia	historical treasures, or other sir Part XIII, the text of the footno	nilar assets held for publ te to its financial statem	lic exhibition, educa ents that describes	tion, or research in furth these items.	ierance	of public service, pro	ovide, in
b	<ul> <li>If the organization elected, as p historical treasures, or other sin following amounts relating to the</li> </ul>	nilar assets held for publ					
	(i) Revenue included on Form 990	), Part VIII, line 1				<b>&gt;</b> \$	
	(ii)Assets included in Form 990, P						
2	If the organization received or l following amounts required to b	neld works of art, historic	cal treasures, or oth	er similar assets for fina			
а	Revenue included on Form 990	, Part VIII, line 1				. <b>&gt;</b> \$	
b							

Cat. No. 52283D

Schedule D (Form 990) 2020

 $\boldsymbol{d}$  Equipment .

		1111 990) 2020										rage Z
				ections of Art, I								
3		e organization's acq neck all that apply):		, and other records,		any of t	he fol	lowing that are a	significant	use of its	s collectio	n
а	☐ Pu	blic exhibition			d		Loan	or exchange prog	grams			
b	☐ Scl	holarly research			е		Other	·				
C	☐ Pre	eservation for future	e generations									
4		description of the		ections and explain	how the	ey furth	er the	organization's e	xempt purp	ose in		
5				receive donations of be maintained as p						□ Ye	es 🗆	No
Par	с	scrow and Cust omplete if the or , line 21.		<b>ments.</b> ered "Yes" on For	m 990	, Part	IV, lir	ne 9, or reporte	ed an amo	unt on i	Form 99	0, Part
1a				n or other intermed						☐ <b>Y</b> €	es 🗆	No
b	If "Yes,"	explain the arrange	ement in Part XIII	and complete the fo	llowina	table:				Amount		
c					_			1c				
d		-						1d				
е												
f								45				
2a	_			rm 990, Part X, line					shility2		П	No
										_	es ⊔	NO
		explain the arrange ndowment Fun		Check here if the e	xpianati	on nas	been	provided in Part .	XIII	<u>. ப</u>		
Pa				ered "Yes" on For	m 990	. Part	IV. lir	ne 10.				
				(a) Current year		rior year		(c) Two years back	(d) Three ye	ears back	(e) Four y	rears back
1a	Beginning	of year balance .		5,914,332		6,763	188					
b	Contribution	ons		200				6,936,709				
c	Net invest	ment earnings, gair	ns, and losses	1,930,128		-410	800	111,823				
d	Grants or	scholarships										
		enditures for faciliti	es	298,177		438	056	285,344				
f	Administra	tive expenses .		0								
g	End of yea	r balance		7,546,483		5,914	332	6,763,188				
2	Provide t	he estimated perce	ntage of the curre	nt year end balance	(line 1	g, colur	nn (a)	) held as:				
а	Board de	signated or quasi-e	endowment ► 1	.00.000 %								
b	Permane	nt endowment ►										
С	Term end	dowment ►										
	The perce	entages on lines 2a	, 2b, and 2c shoul	d equal 100%.								
3a	Are there organizat		not in the possess	sion of the organizat	tion that	t are he	ld and	d administered fo	r the		Ye	s No
	(i) Unrel	ated organizations									a(i)	No
_		ed organizations									a(ii)	No
		,	-	s listed as required			•			· L	3b	
4				organization's endo	wment f	unds.						
Par		<b>and, Buildings,</b> omplete if the on		ı <b>t.</b> ered "Yes" on For	-m 990	Part	[V ∣ir	ne 11a See Fo	rm 990 P	art X lic	ne 10	
		n of property	(a) Cost or oth (investmen	er basis (b) Cost				(c) Accumulated			(d) Book va	alue
4	l a sa al						-					
	Land .						-+					
	Buildings					1.00	1 523		101 520	<del>                                     </del>		1 710 004
С	∟easehold	improvements				1,82	1,523		101,539	1		1,719,984

495,442

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

6,386

1,726,370

489,056

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on	Form 990. Part IV. line 1	1b.See Form 990. F	Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(1) Financial	(including name of security)		Cost or end-of-	year market value
(2) Closely-l	held equity interests			
(3) Other (A) EQUITIES	S	186,336,925		F
(B) FIXED IN	NCOME	47,481,111		F
(C) HEDGE F	FUNDS	21,815,784		F
(D) VENTURE	E CAPITAL	43,454,126		F
(E) REAL EST	TATE	465,971		F
(F)				
(G)				
(H)				
(I)				
		299,553,917		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on  (a) Description of investment	Form 990, Part IV, line 1	1c. See Form 990, l	Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)			1	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (h) must aqual Form 000 Part V1 (f) (f)			
	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		P	<u> </u>
	Complete if the organization answered 'Yes' on (a) Description		ld. See Form 990, Par	t X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			
	Other Liabilities.			<u> </u>
1.	Complete if the organization answered 'Yes' on (a) Description of		Le or 11f.See Form	(b) Book
	income taxes	···,		value
(2) FUNDS H	HELD FOR OTHERS			65,350,261
(3) CHARITA	ABLE GIFT ANNUITY PAYABLE			1,304,939
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text			66,655,200

Schedule D (Form 990) 2020

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b		1	
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			Retur	n.
		zation answered 'Yes' on Form 990, Part			Τ.	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а	Donated services and use of facili	ties	2a		4	
b	Prior year adjustments		2b		4	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18.	) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b. Also complete this part to provide			t V, line	e 4; Part X, line 2; Part
	Return Reference		Exp	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

### **Additional Data**

### Software ID: Software Version:

**EIN:** 39-1548450

Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY

REGION INC

Supplemental	Information
D - t D	- <b>c</b>

Return Reference	Explanation
PART V, LINE 4:	THE ADMINISTRATIVE ENDOWMENT FUNDS ARE ORDINARILY SUBJECT TO AN ANNUAL SPENDING POLICY OF 4.5% OF THE AVERAGE DAILY BALANCE IN THE FUNDS FOR THE THREE PREVIOUS CALENDAR YEARS. THE ANNUAL SPENDING PROVIDES FOR ONGOING FUNDING OF SERVICES UNDERTAKEN TO SUPPORT THE PROGRAM S OF THE FOUNDATION.

efile GRAPHIC print -	- DO NOT I	PROCESS	As Filed Data	-	DLN	: 93493097002392
SCHEDULE F	State	ement of	Activities	Outside the Un	ited States	OMB No. 1545-0047
(Form 990)	► Comp	lete if the organ	ete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.			
Department of the Treasury	•	► Go to www.irs		instructions and the latest i	nformation.	Open to Public Inspection
Name of the organization					Employer ide	ntification number
COMMUNITY FOUNDATION REGION INC	FOR THE FO	X VALLEY			39-1548450	
Part I General In Form 990, P			s Outside the	United States. Comple	ete if the organization a	answered "Yes" on
1 For grantmakers.	Does the or	rganization ma	intain records to	substantiate the amoun	t of its grants and	
other assistance, th	e grantees'	eligibility for t	he grants or assi	stance, and the selection	criteria used	
to award the grants	or assistan	ce?				☐ Yes ☐ No
2 For grantmakers. outside the United S		Part V the org	ganization's proce	edures for monitoring the	use of its grants and of	ther assistance
3 Activites per Region.	(The following	ng Part I, line 3	table can be dupl	icated if additional space is	s needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
CENTRAL AMERICA AN CARIBBEAN	ND THE	C	0	INVESTMENTS		33,891,920
3a Sub-total	In sheets to		0 0	)		33,891,920
Part I			o c			C
	and 3b)		ol c	JI	l	33,891,920

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . .

recipients cash grant disbursement noncash of noncash valuati assistance assistance (book, F	nedule F (Form 990) 2020						Page
a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (d) Amount of disbursement (f) Amount of noncash assistance (book, F				ed States. Complete it	f the organization ar	nswered "Yes" on Form	990, Part IV, line 16
		(c) Number of	(d) Amount of	(e) Manner of cash disbursement	noncash	of noncash	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2020		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
	Instructions for Forms 3320 and 3320-A, don't life with Form 3307	☐Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		<b>✓</b> Yes	∐No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713: don't file with Form 990).	□Yes	<b>√</b> No

Schedule F (I	Form 990) 2020 Page <b>5</b>
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Return Reference	Supplemental Information  Explanation

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2020

Open to Public

DLN: 93493097002392

Inspection

Internal Revenue Service						_		
Name of the organization  COMMUNITY FOUNDATION FOR THE FOX VALLEY								
REGION INC 39-1548450								
Part I General Inform	ation on Grants	and Assistance						
Does the organization mai the selection criteria used						ce, and		
2 Describe in Part IV the org							☑ Yes ☐ N	
Part III Grants and Other	Assistance to Don	nestic Organizations a	and Domestic Governme		rganization answered "Yes	on Form 990, Part IV, lin-	 e 21, for any recipient	
that received more	than \$5,000. Part II	I can be duplicated if ad	ditional space is needed.	T				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) See Additional Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of sect 3 Enter total number of othe	. , . ,	-					363	
3 Enter total number of other			<u> </u>	Cat. No. 5005			hedule I (Form 990) 2020	
TOT PAPELWOLK REGUCTION ACT NOTE	ce, see the mistfuctio	NIS IOI FUIIII 330.		Cat. NO. 3003	) F	30	ricuule I (FUIIII 990) 2020	

(1) POST SECONDARY SCHOLARSHIPS

Schedule I (Form 990) 2020

(2)

(3)

(4)

Schedule I (Form 990) 2020

Page **2** 

(b) Number of

recipients

499

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

1.045.685

(5) (6) (7)

(d) Amount of

noncash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

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

Return Reference MANY OF THE COMPETITIVE GRANTS AWARDED BY THE FOUNDATION REQUIRE A PROGRESS REPORT DURING THE GRANT PERIOD AND/OR A FINAL REPORT AT THE END OF THE GRANT PERIOD. PROGRESS REPORTS ARE GENERALLY EXPECTED FOR MULTI-YEAR COMMITMENTS AS A WAY TO ASSESS THE WORK UNDERTAKEN TOWARD ACHIEVING ORIGINAL OBJECTIVES. THE FINAL REPORT PROCESS HAS THREE PRIMARY OBJECTIVES: ASSESSMENT OF WHAT'S BEEN LEARNED. IMPACT OF

PART I, LINE 2: SUPPORT ON THE CORE MISSION, AND DEMONSTRATION OF ACCOUNTABILITY. WHEN REVIEWING A GRANT APPLICATION FROM AN ORGANIZATION THAT HAS RECEIVED PRIOR FUNDING, GRANTS COMMITTEE MEMBERS AND FOUNDATION STAFF OFTEN CONSIDER THE CONTENT OF PRIOR REPORTS. THE FOUNDATION WILL INOT CONSIDER APPLICATIONS FROM ORGANIZATIONS THAT HAVE OVERDUE REPORTS. SOME OF THE GRANTS AWARDED THROUGH NON-COMPETITIVE PROCESSES WILL ALSO FOLLOW THIS FINAL REPORT PROCESS IF SUGGESTED BY THE DONOR; OTHERWISE, WE RELY ON THE DONOR'S ADVICE REGARDING THE USE OF IGRANTED FUNDS AND DECISIONS TO CONTINUE TO FUND AN ORGANIZATION IN THE FUTURE.

## **Additional Data**

AASD-APPLETON AREA

APPLETON, WI 549132019

SCHOOL DISTRICT PO BOX 2019 39-6000710

GOVERNMENT

## Software ID: **Software Version: EIN:** 39-1548450 Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 911 THE AVENUE 20-8883546 501(C)3 20,000 A34: RADIO 441 SOUTH JACKSON STREET GREEN BAY, WI 54301

88,631

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1979470 501(C)3 546.763 CULTURAL & ETHNIC AFRICAN HERITAGE PO BOX 2727 IAWARENESS APPLETON, WI 549132727 AGING AND DISABILITY 39-1286261 GOVERNMENT 108.200 130: VOCATIONAL RESOURCE CENTER OF **IREHABILITATION** BROWN COUNTY

300 S ADAMS ST

GREEN BAY, WI 543014516

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1534049 501(C)3 12.500 AIDS AIDS RESOURCE CENTER OF WISCONSIN

820 N PLANKINTON AVE MILWAUKEE, WI 532031802

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

101 W FDISON AVE STE 115 APPLETON, WI 549151395

ALTERNATIVE CENTER FOR 80-0643566 501(C)3 6.000 B99: EDUCATION N.E.C. EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1788491 501(C)3 35.117 AMERICAN CANCER SOCIETY ICOMMUNITY & INEIGHBORHOOD DEVELOPMENT

2100 RIVERSIDE DR STE 201 GREEN BAY, WI 543012375 13-5613797 501(C)3 27.049 AMERICAN HEART

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

INDIANAPOLIS, IN 46278

HEART AND ASSOCIATION ICIRCULATORY SYSTEM 6500 TECHNOLOGY DRIVE 100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

B20: ELEMENTARY &

SECONDARY SCHOOLS

AMERICAN RED CROSS IN	53-0196605	501(C)3	62,558		DISASTER
NORTHEAST WI		, ,	· ·		PREPAREDNESS &
515 S WASHBURN ST STE 201					RELIEF SERVICES
OSHKOSH, WI 549047996					1

15.100l

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

501(C)3

APPLETON ABC PROGRAM INC.

APPLETON, WI 549120424

PO BOX 424

39-1099679

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ADDITION ALLIANCE CHIDCH 20-12/5105 E01(C)3 56 070 CHDICTIANITY

2693 W GRAND CHUTE BLVD APPLETON, WI 549139617	39-1343163	301(0)3	30,079		CHRISTIANITI
APPLETON BOYCHOIR INC 111 W COLLEGE AVE 4TH	39-1548340	501(C)3	7,155		SINGING & CHORAL GROUPS

FLOOR

APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government APPLETON HISTORICAL 45-0604780 501(C)3 25.500 IHISTORY MUSEUMS

APPLETON, WI 549112203				
2631 N MEADE ST STE 101				
SOCIETY INC				

APPLETON, WI 549155214

501(C)3 10.0001 APPLETON LEGENDS 39-1925591

IN40: SPORTS W5809 SWEET CLOVER DR ASSOCIATIONS &

TRAINING FACILITIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government APPLETON MACDOWELL MALE 39-6049788 501(C)3 10,500 A6B: SINGING & ICHORAL GROUPS CHARLIC

ADDICITY	20 1220161	F01/C)2	202 700		LILIMANI CEDV
PO BOX 32 APPLETON, WI 549120032					CHORAL GRO

NEENAH, WI 549561980

|HUMAN SERVICES APRICITY 39-1229161 501(C)3| 203,700] 1010 STROHMEYER DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1750585 501(C)3 5.500 CHAMBERS OF ASSOCIATION OF FUNDRAISING ICOMMERCE & PROFESSIONALS - NE WI BUSINESS LEAGUES PO BOX 2242

THEATER

6.655

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

501(C)3

39-0993864

APPLETON, WI 54912

APPLETON, WI 549120041

ATTIC THEATRE INC

PO BOX 41

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BABES INC - CHILD ABUSE 39-1887276 501(C)3 16.937 FAMILY SERVICES PREVENTION PROGRAM 1331 F WISCONSIN AVE

APPLETON, WI 54911 BAIRD CREEK PRESERVATION 39-1992358 501(C)3 50.150 FOUNDATION INC

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

GREEN BAY, WI 54305

CULTURAL & ETHNIC LAWARENESS PO BOX 824

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1184320 501(C)3 6.476 IBOY SCOUTS OF BAY-LAKES COUNCIL BOY SCOUTS OF AMERICA IAMERICA

HEALTH

7.702

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

501(C)3

PO BOX 267	
APPLETON, WI	549120267
BEAMING INC	

NEENAH, WI 549570524

PO BOX 524

20-1797140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-0958257 501(C)3 42.087 BERGSTROM-MAHLER MUSEUM IART MUSEUMS 165 N PARK AVE NEENAH, WI 549562956

BIG BROTHERS BIG SISTERS 39-6103907 501(C)3 143.409 YOUTH DEVELOPMENT OF FAST CENTRAL WISCONSINE

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

1331 AMERICAN DR NEENAH, WI 549561401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS BRIGADE** 39-0813396 501(C)3 7.500 YOUTH DEVELOPMENT ASSOCIATION INC

109 W COLUMBIAN AVE NEENAH, WI 549563017 **BOYS & GIRLS CLUB OF** 39-6102943 501(C)3 59.500

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

GREEN BAY, WI 543021826

1023: BOYS & GIRLS GREEN BAY CLUBS 1451 UNIVERSITY AVE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BOVE & CIDIC CITIE OF 20-6120658 E01(C)3 106 000 IBUAC & CIDIC CITIBE

OSHKOSH PO BOX 411501 E PARKWAY AVE OSHKOSH, WI 549014650	39-0120036	301(0)3	100,000		BOTS & GINES CLOBS	
BOYS & GIRLS CLUB OF THE	82-0721270	501(C)3	10 000		BOYS & GIRLS CLUBS	

BOYS & GIKES CLUB OF THE 82-0/212/0 201(C)31 TO,000 IBUYS & GIKLS CLUBS TRI-COUNTY AREA PO BOX 254

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

BERLIN, WI 549230254

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOYS & GIRLS CLUBS OF THE 39-1225709 501(C)3 634,042 BOYS & GIRLS CLUBS FOY MALLEY

160 S BADGER AVE APPLETON, WI 549145280					
BREAD FOR THE WORLD INSTITUTE	51-0175510	501(C)3	25,000		PUBLIC & SOCIETAL BENEFIT N.E.C.

PO BOX 96416

WASHINGTON, DC 20024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 26-1377517 501(C)3 150.880 LAUTISM BRIDGE THE GAP INC

1415 E GREEN BAY ST STE 111 SHAWANO, WI 541663880 BRILLION CITY COMMUNITY 39-1649958 501(C)3 6.200 DRIVE INC

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

BRILLION, WI 54110

COMMUNITY IMPRV & CAPACITY BLDG NEC PO BOX 15

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BRILLION COMMUNITY 20-1556076 E01(C)3 62 E00 CHDICTIANITY

IEDUCATION

DIVIDLE COMMONITY	1 33-1330370	JU1(C)J	02,300		CHICIDITANITH
CHURCH					1
PO BOX 98					1
BRILLION, WI 541100098					1

31.130

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

GOVERNMENT

BRILLION PUBLIC SCHOOLS

315 SOUTH MAIN STREET BRILLION, WI 54110 39-6001095

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6005671 GOVERNMENT 22.125 C60: ENVIRONMENTAL BROWN COUNTY LAND AND WATER CONSERVATION IEDUCATION

PROTESTANT

30,000

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

501(C)3

39-1279433

WATER CONSERVATION							
DEPARTMENT							
PO BOX 23600							
GREEN BAY, WI	543053600						

CALVARY BIBLE CHURCH

PO BOX 799 NEENAH, WI 54957

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1639982 501(C)3 11.500 1E99: HEALTH CARE CAMP HOPE INC PO BOX 84 IN.E.C. AMHERST, WI 544060084 CAMPUS CRUSADE FOR 95-6006173 501(C)3 15.554 CHRISTIANITY

CHRIST PO BOX 628222 ORLANDO, FL 328628222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government JMAN SERVICES

LORGANIZATIONS

CAP SERVICES INC	39-1080897	501(C)3	11,000		HUM
821 E 1ST AVENUE SUITE 3					
APPLETON, WI 54911					

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

320 N WEBSTER AVE

OMRO, WI 549631030

CASA ESTHER 26-2572419 501(C)3 35,000 P20: HUMAN SERVICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CASA HISPANA 02-0569981 501(C)3 11.750 CULTURAL & ETHNIC IAWARENESS

172: CHILD ABUSE

IPREVENTION

42.074

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

501(C)3

1800 APPLETON RD MENASHA, WI 54952 CASA LAKE COUNTY INC

700 FOREST EDGE DRIVE

VERNON HILLS, IL 60061

36-3916143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0740362 501(C)3 103.198 CASA OF THE FOX CITIES I 199: CRIME & LEGAL-1500 NORTH CASALOMA DR IRELATED N.E.C.

G98: PEDIATRICS

79.978

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

501(C)3

STE 401	
APPLETON, WI	549138219
CATALPA HEAL	TH INC

444 NORTH WESTHILL BLVD APPLETON, WI 54914 45-4681563

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CATHOLIC FOUNDATION FOR 39-1924921 501(C)3 2.423.796 CHRISTIANITY THE DIOCESE OF GREEN BAY

PO BOX 22128 GREEN BAY, WI 543052128 CATHOLIC RELIEF SERVICES 13-5563422 501(C)3 9.400 ATTN DONOR SERVICESPO

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

BOX 17152

BALTIMORE, MD 212988452

M20: DISASTER IPREPAREDNESS & RELIEF SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-0493434 501(C)3 88.131 CELEBRATION LUTHERAN IB20: ELEMENTARY & SCHOOL OF APPLETON ISECONDARY SCHOOLS

IDEVELOPMENTALLY

DISABLED CENTERS

3100 EAST EVERGREEN DRIVE APPLETON, WI 54913 CEREBRAL PALSY INC 39-0901265 501(C)3 18,000 P82:

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

2801 S WEBSTER

GREEN BAY, WI 54301

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHARITIES AID FOUNDATION 43-1634280 501(C)3 22,739 PHILANTHROPY,

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LVOLLINITADICM &

225 REINEKERS LN STE 375 CAF AMERICA ALEXANDRIA, VA 223142848					GRANTMAKING FOUNDATIONS NEC
CHILD CARE RESOURCE AND	39-1606155	501(C)3	130,760		P30: CHILDREN &

REFERRAL IYOUTH SERVICES 1001 WEST KENNEDY AVENUE STE A

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

OF AMEDICA

KIMBERLY, WI 54136

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHILDREN'S CANCER FAMILY 81-2134490 501(C)3 22,750 IG30: CANCER FOUNDATION OF NORTHEAST

WISCONSIN N282 STONEY BROOK RD STE D APPLETON, WI 549154190					
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION	39-0812532	501(C)3	193,965		E11: SINGLE ORGANIZATION

SUPPORT 333 NORTH COMMERCIAL STREET 400

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

NEENAH, WI 54956

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

D EDUCATION

CHILTON POBLIC SCHOOL DISTRICT 530 W MAIN ST CHILTON, WI 53014	39-6001369	GOVERNMENT	187,860		B: EDUCATION
CHIPPEWA COUNTY HISTORICAL SOCIETY	23-7108082	501(C)3	50,000		A82: HISTORICAL SOCIETIES & HISTORIC

123 ALLEN ST IPRESERVATION CHIPPEWA FALLS, WI 547292802

107.000

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

COLUEDADAENIT

CUTI TON BURLES COULON

20 6004260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1557915 501(C)3 54.373 CHRIST CHILD ACADEMY IB20: ELEMENTARY & SECONDARY SCHOOLS 2722 HENRY STREET SHEBOYGAN, WI 53081 RELIGION-RELATED

CHRIST THE ROCK 39-1500205 501(C)3 10.500l COMMUNITY CHURCH

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

W6254 HIGHWAY 10-114 MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) TTABLAND MICCIONIADV 12 1622010 E04/6\2 22 222 CLIDICTIANITY/

ALLIANCE 8595 EXPLORER DR COLORADO SPRINGS, CO 809201012	13-1623940	501(C)3	22,000		CHRISTIANTTY
CHRISTINE ANN DOMESTIC	39-1441770	501(C)3	56 756		D43 · EAMILY VIOLENCE

201(C)2 20,/20 ABUSE SERVICES SHELTERS 206 ALGOMA BLVD

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

OSHKOSH, WI 54902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government BANKS &

ADMINISTRATION

CIRCLE URBAN MINISTRIES 118 NORTH CENTRAL AVENUE CHICAGO, IL 60644	36-3136997	501(C)3	42,074		K31: FOOD E PANTRIES

CITY OF APPLETON 39-6005381 GOVERNMENT 23.544 GOVERNMENT & PUBLIC

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

100 N APPLETON ST APPLETON, WI 549114799

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

CITY OF BRILLION 39-6005404 GOVERNMENT 656,250

130 CALUMET ST
BRILLION, WI 541101118

GOVERNMENT & PUBLIC ADMINISTRATION

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

335 S BROADWAY DE PERE, WI 541152526

BRILLION, WI 541101118

CITY OF DE PERE 39-6005431 GOVERNMENT 500,000

GOVERNMENT & PUBLIC ADMINISTRATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

ADMINISTRATION

CITY OF KAUKAUNA	39-6005479	GOVERNMENT	41,265		GOVERNMENT & PUBLIC
201 WEST 2ND STREET					ADMINISTRATION
ΚΔΙΙΚΔΙΙΝΑ W/T 54130					

KAUKAUNA, WI 54130 CITY OF NEENAH 39-6005543 GOVERNMENT 326,200 GOVERNMENT & PUBLIC

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

211 WALNUT ST NEENAH, WI 549563026

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-5553602 501(C)3 25.000l B92: REMEDIAL CLEVELAND KIDS' BOOK BANK 3635 PERKINS AVE READING & CLEVELAND, OH 44114 TENCOURAGEMENT

CLINTONVILLE PUBLIC 39-6008413 GOVERNMENT 7.427 IB: EDUCATION SCHOOL DISTRICT 45 WEST GREEN TREE ROAD

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

CLINTONVILLE, WI 54929

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 34-1804606 501(C)3 25.000 IP58: GIFT COATS FOR KIDS -CLEVELAND IDISTRIBUTION 6200 OAK TREE BLVD

INDEPENDENCE, OH 44131 COMMUNITY BENEFIT TREE 20-0839777 501(C)3 13.750

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

KAUKAUNA, WI 541303405

FUNDRAISING INC 2204 CROOKS AVE STE C

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1712990 501(C)3 34.259 COMMUNITY CHURCH OF IRELIGION-RELATED

LASSISTANCE

APPLETON 3701 N GILLETT ST APPLETON, WI 549146914					
COMMUNITY CLOTHES CLOSET	39-1394270	501(C)3	37,586		P60: EMERGENCY

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

1465-B OPPORTUNITY WAY

MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-1117143 501(C)3 7.350 B90: EDUCATIONAL COMMUNITY EARLY LEARNING CENTER OF THE FOX VALLEY SERVICES 313 SOUTH STATE STREET

APPLETON, WI 54911 27-2472623 501(C)3 10.000 COMPASSIONATE HOME

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

APPLETON, WI 54914

1E92: HOME HEALTH HEALTH CARE INC CARE 1050 S GRIDER ST STE A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COTS 39-1913179 501(C)3 109.117 P85: HOMELESS PO BOX 1645 ICENTERS

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

SHAWANO, WI 541663880

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-1568601 501(C)3 8.052 ARTS & CULTURE CREATIVE DOWNTOWN APPLETON

333 W COLLEGE AVE APPLETON, WI 549115862 DAIRY CARES OF WISCONSIN 46-0576746 501(C)3 7.500 PUBLIC FOUNDATIONS

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

INC

N3569 VANDEN BOSCH RD KAUKAUNA, WI 541307648

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DIVINE SAVIOR HOLY ANGELS 39-0929898 501(C)3 70,000 RELIGION-RELATED

ACADEMY 4257 N 100TH ST MILWAUKEE, WI 53222					
DOCTORS WITHOUT BORDERS	13-3433452	501(C)3	6,000		M20: DISA

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

NEW YORK, NY 100061751

SASTER EDNESS & 40 RECTOR ST FL 16 RELIEF SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) DONALD DRIVER FOUNDATION 76-0678602 501(C)3 15,000 PUBLIC FOUNDATIONS

1942 LEDGEVIEW RD MILWAUKEE, WI 53204					
DOOR COUNTY MARITIME MUSEUM & LIGHTHOUSE PRESERVATION SOCIET 120 N MADISON AVE STURGEON BAY, WI	23-7054730	501(C)3	250,000		A50: MUSEUMS

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

542353416

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 61-1214126 501(C)3 5.500 P82: DOWN SYNDROME OF LOUISVILLE IDEVELOPMENTALLY 5001 S HURSTBOURNE PKWY DISABLED CENTERS LOUISVILLE, KY 402912893

DYSLEXIA READING 46-3735471 501(C)3 27.559

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

APPLETON, WI 54911

G80: SPECIFICALLY CONNECTION INC NAMED DISEASES 2935 NORTH BALLARD ROAD 1

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) **EAST CENTRAL WISCONSIN** 39-1170145 501(C)3 100.000 C30: NATURAL REGIONAL PLANNING RESOURCES

I DEVELOPMENTALLY

DISABLED CENTERS

COMMISSION
400 AHNAIP ST STE 100
MENASHA, WI 54952

EASTER SEALS WISCONSIN 39-0824877 501(C)3 9,960

CONSERVATION & PROTECTION
PROTECTION
PROTECTION
PROTECTION
PROTECTION

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

8001 EXCELSIOR DRIVE 200

MADISON, WI 53717

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1565423 501(C)3 17.622 D20: ANIMAL EASTSHORE HUMANE PROTECTION & ASSOCIATION INC WELFARE

PO BOX 320 CHILTON, WI 530140320 ELISHA D SMITH PUBLIC 39-6005525 501(C)3 5.713 B70: LIBRARIES LIBRARY

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

440 1ST ST

MENASHA, WI 549523143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0824004 501(C)3 57.000l P33: CHILD DAY CARE ENCOMPASS EARLY EDUCATION AND CARE INC.

IP80: CENTERS TO

INDEPENDENCE

ISUPPORT

1823 S WEBSTER AVE GREEN BAY, WI 543012253				
ENGAGE BURKINA	45-5352308	501(C)3	20,700	

3522 HIRAM ACWORTH HWY

DALLAS, GA 30157

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 95-1644609 501(C)3 15.000l E12: FUND RAISING & ENTERTAINMENT INDUSTRY FOUNDATION FUND DISTRIBUTION 10880 WILSHIRE BLVD SUITE

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

10880 WILSHIRE BLVD SU 1400 LOS ANGELES, CA 90024

EPHRAIM, WI 54211

LOS ANGELES, CA 90024

EPHRAIM MORAVIAN CHURCH 39-6055667 501(C)3 17,000

RELIGION-RELATED 9970 MORAVIA ST 73

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-2518129 501(C)3 5.366 EVANS SCHOLARS IB82: SCHOLARSHIPS & FOUNDATION ISTUDENT FINANCIAL

N69: EOUESTRIAN

22.000

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

501(C)3

2501 PATRIOT BLVD GOLF, IL 60029 EXCEPTIONAL EQUESTRIANS

1120 ORLANDO DRIVE DEPERE, WI 54115 39-1959653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 34-6554830 501(C)3 25.000 FAIRPORT HARBOR la80: HISTORICAL HISTORICAL SOCIETY **IORGANIZATIONS** 129 SECOND ST

HISTORICAL SOCIETY
129 SECOND ST
FAIRPORT HARBOR, OH 44077

FAITH LUTHERAN CHURCH 39-1027724 501(C)3 49,000

CHRISTIANITY

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

601 EAST GLENDALE AVENUE APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FAITH LINITED METHODIST 39-1231200 501(C)3 62 500 **ICHRISTIANITY** 

DISTRIBUTION

1712111 0112122 11211102101	00 1201200	1 30=(0)3	02,000	1	0
CHURCH					
204 HORN ST					
BRILLION, WI 541101508					

83-3406405 501(C)3 6.274 FAMILY CAREGIVERS ROCK IFUND RAISING & FUND

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

PO BOX 2434

APPLETON, WI 549122434

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FAMILY HEALTH LA CLINICA 39-1181480 501(C)3 6.500 IE32: COMMUNITY 400 S TOWNLINE RD CLINICS WAUTOMA, WI 549826922 FAMILY PROMISE OF GRAND 38-3357709 501(C)3 15.000l IP60: EMERGENCY

LASSISTANCE

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

FAMILY PROMISE OF GRA RAPIDS 516 CHERRY ST SE GRAND RAPIDS. MI

495034899

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0827320 501(C)3 188.960 FAMILY SERVICES OF IP30: CHILDREN & NORTHEAST WISCONSIN YOUTH SERVICES PO BOX 22308 GREEN BAY, WI 543052308

CHRISTIANITY

7.000

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

501(C)3

20-5340940

FAMILYLIFE

PO BOX 7111

LITTLE ROCK, AR 72223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-7120877 501(C)3 119.000 C30: NATURAL FC ENVIRONMENTAL 

NATURE PRESERVE 4815 N LYNNDALE DR APPLETON, WI 549139665					CONSERVATION & PROTECTION
FEEDING AMERICA EASTERN	39-1384593	501(C)3	166,071		 K31: FOOD BANKS &

PANTRIES WISCONSIN - FOX VALLEY 2911 WEST EVERGREEN DRIVE

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

APPLETON, WI 54913

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0610626 501(C)3 16.000l loss: Youth FELLOWSHIP OF CHRISTIAN ATHLETES | DEVELOPMENT -403 N PINE GROVE IN RELIGIOUS HORTONVILLE, WI 549448750 LEADERSHIP

FIRST CONGREGATIONAL 39-0816821 501(C)3 66.361

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

APPLETON, WI 549152257

RELIGION-RELATED UNITED CHURCH OF CHRIST 724 F SOUTH RIVER ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-0818688 501(C)3 7.850 RELIGION-RELATED FIRST ENGLISH LUTHERAN CHURCH 1013 MINNESOTA ST

OSHKOSH, WI 54902 FIRST FIVE FOX VALLEY 85-3772281 501(C)3 34.360

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

KIMBERLY, WI 54136

CHILDREN'S AND 1001 WEST KENNEDY AVENUE YOUTH SERVICES STF A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FIRST UNITED METHODIST 39-0943395 501(C)3 13,546 RELIGION-RELATED

CHURCH OF APPLETON 325 EAST FRANKLIN STREET APPLETON, WI 549115476					
AFFEETON, WI 343113470					
FISHER HOUSE FOUNDATION	11-3158401	501(C)3	52,074		E60: HEALTH SUPPORT

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

INC

111 ROCKVILLE PIKE 420 ROCKVILLE, MD 20850

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 75-3240683 501(C)3 25.000 FOLDS OF HONOR MILITARY & VETERANS 8551 N 125TH EAST AVE STE **IORGANIZATIONS** 100 OWASSO, OK 74055

**IPROMOTION** 

59-2174510 501(C)3 21.600 FOOD FOR THE POOR INC

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

PHILANTHROPY. 6401 LYONS RD CHARITY & COCONUT CREEK, FL 33073 IVOLUNTARISM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1342890 501(C)3 15.000l J20: EMPLOYMENT FORWARD SERVICE CORPORATION IPREPARATION & I PROCUREMENT

4600 AMERICAN PKWY STE 301 MADISON, WI 537188335

WAUPACA, WI 54981

MADISON, WI 537188335

FOUNDATIONS FOR LIVING 27-4017294 501(C)3 490,867
P O BOX 564

L41: HOMELESS SHELTERS

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1047205 501(C)3 15.000l FOUNDATIONS HEALTH AND IF32: COMMUNITY WHOLENESS INC IMENTAL HEALTH ICENTERS.

FUND RAISING & FUND

DISTRIBUTION

9.0001

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

501(C)3

1061 W MASON ST GREEN BAY, WI 54303

3401 E CALUMET ST

APPLETON, WI 54912

81-2961696

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6056442 501(C)3 45.000l A51: ART MUSEUMS FOX CITIES BUILDING FOR THE ARTS 111 W COLLEGE AVE

111 W COLLEGE AVE
APPLETON, WI 54911

FOX CITIES CHAMBER
FOUNDATION
125 N SUPERIOR STREET

CHAMBERS OF
COMMERCE &
BUSINESS LEAGUES

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

APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1810728 501(C)3 6.565 FOX CITIES GREENWAYS INC IC50: ENVIRONMENTAL PO BOX 5 BEAUTIFICATION

PO BOX 5
MENASHA, WI 54952

FOX CITIES PERFORMING
ARTS CENTER

A61: PERFORMING
ARTS CENTERS

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

400 W COLLEGE AVE APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-1113736 501(C)3 300.000 C: ENVIRONMENT FOX RIVER NAVIGATIONAL SYSTEM AUTHORITY 1008 AUGUSTINE STREET

PROTESTANT

7.256

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

501(C)3

FOX VALLEY CHRISTIAN
ACADEMY
PO BOX 799

NEENAH, WI 54957

39-1279433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EOV VALLEY HUMANE 20-0002550 E01(C)3 150 207 ID20: ANIMAL

LORGANIZATIONS

ASSOCIATION N115 TWO MILE RD APPLETON, WI 549149121	39-0992339	301(C)3	130,307		PROTECTION & WELFARE
FOX VALLEY LITERACY	39-1682277	501(C)3	36,572		P20: HUMAN SERVICE

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

FOX VALLEY LITERACY 39-1682277 130 EAST FRANKLIN STREET

APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0988994 501(C)3 38.907 FOX VALLEY LUTHERAN HIGH IB25: SECONDARY & SCHOOL IHIGH SCHOOLS 5300 NORTH MEADE STREET

27.950

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

501(C)3

APPLETON, WI 549138383

1800 APPLETON RD

MENASHA, WI 54952

FOX VALLEY MEMORY PROJECT

82-3556549

IP20: HUMAN SERVICE

ORGANIZATIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1089489 501(C)3 125.286 A69: SYMPHONY FOX VALLEY SYMPHONY ORCHESTRA ASSOCIATION ORCHESTRAS 10 E COLLEGE AVE STE 207 39-1264389 501(C)3 104.653 J22: JOB TRAINING

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

APPLETON, WI 54911 FOX VALLEY TECHNICAL COLLEGE FOUNDATION INC.

APPLETON, WI 549122277

PO BOX 2277

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FOX VALLEY VETERANS 27-1009699 501(C)3 153,740 MILITARY & VETERANS NIZATIONS

WETLANDS

CONSERVATION

2 N SYSTEMS DR APPLETON, WI 549141656					ORGANIZATIO
FOX-WOLF WATERSHED ALLIANCE	39-1701585	501(C)3	5,500		C32: WATER RESOURCES,

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

P O BOX 1861

APPLETON, WI 549121861

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FREEDOM FOOD PANTRY INC 81-0569662 501(C)3 6.000 K31: FOOD BANKS & N4352 STATE HIGHWAY 55 PANTRIES

FREEDOM, WI 541307206

FREMONT - WOLF RIVER
EMERGENCY MEDICAL
SERVICE INC
PO BOX 393

E62: EMERGENCY
MEDICAL SERVICES &
TRANSPORT

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

FREMONT, WI 54940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FRESH MEALS ON WHEELS OF 39-1238290 501(C)3 10.000 K36: MEALS ON SHEBOYGAN COUNTY WHEELS 1004 S TAYLOR DRIVE

ISUPPORT

SHEBOYGAN COUNTY
1004 S TAYLOR DRIVE
SHEBOYGAN, WI 53081

FRIENDS OF APPLETON PUBLIC 39-1550376 501(C)3 18,387

LIBRARY

B11: SINGLE ORGANIZATION

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

225 NORTH ONEIDA STREET

APPLETON, WI 549114780

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-4305132 501(C)3 40.000 A80: HISTORICAL FRIENDS OF GRIGNON

PRESERVATION

MANSION **IORGANIZATIONS** PO BOX 341 KAUKAUNA. WI 541300341

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

INC

625 W PROSPECT AVE

APPLETON, WI 54911

FRIENDS OF HEARTHSTONE 39-1579731 501(C)3 5.012 A82: HISTORICAL SOCIETIES & HISTORIC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1458805 501(C)3 15.000l FRIENDS OF LEDGE VIEW IC60: ENVIRONMENTAL IEDUCATION

NATURE CENTER PO BOX 54 CHILTON, WI 53014

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

FRIENDS OF MOSOUITO HILL 23-7169292 501(C)3 12.539 B70: LIBRARIES N3880 ROGERS RD NEW LONDON, WI 54961

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FRIENDS OF THE ENDRIES 83-4457204 501(C)3 61 705 A60: PERFORMING

PERFORMING ARTS CENTER	, ,	·		ARTS
PO BOX 122				
BRILLION, WI 541100122				

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

PO BOX 174

FREMONT, WI 549400174

501(C)3 FRIENDS OF THE NEUSCHAFER 39-1830021 111.600 B70: LIBRARIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EDIENDS OF WISCONSIN 22-7200462 E01(C)3 122 272 1E92: HOME HEALTH

CENTERS

821 UNIVERSITY AVENUE MADISON, WI 537061497					
PUBLIC TELEVISION INC					CARE
TRIENDS OF WISCONSIN	23-7300402	301(0)3	123,3/3		L32, 1101

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

NEENAH, WI 54956

39-2029900 501(C)3 27.500 FRIENDSHIP PLACE IF32: COMMUNITY 220 N COMMERCIAL ST IMENTAL HEALTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 93-0843731 501(C)3 360.304 FUTURE NEENAH INC IC50: ENVIRONMENTAL

135 W WISCONSIN AVE BEAUTIFICATION NEENAH, WI 549563011 GIRL SCOUTS OF MANITOU 39-0920672 501(C)3 18.000l

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

SHEBOYGAN, WI 53083

1042: GIRL SCOUTS OF COUNCIL ITHE U.S.A. 5212 WINDWARD CT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) GIRL SCOUTS OF THE 39-1016314 501(C)3 23,885 042: GIRL SCOUTS OF THE U.S.A. NORTHWESTERN GREAT

LAKES INC 4693 NORTH LYNNDALE DRIVE APPLETON, WI 54913					
GIRLS ON THE RUN NORTHEAST WISCONSIN 307 S COMMERCIAL ST STE	45-5131545	501(C)3	13,650		050: YO

NEENAH, WI 549565700

/OUTH OPMENT. PROGRAMS 104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1702433 501(C)3 7.725 1E62: EMERGENCY GOLD CROSS AMBULANCE SERVICE MEDICAL SERVICES & 1055 WITTMAN DRIVE TRANSPORT

PUBLIC & SOCIETAL

BENEFIT N.E.C.

126.400

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

501(C)3

1055 WITTMAN DRIVE
MENASHA, WI 54952

GOODWILL INDUSTRIES OF 39-1144913
NORTH CENTRAL WISCONSIN

1800 APPLETON ROAD MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-2971864 501(C)3 78.888 K31: FOOD BANKS & GREATER CHICAGO FOOD DEPOSITORY PANTRIES 4100 W ANN LURIE PLACE

4100 W ANN LURIE PLACE
CHICAGO, IL 60632

GREATER CLEVELAND FOOD 34-1292848 501(C)3 25,000

P20: HUMAN SERVICE
BANK
ORGANIZATIONS

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

1500 SOUTH WATERLOO RD CLEVELAND, OH 44110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1742974 501(C)3 601.349 CHRISTIANITY GREATER FOX CITIES AREA HABITAT FOR HUMANITY 921 MIDWAY ROAD

HABITAT FOR HUMANITY
921 MIDWAY ROAD
MENASHA, WI 54952

GREATER GREEN BAY 39-1699966 501(C)3 860,730

COMMUNITY FOUNDATION
FOUNDATIONS

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

320 N BROADWAY STE 260 GREEN BAY, WI 543032705

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GREEN BAY BOTANICAL 39-1485020 501(C)3 ⊿n nonl C41: BOTANICAL NS & ARBORETA

LIANDS ON DESIG	04 2004726	E01 (C) 3	10.000		050 701
GARDEN 2600 LARSEN ROAD GREEN BAY, WI 54307			,		GARDENS

GREEN BAY, WI 543042633

IO50: YOUTH HANDS ON DECK 81-2891726 501(C)3| 10.0001 1031 12TH AVENUE IDEVELOPMENT

PROGRAMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1870927 501(C)3 336.103 P43: FAMILY VIOLENCE HARBOR HOUSE DOMESTIC ABUSE PROGRAMS SHELTERS

### ADJSE PROGRAMS
720 W 5TH ST
APPLETON, WI 549145368

HEALTH BRIDGES 20-3681041 501(C)3 13,750

P85: HOMELESS INTERNATIONAL CENTERS

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

0509 SW TEXAS STREET PORTLAND, OR 97219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance assistance other) or government

ICONSERVATION &

PROTECTION

1948 PALISADES DR APPLETON, WI 54915	81-5289234	501(C)3	12,434		FUND DISTRIBUTION
HECKBODT WETLAND	30-1838333	501(C)3	588 019		C30: NATURAL

201(C)3 ICSU: NATURAL RESERVE IRESOURCES

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

1305 PLANK RD

MENASHA, WI 549522929

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HTLLSDALE COLLEGE 38-1374230 501(C)3 5.500 IB42: UNDERGRADUATE 33 E COLLEGE ST COLLEGES

RELIGION-RELATED

30.509

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

501(C)3

HILLSDALE, MI 49242 HOLY CROSS PARISH

309 DESNOYER STREET KAUKAUNA, WI 54130

39-0807048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

RELIGION-RELATED

HOLY FAMILY CATHOLIC	62-1400461	501(C)3	26,500		ROMAN CATHOLIC
SCHOOL					
9100 CROCKETT RD					
BRENTWOOD, TN 37027					

122.700

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

501(C)3

39-0806809

HOLY FAMILY PARISH

1100 W RYAN ST BRILLION, WI 54110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government FOOD BANKS &

HOLYLAND FOOD PANTRY W4826 CTY HWY HHH MALONE, WI 53049	47-2374044	501(C)3	300,000		K31: FO PANTRI

WITTENBERG, WI 54499

RIES E91: NURSING 501(C)3 14.900 HOMME HOME FOUNDATION 39-1348542 **FACILITIES** 604 S WEBB ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 80-0723506 501(C)3 10.000 HOOAH INC IP20: HUMAN SERVICE **IORGANIZATIONS** 

PO BOX 12361
GREEN BAY, WI 54307
HOPE CLINIC AND CARE CENTER INC

47-3031346 501(C)3 10.800 IP20: HUMAN SERVICE LORGANIZATIONS 1814 APPLETON RD MENASHA, WI 549521110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HOPE COMMUNITY CHURCH 39-1419149 501(C)3 7,000 CHRISTIANITY

302 TRISTAN DR SHAWANO, WI 541662051					
HORTONVILLE COMMUNITY FOOD PANTRY INC	39-1581135	501(C)3	6,000		K31: FOOD I

DALE, WI 549310236

D BANKS & PO BOX 236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

P99: HUMAN SERVICES

IN.E.C.

INNOVATIVE SERVICES	39-1969834	501(C)3	7,500		ARTS & CULTURE
2321 SAN LUIS PLACE					
GREEN BAY, WI 54304					
4					

6.100

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

501(C)3

JAKE'S DIAPERS INC

139 EAST 2ND STREET KAUKAUNA, WI 54130 46-3062817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 39-6005705 GOVERNMENT 63.029 C60: ENVIRONMENTAL JEFFERSON COUNTY PARKS DEPARTMENT EDUCATION

JEFFERSON, WI 53549         03-0275219         501(C)3         6,000         L41: HOMELESS	311 SOUTH CENTER AVE ROOM 204					
	JOHN W GRAHAM EMERGENCY	03-0275219	501(C)3	6,000		L41: HOMELESS

SHELTER SERVICES INC ISHELTERS 69 MAIN ST

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

VERGENNES, VT 054911114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 39-0826295 501(C)3 9.0001 JUNIOR ACHIEVEMENT OF loss: Youth WISCONSIN - WINNEBAGO I DEVELOPMENT -BUSINESS REGION DISTRICT 11 TRI PARK WAY

APPLETON, WI 549141661 501(C)3 15,000 JUST KEEP LIVIN FOUNDATION 20-3921057 C/O NKSFBGO LLC15260

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

SHERMAN OAKS, CA 91403

loso: Youth DEVELOPMENT VENTURA BLVD **IPROGRAMS SUITE 2100** 

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KALIKALINA AREA SCHOOL 39-6002782 COVERNMENT 14 418 B: FDUCATION

DEVELOPMENT

TO TO TO TO TAKE A SECTION	33 0002/02	O V E I (I I I E I I I I	1 - 1,110		D. EDUCATION
DISTRICT			·		
1701 COUNTY ROAD CE					
KAUKAUNA, WI 54130					
KENYA WORKS INC	05-0623727	501(C)3	26,000		INTERNATIONAL

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

APPLETON, WI 54912

PO BOX 1572 LECONOMIC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

PORT WASHINGTON, WI

530740224

LAKE COUNTY HISTORICAL SOCIETY 415 RIVERSIDE DRIVE PAINESVILLE, OH 44077	34-0863972	501(C)3	25,000		A82: HISTORICAL SOCIETIES & HISTORIC PRESERVATION
LAKESHORE NATURAL RESOURCE PARTNERSHIP PO BOX 224	16-1663614	501(C)3	50,000		C32: WATER RESOURCES, WETLANDS

CONSERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LEAGUE OF WOMEN VOTERS 23-7016090 E01(C)3 END ONE! R40: VOTER & NC

OF APPLETON PO BOX 1281 APPLETON, WI 549121281	23 /010030	301(0)3	300,300		EDUCATION & REGISTRATION
LEAVEN INC	39-1572168	501(C)3	242,972		P19: SUPPORT N.E.C.

LEAVEN INC. 1475 OPPORTUNITY WAY

MENASHA, WI 549521293

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1372893 501(C)3 9.0001 LIFE PROMOTIONS 1050: YOUTH 2030 AMERICAN DRIVE IDEVELOPMENT I PROGRAMS NEENAH, WI 54956

LIFE TOOLS FOUNDATION 81-1074848 501(C)3 22.500 105 OAKRIDGE CT

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

B90: EDUCATIONAL SERVICES COMBINED LOCKS, WI 541131259

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LITERACY SERVICES OF 39-1091203 501(C)3 10.000 B60: ADULT WISCONSIN INC **IEDUCATION** 555 N PLANKINTON AVE MILWAUKEE, WI 532032910 LITTLE CHUTE AREA SCHOOL 39-6003096 GOVERNMENT 11.597 **I**EDUCATION DISTRICT

325 MEULEMANS ST STE A LITTLE CHUTE, WI 54140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government LITTLE CHUTE WINDMILL INC 61-1438177 501(C)3 25.000l ICULTURAL & ETHNIC PO BOX 182 IAWARENESS

LITTLE CHUTE, WI 54140

LIVING WATER LUTHERAN 86-0867528 501(C)3 7,000

CHURCH 9201 E HAPPY VALLEY RD

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

SCOTTSDALE, AZ 85255

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LOAVES & FISHES OF THE FOX 39-1974516 501(C)3 6.573 IK34: CONGREGATE

STREET

APPLETON, WI 54911

VALLEY PO BOX 1562 APPLETON, WI 54912		(-)-	77		MEALS
LUTHERAN SOCIAL SERVICES OF WI AND UPPER MICHIGAN 3003A NORTH RICHMOND	39-0816846	501(C)3	80,539		HUMAN SERVICES - MULTIPURPOSE AND OTHER N.E.C.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 39-1543541 501(C)3 20,792 P30: CHILDREN & MAKE-A-WISH FOUNDATION OF WISCONSIN - NORTHEAST YOUTH SERVICES

WISCONSIN 100 W COLLEGE AVE 50E APPLETON, WI 54911					
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE	22-1905062	501(C)3	25,000		B82: SCHOLARSHIPS & STUDENT FINANCIAL AID

400

ALEXANDRIA, VA 223141555

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0806251 501(C)3 16.000l MARQUETTE UNIVERSITY **IB43: UNIVERSITIES** 

PO BOX 1881 MILWAUKEE, WI 532011881 MARQUETTE UNIVERSITY HIGH 39-0806826 501(C)3 35.000l SCHOOL

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

MILWAUKEE, WI 53208

B43: UNIVERSITIES 3401 W WISCONSIN AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-6026053 501(C)3 16,325 MEMORIAL PRESBYTERIAN IRELIGION-RELATED

INDEPENDENCE

CHURCH OF APPLETON 803 E COLLEGE AVE APPLETON, WI 54911					
MEN OF MELCHIZEDEK INC 2050 S CEDAR ST STE 330	83-3264579	501(C)3	10,000		P80: CENTERS TO

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

2050 S CEDAR ST STE 330 IMLAY CITY, MI 484449606

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6003366 GOVERNMENT 169.480 **I**EDUCATION MENASHA JOINT SCHOOL DISTRICT 328 SIXTH STREET

160: LAW

LENFORCEMENT

16.500

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

501(C)3

328 SIXTH STREET
MENASHA, WI 549522768
MENOMINEE CANINE
ASSOCIATION

PO BOX 264 KESHENA, WI 54135 84-2907083

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 61-1571538 501(C)3 15.000l P12: FUND RAISING & MICHAEL PHELPS FOUNDATION FUND DISTRIBUTION

IP20: HUMAN SERVICE

LORGANIZATIONS

18.948

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

501(C)3

7 OCEAN ST STE 2 SOUTH PORTLAND, ME 04106 MISSION OF HOPE HOUSE OF WISCONSIN

520 N SHAWANO STREET NEW LONDON, WI 54961 46-5464904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MORGAN STANLEY GLOBAL 52-7082731 501(C)3 500.000 INAMED TRUSTS N.E.C.

ICLINICS

NEW YORK, NY 100362714				
AMERICAS FL 41				
1177 AVENUE OF THE				
IMPACT FUNDING TRUST INC				

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

229 S MORRISON ST

APPLETON, WI 549115725

501(C)3 MOSAIC FAMILY HEALTH 47-3298660 51.150 IE32: COMMUNITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1536251 501(C)3 48.196 MOUNT TABOR CENTER IROMAN CATHOLIC 522 SECOND STREET MENASHA, WI 54952 CHRISTIANITY

MT CALVARY EVANGELICAL 39-6000155 501(C)3 11.050 LUTHERAN CHURCH N8728 SOUTH COOP ROAD

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

MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6000011 501(C)3 5.318 CHRISTIANITY MT OLIVE EVANGELICAL LUTHERAN CHURCH 930 F FLORIDA AVENUE

F80: MENTAL HEALTH

LASSOCIATIONS

146.801

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

501(C)3

APPLETON, WI 54911 NEW MENTAL HEALTH

CONNECTION INC

PO BOX 374 APPLETON, WI 54912 45-2657700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 39-1545497 501(C)3 24.950 F80: MENTAL HEALTH NAMI FOX VALLEY INC 211 E FRANKLIN ST STE B LASSOCIATIONS

APPLETON, WI 54911 NATIONAL MULTIPLE 13-5661935 501(C)3 6.221

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

G99:DISEASES. DISORDERS & MEDICAL SCLEROSIS SOCIETY -DISCIPLINES NEC

WISCONSIN CHAPTER

1120 JAMES DR A HARTLAND, WI 530298310

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-0968031 501(C)3 7.573 G48: BRAIN NATIONAL PARKINSON FOUNDATION INC DISORDERS 200 SE 1ST STREET STE 800

A50: MUSEUMS

71.000

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

501(C)3

200 SE 1ST STREET STE 800 MIAMI, FL 33131 NATIONAL RAILROAD MUSEUM

2285 S BROADWAY GREEN BAY, WI 543044832 39-6031429

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HROPY,

NEENALL ANTHAL CHELTER THE					
MADISON, WI 537012317					PROMOTIO
211 S PATERSON ST STE 100					VOLUNTAR:
FOUNDATION OF WISCONSIN					CHARITY &
NATURAL RESOURCES	39-1572034	501(C)3	5,500		PHILANTHR

NEENAH, WI 549569781

ARISM NEENAH ANIMAL SHELTER INC 39-1030012 501(C)3 44.252 ID20: ANIMAL 951 COUNTY ROAD G IPROTECTION &

WELFARE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-6005543 GOVERNMENT 30.000 B70: LIBRARIES NEENAH PUBLIC LIBRARY PO BOX 569 NEENAH, WI 549570569

IP60: EMERGENCY

LASSISTANCE

19.547

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

501(C)3

NEENAH, WI 549570569 NEENAH-MENASHA EMERGENCY SOCIETY PO BOX 744

NEENAH, WI 54957

39-6056105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1402851 501(C)3 150.000 L20: HOUSING NEIGHBORWORKS GREEN BAY 437 S JACKSON ST IDEVELOPMENT GREEN BAY, WI 543013909 IA50: MUSEUMS

NEVILLE PUBLIC MUSEUM 93-0756332 501(C)3 25.000l FOUNDATION PO BOX 325

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

GREEEN BAY, WI 543050325

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

ECONOMIC

DEVELOPMENT

NEW HOPE CENTER	39-1052724	501(C)3	25,879		P82:
PO BOX 189			·		DEVELOPMENTALLY
CHILTON, WI 530140189					DISABLED CENTERS

29.167

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

501(C)3

26-0114487

NEW NORTH INC.

2740 W MASON ST STE BT 344

GREEN BAY, WI 543034966

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW ZOOLOGICAL SOCIETY 39-1516018 501(C)3 50,000 D11: SINGLE IORGANIZATION

ISUPPORT

A6B: SINGING &

ICHORAL GROUPS

INC PO BOX 12647 GREEN BAY, WI 543072647				
NEWVOICES	93-0838178	501(C)3	8,650	

PO BOX 221

APPLETON, WI 549120221

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NORTHEAST WISCONSIN LAND 39-1867891 501(C)3 47,972 C34: LAND RESOURCES CONSERVATION TRUCT

14 TRI-PARK WAYBUILDING 1 APPLETON, WI 54914					CONSERVATION
NORTHERN ILLINOIS FOOD	36-3203648	501(C)3	131,480		K30: FOOD PROGRAMS

BANK

273 DEARBORN COURT GENEVA, IL 60134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NORTHWESTERN MEMORIAL 36-3155315 E01(C)2 250 100 E22: GENERAL

541 N FAIRBANKS CT RM 1630 CHICAGO, IL 606113319					
FOUNDATION	30-3133313	301(0)3	230,100		HOSPITALS

207

MADISON, WI 53719

501(C)3 10.0001 IB24: PRIMARY & OPERA FOR THE YOUNG INC 39-1583686 6441 ENTERPRISE LANE SUITE IELEMENTARY SCHOOLS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

OPTIONS FOR INDEPENDENT LIVING 555 COUNTRY CLUB RDPO BOX 11967 GREEN BAY, WI 543071967	39-1843312	501(C)3	10,000		SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS
OSHKOSH AREA COMMUNITY	39-2034571	501(C)3	1,075,677		PHILANTHROPY

FOUNDATION 230 OHIO ST STE 100 OSHKOSH, WI 549025894

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1709813 501(C)3 25.100 D11: SINGLE OSHKOSH AREA HUMANE SOCIETY INC IORGANIZATION 1925 SHELTER COURT SUPPORT OSHKOSH, WI 54901 OUR SAVIOR'S LUTHERAN 39-1287755 501(C)3 28.000l PROTESTANT

CHURCH OF APPLETON

3009 NORTH MEADE STREET APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

1& HISTORIC

| PRESERVATION |

OUTAGAMIE COUNTY
410 S WALNUT
APPLETON, WI 54911

OUTAGAMIE COUNTY
39-6005724
GOVERNMENT 48,883
GOVERNMENT 48,883
ADMINISTRATION
HISTORICAL SOCIETIES

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

HISTORICAL SOCIETY

APPLETON, WI 54911

330 E COLLEGE AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-2090446 501(C)3 16.849 IE32: COMMUNITY PARTNERSHIP COMMUNITY HEALTH CENTER INC ICLINICS 5471 WATERFORD LANE

APPLETON, WI 54913 PEACE UNITED CHURCH OF 39-1856334 501(C)3 62.500 CHRISTIANITY CHRIST

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

489 S GLENVIEW AVE BRILLION, WI 541101408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ERFORMING

DEVELOPMENT

EPHRAIM, WI 542110340					ARTS
PENINSULA MUSIC FESTIVAL PO BOX 340	39-1691920	501(C)3	15,000		A60: PER

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

APPLETON, WI 54915

501(C)3 17.500 ICOMMUNITY & PEOPLE OF PROGRESSION 85-3915989 INFIGHBORHOOD 203 N RICHMOND ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government PILLARS 39-1582471 501(C)3 455.835 L41: HOMELESS 605 E HANCOCK ST SHELTERS APPLETON, WI 54911 PRINCE OF PEACE LUTHERAN 41-1568278 501(C)3 6.430 RELIGION-RELATED

CHURCH

2330 E CALUMET ST APPLETON, WI 54915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government PROVINCE OF ST JOSEPH OF 38-1525161 501(C)3 9,250 ROMAN CATHOLIC

THE CAPUCHIN ORDER				1
1820 MT ELLIOTT STREET DETROIT, MI 482073496				
DETROIT, THE TOZOTO TO				1
	,			

RAWHIDE INC.

39-1052471 501(C)3 282.663 IP32: FOSTER CARE E7475 RAWHIDE ROAD NEW LONDON, WI 549619987

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

TTO OFFICE ADDICE

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

E04/6\3

DEACH COUNCELING

518 W 5TH ST

SHAWANO, WI 541662308

20 4202277

SERVICES INC 1509 S COMMERCIAL ST NEENAH, WI 549566152	39-12922//	501(C)3	51,000		PREVENTION
REACHING OUT ABOUT DEPRESSION AND SUICIDE INC	20-0463123	501(C)3	13,008		F70: MENTAL HEALTH DISORDERS

E4 000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-2013200 501(C)3 12.511 L25: HOUSING REBUILDING TOGETHER - FOX VALLEY **IREHABILITATION** 

IMENTAL HEALTH

TREATMENT

 VALLEY
 REHABILITATION

 605 EAST HANCOCK STREET
 APPLETON, WI 54911

 REHABILITATION HOUSE
 39-1035880
 501(C)3
 20,000

 F33: RESIDENTIAL

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

107 PROFESSIONAL PLZ

NEENAH, WI 54956

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-2003067 501(C)3 24.034 RELEVANT RADIO X84: RELIGIOUS RADIO PO BOX 10707 GREEN BAY, WI 543070707

GREEN BAY, WI 543070707

RENAISSANCE CHARITABLE 75-2129262 501(C)3 6,136 FEDERATED GIVING PROGRAMS

8910 PURDUE RD STE 555

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

INDIANAPOLIS, IN 46268

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

ICONSERVATION.

RISE TOGETHER 82-3873825 501(C)3 7.000 1050: YOUTH PO BOX 1483 IDEVELOPMENT APPLETON, WI 54912 PROGRAMS

RIVERVIEW GARDENS INC. 46-3208900 501(C)3 80.550 C34: LAND RESOURCES

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

1101 S ONFIDA ST

APPLETON, WI 549151379

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1046808 501(C)3 6.050 RONCALLI HIGH SCHOOL IB25: SECONDARY & 2000 MIRRO DR HIGH SCHOOLS

2000 MIRRO DR
MANITOWOC, WI 542206718

ROTARY FOUNDATION OF 36-3245072 501(C)3 7,670

Q11: SINGLE ORGANIZATION 1560 SHERMAN AVENUE

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

EVANSTON, IL 60201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1307771 501(C)3 10.000 144: PRISON RYAN COMMUNITY INC IALTERNATIVES

IROMAN CATHOLIC

913 S WEST AVE APPLETON, WI 54915 SACRED HEART CATHOLIC 39-0806390 501(C)3 6.000 CHURCH

321 SOUTH SAWYER STREET SHAWANO, WI 54166

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1749998 501(C)3 14.550 L99: HOUSING & SAFE HAVEN DOMESTIC ABUSE SUPPORT CENTER SHELTER N.E.C. PO BOX 665

SHAWANO, WI 54166 SALVATION ARMY - FOX 36-2167910 105.687

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

130 E NORTH STPO BOX 1605 APPLETON, WI 549121605

501(C)3 **IP24: SALVATION ARMY** CITIES

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

SALVATION ARMY OF CALUMET COUNTY 16 WEST MAIN STREET CHILTON, WI 53014	36-2167910	501(C)3	21,267		P24: SALVATION ARMY
SALVATION ARMY OF SHAWANO COUNTY	36-2167910	501(C)3	6,500		P24: SALVATION ARMY

11315 W WATERTOWN PLANK RD WAUWATOSA, WI 532263412

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-1437002 501(C)3 8.350 SAMARITAN'S PURSE ICHRISTIANITY P O BOX 3000

B: EDUCATION

BOONE, NC 28607

SCHOOL DISTRICT OF 39-6002586 GOVERNMENT 80,638
HILBERT 80,638

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

1139 MILWAUKEE ST HILBERT, WI 541290390

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1016435 GOVERNMENT 20.777 B: EDUCATION SCHOOL DISTRICT OF MANAWA

MANAWA 800 BEECH ST MANAWA, WI 549498664

SERVANTS OF THE GOOD HELP 82-5339072 501(C)3 44,500

P20: HUMAN SERVICE ORGANIZATIONS

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

12126 MORGAN RD REEDSVILLE, WI 54230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CEVILAL ACCALLLY ODICIC 20-1200221 E01(C)3 7 9001 F42: SEXUAL ASSAULT

APPLETON, WI 549148271	46 5403000	F01(C)2	12.400		DOE: HOMELESS
17 PARK PL STE 400					
CENTER - FOX CITIES INC		. ,	, i		SERVICES
SEAURE ASSAULT CRISIS	22-1202221	JU1(C)J	7,000		II 42. SEAUAL AS

IP85: HOMELESS SHAWANO AREA MATTHEW 25 46-5493989 501(C)3| 13,400 P O BOX 147 ICENTERS

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

SHAWANO, WI 54166

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1718299 501(C)3 6.143 D20: ANIMAL SHAWANO COUNTY HUMANE PROTECTION & SOCIETY 1290 JAYCEE CT WELFARE SHAWANO, WI 54166

SHRINERS HOSPITAL FOR 36-2193608 501(C)3 5.500 H98: PEDIATRICS IRESEARCH

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

CHILDREN 2900 N ROCKY POINT DR

TAMPA, FL 33607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-2468917 501(C)3 10.000 SISTERS OF ST DOMINIC IROMAN CATHOLIC 5635 ERIE STREET RACINE, WI 534021900 SISTERS OF ST FRANCIS OF 39-0841102 501(C)3 13.250 RELIGION-RELATED

THE HOLY CROSS 3110 NICOLET DR

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

GREEN BAY, WI 543117212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 34-0943303 501(C)3 25.400 Y40: FRATERNAL SISTERS OF ST JOSEPH OF THE THIRD ORDER OF ST ISOCIETIES

FRANCIS PO BOX 305 STEVENS POINT, WI 54481					
SISTERS OF THE DIVINE	39-6054869	501(C)3	14,000		RELIGION-RELATED

SAVIUR 4311 NORTH 100TH STREET

MILWAUKEE, WI 53222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-3202931 501(C)3 21.500 SOAR FOX CITIES INC IP80: CENTERS TO 211 E FRANKLIN ST STE A ISUPPORT

APPLETON, WI 549115475 INDEPENDENCE SOCIETY OF ST VINCENT DE 27-0164567 501(C)3 6.300

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

BRILLION, WI 541101074

P: HUMAN SERVICES PAUL BRILLION UA 1100 W RYAN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance SOCIETY OF THE DIVINE 39-0806210 501(C)3 11.224 FUND RAISING & FUND SAVIOR - SALVATORIAN DISTRIBUTION CENTER

1303 MILWAUKEE DRIVE NEW HOLSTEIN, WI 53061 501(C)3 17,400 SPECIAL OLYMPICS OF 39-1176591 N72: SPECIAL WISCONSIN - FOX VALLEY OLYMPICS

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

AREA W5361 CTY KK SUITE D APPLETON, WI 54915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-6144614 501(C)3 62.500 PROTESTANT ST BARTHOLOMEW LUTHERAN CHURCH

105 HORN ST BRILLION, WI 54110

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

APPLETON, WI 549153615

ST BERNADETTE PARISH 39-0980320 501(C)3 36.000l IROMAN CATHOLIC 2331 E LOURDES DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-1082074 501(C)3 8.0001 IROMAN CATHOLIC ST BERNARD PARISH

1617 W PINE ST APPLETON, WI 54914			.,		
ST COLETTA OF WISCONSIN	39-0816855	501(C)3	6,218		P82:

JEFFERSON, WI 53549

IDEVELOPMENTALLY TINC N4637 COUNTY HIGHWAY Y DISABLED CENTERS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-5179843 501(C)3 54.941 B24: PRIMARY & ST ELIZABETH ANN SETON CATHOLIC SCHOOL IELEMENTARY SCHOOLS

814 SUPERIOR AVENUE SHEBOYGAN, WI 53801 ST ELIZABETH HOSPITAL 39-1256677 501(C)3 74.186

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

APPLETON, WI 54915

IE11: SINGLE FOUNDATION LORGANIZATION 1506 S ONEIDA ST ISUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ST FRANCIS XAVIER CATHOLIC 75-2975177 501(C)3 271.769 B: EDUCATION

HOSPITALS

SCHOOL SYSTEM 101 E NORTHLAND AVENUE APPLETON, WI 54911					
ST GIANNA MOLLA CLINIC INC	46-5384168	501(C)3	15,500		E24: SPECIALTY

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

ST GIANNA MOLLA CLINIC INC. 1727 SHAWANO AVENUE

GREEN BAY, WI 54303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1794588 501(C)3 14.000 B20: ELEMENTARY & ST IGNATIUS CATHOLIC SCHOOL SECONDARY SCHOOLS 220 DOTY STREET KAUKAUNA. WI 54130

ST JOHN NEPOMUCENE 39-0816903 501(C)3 11.177 RELIGION-RELATED

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

PARISH 323 PINE STREET

LITTLE CHUTE, WI 541401896

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-0865494 501(C)3 44.000 ROMAN CATHOLIC ST JOHN SACRED HEART PARISH N369 MILITARY ROAD

L41: HOMELESS

SHELTERS

30.000

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

501(C)3

## N369 MILITARY ROAD SHERWOOD, WI 54169 ST JOHN THE EVANGELIST HOMELESS SHELTER INC

GREEN BAY, WI 543051743

PO BOX 1743

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ST JOHN UNITED CHURCH OF 39-0901169 501(C)3 6.223 RELIGION-RELATED

K30: FOOD PROGRAMS

CHRIST OF APPLETON 1130 W MARQUETTE ST APPLETON, WI 54911		, ,			
ST JOSEPH FOOD PROGRAM	39-1822486	501(C)3	152,775		K30: FOOD

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

1465 A OPPORTUNITY WAY MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-0847630 501(C)3 272.985 ST JOSEPH PARISH IROMAN CATHOLIC

404 W LAWRENCE ST APPLETON, WI 54911

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

MEMPHIS.TN 381051905

ST JUDE CHILDREN'S 62-0646012 501(C)3 6.030 HOSPITAL (SPECIALTY) RESEARCH HOSPITAL 501 SAINT JUDE PL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0807228 501(C)3 18.600 ST MARGARET MARY PARISH IRELIGION-RELATED 439 WASHINGTON AVENUE

NEENAH, WI 54956					
ST MARTIN LUTHERAN SCHOOL 100 S CLINTON AVE	39-0825337	501(C)3	6,500		CHRISTIANITY

CLINTONVILLE, WI 54929

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government -- . . - . -

1050 ZEPHYR DRIVE NEENAH, WI 54956	39-1656963	501(C)3	56,927		RELIGION-RELATED
ST MARY PARISH MENASHA	39-0845602	501(C)3	7,500		ROMAN CATHOLIC

MENASHA, WI 549523112

528 2ND ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

B82: SCHOLARSHIPS & ISTUDENT FINANCIAL

ST MARY PARISH-APPLETON	39-0810526	501(C)3	16,196		CHRISTIANITY
312 S STATE ST					
APPLETON, WI 54911					

64.500

501(C)3

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

ST NORBERT COLLEGE

DE PERE, WI 541152099

100 GRANT ST

39-1399196

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 41-0693979 501(C)3 11.000 IEDUCATION ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 55057 39-0967024 501(C)3 16.250l IROMAN CATHOLIC

ST PATRICK CATHOLIC CHURCH

324 NICOLET BLVD MENASHA, WI 54952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

X99: RELIGION-

IRFLATED N.F.C.

ST PAUL CATHOLIC CHURCH	39-0989794	501(C)3	5,500		ROMAN CATHOLIC
410 WALLACE STREET					
COMBINED LOCKS, WI 54113					

14,405

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

501(C)3

ST PAUL ELDER SERVICES INC |

KAUKAUNA, WI 541303304

316 F 14TH ST

39-1029149

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 39-0816831 501(C)3 11,297 ST PAUL LUTHERAN CHURCH IRELIGION-RELATED

CT DETER LUTUERAN CHURCH	20 1010260	F01/C)2	15 000		DELICION DELATE
200 NORTH COMMERCIAL STREET NEENAH, WI 54956					

IRELIGION-RELATED ST PETER LUTHERAN CHURCH 39-1019369 501(C)3| 15.0001 N2740 FRENCH RD FREEDOM, WI 549138919

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CT DILIC V DADICH 20-0025474 EU1/C/3| 17 180 IROMAN CATHOLIC

500 W MARQUETTE APPLETON, WI 54911	39-0933474	301(0)3	17,109		ROMAN CATTOLIC
ST THOMAS MORE PARISH	39-1027422	501(C)3	10,750		ROMAN CATHOLIC

1810 N MCDONALD STREET B APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ST VINCENT DE PAUL COUNCIL 39-1633256 501(C)3 33.050 P29: THRIFT SHOPS OF NEENAH-MENASHA

1425 S COMMERCIAL ST NEENAH, WI 54956

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

APPLETON, WI 54914

ST VINCENT DE PAUL OF 39-1032282 501(C)3 303.800

P50: PERSONAL SOCIAL APPLETON SERVICES 1924 W COLLEGE AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ST VINCENT DE PAUL SOCIETY 39-1035429 501(C)3 28.000 HUMAN SERVICE

DISTRICT COUNCIL OF GREEN BAY 1529 LEO FRIGO WAY GREEN BAY, WI 543021163		333(3)3			ORGANIZATIONS
ST VINCENT DE DALII SOCIETY	20 0022611	E01(C)2	7 500		DOO: HUMAN SEDVICES

ST VINCENT DE PAUL SOCIETY 39-0833611 501(C)3| 7,5001 IP99: HUMAN SERVICES OF SHEBOYGAN N.E.C. 4215 HWY 42 NORTH

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

SHEBOYGAN, WI 53083

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1172653 501(C)3 11.000 STELLA MARIS PARISH ICHRISTIANITY PO BOX 49

EGG HARBOR, WI 542090049

SUNNY DAY CHILD CARE AND P33: CHILD DAY CARE PRESCHOOL INC PO BOX 49

PO BOX 49

PO BOX 49

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

WAUPACA, WI 54981

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

APPLETON, WI 549115706					
100 W COLLEGE AVE					MUSEUMS
THE BUILDING FOR KIDS	39-1706260	501(C)3	75,195		A52: CHILDREN'S

THE FAMILY RADIO NETWORK 39-1280969 501(C)3 X80: RELIGIOUS MEDIA 68.2501 INC 1& COMMUNICATIONS

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

1909 W SECOND STREET APPLETON, WI 54914

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1569883 501(C)3 20.350 A61: PERFORMING THE GRAND OSHKOSH 222 PEARL AVE ARTS CENTERS OSHKOSH, WI 549014834 THE NATIONAL SHRINE OF 20-3929148 501(C)3 26.900 RELIGION-RELATED OUR LADY OF GOOD HELP INC

4047 CHAPEL DR NEW FRANKEN, WI

542299462

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0242652 501(C)3 7.525 THE NATURE CONSERVANCY C99: ENVIRONMENT

633 W MAIN STREET MADISON, WI 53703		, ,	•		N.E.C.
THE SALVATION ARMY 5550 PRAIRIE STONE PKWY	36-2167910	501(C)3	18,673		P24: SALVATION ARMY

HOFFMAN ESTATES, IL

601923713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

					II	
THE SAMARITAN COUNSELING CENTER OF THE FOX VALLEY	39-1214216	501(C)3	461,356			F99: MENTAL HEALTH & CRISIS INTERVENTION
INC						N.E.C.
1478 KENWOOD DRIVE						
MENASHA.WI 54952						

PROMOTION

81-1273001 501(C)3 141,899 THE TROUT MUSEUM OF ART |PHILANTHROPY / INC CHARITY / 111 W COLLEGE AVE IVOLUNTARISM

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

APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government THEDACARE 39-1509362 501(C)3 80.0001 IG11: SINGLE 1818 N MEADE ST IORGANIZATION ISUPPORT

860.694

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

501(C)3

APPLETON, WI 549128025
THEDACARE FAMILY OF FOUNDATIONS INC

1818 N MEADE STREET APPLETON, WI 54911 46-4112255

SUPPORT
PUBLIC FOUNDATIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-3840811 501(C)3 284.624 SENIOR THOMPSON CENTER ON LOURDES CENTERS/SERVICES

IPRIMARY HEALTH CARE

2331 F LOURDES DRIVE APPLETON, WI 54915 IE30: AMBULATORY &

TRI-COUNTY COMMUNITY 47-0862462 501(C)3 63.944 DENTAL CLINIC

9 TRI-PARK WAY APPLETON, WI 54914

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

INFIGHBORHOOD

DEVELOPMENT

TRUSTWORKS	27-2095290	501(C)3	27 500		COMMUNITY &
TRINITY LUTHERAN CHURCH 407 OAK NEENAH, WI 54956	39-0960044	501(C)3	122,488		CHRISTIANITY

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

1125 N BRIARCLIFF DR

APPLETON, WI 549152848

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

UNITED CHURCH CAMPS W1010 SPRING GROVE RD RIPON, WI 549718647	39-0927520	501(C)3	99,126		PROTESTANT
UNITED HMONG AMERICAN	45-2632420	501(C)3	10,000		B82: SCHOLARSHIPS &

ASSOCIATION ISTUDENT FINANCIAL PO BOX 1996 AID

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

APPLETON, WI 549121996

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CATION N.E.C.

LORGANIZATIONS

UNITED NEGRO COLLEGE FUND INC 105 W ADAMS	13-1624241	501(C)3	105,184		B99: EDUCA
CHICAGO, IL 60603					

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

1455 MIDWAY ROAD

MENASHA, WI 54952

UNITED WAY FOX CITIES 39-0912895 501(C)3 510.884 P20: HUMAN SERVICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) UNITY RECOVERY SERVICES 82-5177761 501(C)3 213.239 P50: PERSONAL SOCIAL

INC 5260 WHITE PINE DR LARSEN, WI 54947		, ,	,		SERVICES
UNIVERSITY OF NORTH TEXAS	23-7232618	501(C)3	500,000		B43: UNIVI

1155 UNION CIRCLE 311250 DENTON, TX 76203

**IVERSITIES** FOUNDATION

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 61-0470593 501(C)3 25.000 B43: UNIVERSITIES UNIVERSITY OF THE CHMPERI ANDC INC

UNIVERSITY OF WISCONSIN -	39-1805963	GOVERNMENT	72,466		B43: UNIVERSITIES
CUMBERLANDS INC 6180 COLLEGE STATION DR WILLIAMSBURG, KY 407691372					

OSHKOSH 800 ALGOMA BLVD

OSHKOSH, WI 549013551

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-1600858 501(C)3 7.000 l B11: SINGLE UNIVERSITY OF WISCONSIN GREEN BAY FOUNDATION IORGANIZATION SUPPORT 2420 NICOLET DRIVE GREEN BAY, WI 54311

UNIVERSITY OF WISCONSIN-39-1805963 GOVERNMENT 155.000 B43: UNIVERSITIES GREEN BAY

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

2420 NICOLET DR GREEN BAY, WI 543117001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LIS 2 REHAVIORAL HEALTH 84-2183803 E01(C)2 16 8001 F30: MENTAL HEALTH ENT

B11: SINGLE

SUPPORT

**IORGANIZATION** 

03 2 BEHAVIORAL HEALTH	04-2103003	JU1(C)J	10,000		1 JO. 14E141
CARE INC					TREATMEN
5750 W GRANDE MARKET DR					
SUITE A					
APPLETON, WI 549138406					

309,416

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

501(C)3

39-0743975

UW FOUNDATION INC

MADISON, WI 53726

1848 UNIVERSITY AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1145116 501(C)3 7.875 UW-LA CROSSE FOUNDATION B11: SINGLE

615 EAST AVE N
LA CROSSE, WI 546021148

VALLEY KIDS' FOUNDATION 39-1733909 501(C)3 27,500

P11: SINGLE
ORGANIZATION
ORGANIZATION
SUPPORT

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

APPLETON, WI 549148225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-0921632 501(C)3 274.440 J20: EMPLOYMENT VALLEY PACKAGING INDUSTRIES IPREPARATION & 2730 NORTH ROEMER ROAD PROCUREMENT

APPLETON, WI 54911 VALLEY VNA HEALTH SYSTEMS 39-1624803 501(C)3 188.484

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

NEENAH, WI 54956

1E92: HOME HEALTH CARE INC 1535 LYON DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government VIDA 39-1446370 501(C)3 39,600 P19: SUPPORT N.E.C.

526 W WISCONSIN AVE APPLETON, WI 549114382					
VOLUNTEER CENTER OF EAST CENTRAL WISCONSIN INC	39-1765162	501(C)3	12,010		VOLUNTARISM PROMOTION

2616 S ONEIDA ST 2 APPLETON, WI 549152101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1568796 501(C)3 15.000l IP80: CENTERS TO WASHINGTON COMMUNITY COLINIDATION INC ISUPPORT

5,250

INDEPENDENCE

PANTRIES

K31: FOOD BANKS &

PO BOX 68 WASHINGTON ISLAND, WI 54246		
WAUPACA AREA FOOD PANTRY	39-1718861	

PO BOX 565

WAUPACA, WI 54981

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

501(C)3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GOVERNMENT 25.664 WAUPACA COUNTY 39-6005758 IGOVERNMENT & PUBLIC 811 HARDING ST IADMINISTRATION

WAUPACA, WI 549812012

WAUPACA COUNTY 39-1951019 501(C)3 15,000

OPPORTUNITIES INC

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

PO BOX 336 IOLA, WI 54945

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

IAID

	20 4 770 222				
N8971 GRAHAM LAKE RD IOLA, WI 549458802					
WAUPACA COUNTY SUICIDE PREVENTION COALITION	83-1344072	501(C)3	7,000		F80: MENTAL HEALTH  ASSOCIATIONS

WAUPACA HIGH SCHOOL 501(C)3 22.964 IB82: SCHOLARSHIPS & 39-1779223 SCHOLARSHIP FOUNDATION ISTUDENT FINANCIAL

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

E2325 KING RD

WAUPACA, WI 549818270

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

PO BOX 11656

PLYMOUTH, MI 481704675

WAUPACA PUBLIC LIBRARY FOUNDATION 107 S MAIN ST WAUPACA, WI 549811521	39-1656437	501(C)3	6,800		B70: LIBRARIES
WELLO INC	85-4126872	501(C)3	50,000		INTERNATIONAL

IDEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WESTERN RESERVE RATIROAD 31-1559597 501(C)3 25 nonl IA54: HISTORY

B42: UNDERGRADUATE

COLLEGES

WESTERN RESERVE TO MERCORD	J1 1333337	301(0)3	23,000		/ \O
ASSOCIATION INC					MUSEUMS
475 RAILROAD ST					
PAINESVILLE, OH 440774016					

25.000

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

501(C)3

43-0652617

WESTMINSTER COLLEGE

FULTON, MO 65251

501 WESTMINSTER AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6005270 GOVERNMENT 6.000 **I**EDUCATION WINNECONNE COMMUNITY SCHOOL DISTRICT

## PO BOX 5000
WINNECONNE, WI 54986

WISCONSIBS 39-1942794 501(C)3 76,550

P80: CENTERS TO SUPPORT INDEPENDENCE

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

APPLETON, WI 54911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-0921093 501(C)3 11.667 A11: SINGLE WISCONSIN HISTORICAL

CRISIS INTERVENTION

IN.E.C.

FOUNDATION IORGANIZATION PO BOX 260050 SUPPORT MADISON, WI 53726 83-1842339 501(C)3 16.000l F99: MENTAL HEALTH &

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

WISCONSIN MILKWEED ALLIANCE PO BOX 305

MENOMONIE, WI 54751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1492810 501(C)3 18.080l G96: NEUROLOGY & WISCONSIN PARKINSON ASSOCIATION INEUROSCIENCE 2819 W HIGHLAND AVENUE

## MILWAUKEE, WI 53208 WISCONSIN PUBLIC RADIO ASSOCIATION INC.

23-7363536 501(C)3 26.228 A34: RADIO PO BOX 697 RACINE, WI 53401

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 39-1600510 501(C)3 330.000 P84: ETHNIC & WISCONSIN UNITED COALITION OF MUTUAL IMMIGRANT CENTERS ASSISTANCE ASSOCIATION 3215 W LAWRENCE ST

APPLETON, WI 549144274 501(C)3 505,829 WISCONSIN VETERANS 82-2839384 VILLAGE ASSOCIATION INC.

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

APPLETON, WI 54914

IP80: CENTERS TO ISUPPORT 2919 GLENPARK DRIVE SUITE INDEPENDENCE 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WISCONSIN WOMEN'S 39-1597954 501(C)3 30,000 IECONOMIC . /ELOPMENT

PROGRAMS

BUSINESS INITIATIVE				DEVEL
CORPORATION				
1191 N CASALOMA DR				
APPLETON, WI 54913				

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

PO BOX 784

NEENAH, WI 549570784

501(C)3 6,200 WISDOMESTHER 20-1644135 FEDERATED GIVING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) WORLD RELIEF CORP OF 23-6393344 501(C)3 26.400 PERSONAL SOCIAL

NATIONAL ASSOCIATION OF EVANGELICALS 7 E BALTIMORE ST BALTIMORE, MD 21202		,	·		SERVICES
WORLD VISION	95-1922279	501(C)3	20,350		INTERNATIONAL

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

980639716

PO BOX 9716 DEPT W DEVELOPMENT FEDERAL WAY, WA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government YOUNG MENS OR

YOUTH SERVICES

YMCA OF THE FOX CITIES 218 EAST LAWRENCE STREET APPLETON, WI 54911	39-0806191	501(C)3	310,992		P27: YC WOMEN ASSOCI

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

213 NICOLET BLVD

NEENAH, WI 549562755

ENS CIATIONS YOUTH GO 39-1137233 501(C)3 109.077 P30: CHILDREN &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-6099805 501(C)3 100.000 YOUTH SPORTS 1050: YOUTH IDEVELOPMENT I PROGRAMS

PO BOX 33 MENASHA, WI 549520033 ZION UNITED METHODIST 39-0884784 501(C)3 20.049

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

FOREST JUNCTION, WI 54123

CHRISTIANITY CHURCH PO BOX 66

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-6074258 501(C)3 8.0001 MIELKE FAMILY FOUNDATION I PHILANTHROPY 4455 W LAWRENCE STREET

4455 W LAWRENCE STREET
APPLETON, WI 54914

WOMEN'S FUND FOR THE FOX 20-3096562 501(C)3 144,560

VALLEY REGION INC
4455 W LAWRENCE STREET

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

APPLETON, WI 54914

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 39-1866090 501(C)3 7.817 APPLETON EDUCATION IEDUCATION FOUNDATION INC 122 F COLLEGE AVE 1-B

APPLETON, WI 54911

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9309	7002	392	
Sch	nedule J	C	ompensat	ion Information	ОМ	B No.	1545-0	047	
(Forr	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.					2020		
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	ation. O		o Pul		
Nar	ne of the organiza			[1	Employer identificat				
	MMUNITY FOUNDATION SION INC	ON FOR THE FOX VALLEY			39-1548450				
Pa	rt I Questi	ons Regarding Compensa	ation		33 13 10 130				
							Yes	No	
1a				f the following to or for a person listed y relevant information regarding these					
	First-class	s or charter travel		Housing allowance or residence for p	ersonal use				
	_	companions	닏	Payments for business use of person					
		nification and gross-up paymen		Health or social club dues or initiation					
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffe	eur, chef)				
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		<b>1</b> b			
2				or allowing expenses incurred by all	. 1-3	2			
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Line	elar				
3				ed to establish the compensation of the	е				
				not check any boxes for methods CEO/Executive Director, but explain in	Part III.				
	, 	-							
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	✓	Approval by the board or compensati	ion committee				
		-	_	,					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fili	ing organization or a				
_	_					4-		l Ni-	
a b		rance payment or change-of-cor		ified retirement plan?		4a 4b	Yes	No	
c	•		•	nsation arrangement?		4c	163	No	
•		' ' '	,	olicable amounts for each item in Part					
_		), 501(c)(4), and 501(c)(29	· -	· · · · · · · · · · · · · · · · · · ·					
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any					
а		n?				5a		No	
b	-					5b		No	
		5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6a		No	
b						6b		No	
	•	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed rt III		7		No	
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des 		•		N-	
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in R	Regulations section	9		No_	
For F		uction Act Notice, see the Ins			0053T Schedule J		9901	2020	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of colu	). Do no mns (B	ot list any individuals tha )(i)-(iii) for each listed in	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D	) and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdowr (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CURT DETJEN PRESIDENT/CEO	(i)	256,128	0	26,000	41,343	21,541	345,012	0
PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
2 STEVE VELDHORST CFO	(i)	142,646	0	0	2,410	34,022	179,078	0
	(ii)	0	0	0	0	0	0	0
,								
-								
	<u> </u>			·			Schedule	J (Form 990) 2020

Schedule J (Form 990) 2020 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4B CURT DETJEN IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE AMOUNT RECOGNIZED RATABLY OVER THE COURSE OF THE SERVICE IWAS \$32,576 FOR 2020. Schedule 1 (Form 990) 2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493097002392 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC 39-1548450 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 201 8,476,971 AVE HIGH/LOW @ DATE GIFT 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . Χ 4,388,814 FAIR MARKET VALUE 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page <b>2</b>
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
PART I, COLUMN (B):	COL B REPORTS THE NUMBER OF CONTRIBUTIONS.
'	DONATIONS OF REAL PROPERTY ARE MADE THROUGH THE COMMUNITY REAL ESTATE AND PERSONAL PROPERTY FOUNDATION, INC. (A RELATED ORGANIZATION) THAT SELLS THE PROPERTY AND TRANSFERS THE CASH PROCEEDS TO THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC.
	Schedule M (Form 990) (2020)

efile GRAPH	IIC print -	- DO NOT PROCESS   As Filed Data -		DLN: 93493097002392
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 or  Complete to provide information for responses to specific ques  Form 990 or 990-EZ or to provide any additional information  Attach to Form 990 or 990-EZ.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information	tions on ion.	OMB No. 1545-0047  2020  Open to Public Inspection
<b>Name</b> l <b>Bะthe</b> เจริ Community foun REGION INC		THE FOX VALLEY	<b>Employer</b> 39-154845	identification number
990 Schedul	e O, Supp	elemental Information		
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2	KATHRYN	N SIEMAN AND CATHERINE TIERNEY HAVE A BUSINESS RELATIONSHIP.		

Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS 12 TO 22 MEMBERS. THE TERM OF EACH MEMBER SHALL BE THREE YEARS. AT EA CH ANNUAL MEETING OF THE MEMBERS, THE MEMBERS ELECT ONE-THIRD OF THE MEMBERS. MEMBERS AFFI RM THE ELECTION OF THE BOARD OF DIRECTORS AND APPROVE SIGNIFICANT DECISIONS OF THE BOARD. MEMBERS DO NOT SHARE IN THE INCOME OF THE ORGANIZATION OR THE NET ASSETS UPON THE ORGANIZA TION'S DISSOLUTION.

Return Explanation
Reference

FORM 990,	ELECTION OF THE BOARD OF DIRECTORS IS AFFIRMED BY VOTE OF A MAJORITY OF THE MEMBERS PRESENT AND
PART VI,	VOTING.
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990,	MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE BOARD OF DIRECTORS SUCH AS AMENDMENTS TO THE
PART VI,	BYLAWS AND ARTICLES OF INCORPORATION.
SECTION A,	
LINE 7B	

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

FORM 990,	THE CHAIRPERSON OF THE AUDIT AND BUDGET COMMITTEE/TREASURER AND THE CFO WILL REVIEW FOR RE
PART VI,	ASONABLENESS AND APPROVE THE FILING OF THE FORM 990 AND THE WISCONSIN ANNUAL REPORT ON AN
SECTION B,	ANNUAL BASIS. THE ENTIRE AUDIT AND BUDGET COMMITTEE WILL REVIEW AND APPROVE FOR FILING ANN
LINE 11B	UALLY. THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTERES T QUESTIONNAIRE DESCRIBING THEIR RELATIONSHIPS AND THEIR FAMILY RELATIONSHIPS WITH OTHER E NTITIES DOING BUSINESS WITH THE COMMUNITY FOUNDATION AND ALL RELATED ORGANIZATIONS. IF VOT ES ARE TAKEN RELATING TO ANY OF THESE ENTITIES, BOARD MEMBERS WITH DISCLOSED RELATIONSHIPS ARE AUTOMATICALLY TREATED AS HAVING ABSTAINED FROM THE VOTING. A COMMUNITY FOUNDATION GRA NTING COMMITTEE CAN NOT APPROVE A GRANT TO AN ORGANIZATION THAT EMPLOYS A FAMILY MEMBER OF ANYONE ON THE GRANTING COMMITTEE.

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE PERFORM ANCE OF THE PRESIDENT/CEO AND SETTING HIS/HER COMPENSATION ON AN ANNUAL BASIS. THE PRESIDE NT/CEO IS RESPONSIBLE FOR REVIEWING PERFORMANCE AND SETTING COMPENSATION FOR THE OTHER OFF ICERS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR APPROVING THE TOTAL AM OUNT OF COMPENSATION FOR THE ENTIRE FOUNDATION STAFF TO BE INCLUDED IN THE ANNUAL BUDGET. THE COUNCIL ON FOUNDATIONS CONDUCTS AN ANNUAL SALARY SURVEY DEFINING SALARY RANGES FOR SPE CIFIC STAFF POSITIONS. THE COMMUNITY FOUNDATION USES THIS DATA TO DETERMINE COMPENSATION FOR OFFICERS. THE GOAL OF THE FOUNDATION IS TO PAY AT MID-POINT OR ABOVE FOR COMPARABLE POS ITIONS SO AS TO RETAIN TALENTED EMPLOYEES. THE EXECUTIVE COMMITTEE APPROVAL IS DOCUMENTED IN THEIR MINUTES AND THE TOTAL SALARY BUDGET IS APPROVED BY THE BOARD AS PART OF THE BUDGE T APPROVAL PROCESS. THE CFO (WHO IS RESPONSIBLE FOR PAYROLL ADMINISTRATION) IS NOTIFIED OF THE NEW COMPENSATION FOR THE PRESIDENT/CEO DIRECTLY BY THE BOARD CHAIRPERSON EACH YEAR.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REQUESTS FOR THE FOLLOWING DOCUMENTS CAN BE SENT TO: EXECUTIVE ASSISTANT COMMUNITY FOUNDAT ION FOR THE FOX VALLEY REGION, INC. 4455 W. LAWRENCE ST. APPLETON, WI 54914 -APPLICATION F OR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3)(FORM 1023) -IRS DETERMINATION LETTER -ARTICLES AND BY-LAWS -CONFLICT OF INTEREST POLICY THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC. (SUPPORTED ORGANIZATION) PUBLISHES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT AND COMPETITIVE GRANT GUIDELINES ON ITS WEBSITE AT WWW.CFFOXVALLEY.ORG.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	97002	392
SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service	izations and Unrelated Partnerships Inswered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ► Attach to Form 990. <u>/Form990</u> for instructions and the latest information.								OMB No. 1545-0047  2020  Open to Public Inspection					
Name of the organization COMMUNITY FOUNDATION FOR THE REGION INC	FOX VALLEY									loyer identif 548450	ication			
Part I Identification	of Disregarded E	<b>ntities.</b> Complete if	the orga	nization ansv	vered "Ye	s" on Forn	n 990, Part	IV, line 3		340430				
(a)  Name, address, and EIN (if applicable) of disregarded entity				( <b>b)</b> Primary a		(c) Legal domicile (state or foreign country)		(d) Total income		(e) e End-of-year assets		<b>(f</b> Direct co ent		
	of Related Tax-Ex npt organizations di		<b>s.</b> Compl	ete if the org	ganization	answered	l "Yes" on I	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more	
See Additional Data Table  (a)  Name, address, and EIN of related organization		ion	Prim	<b>(b)</b> ary activity			(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity		Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Peduction Ac	t Nation and the To-	atuustiana fan Es	00			at No. 5017	DEV.				C al-	adula P (Form	900) 30	20

		(b)	1		1	1				1			
(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or Pe ging ov	(k) rcenta vnersl
					314)			Yes	No		Yes	No	
<b>Identification of Related Orga</b> because it had one or more relate						l ization ans	L wered "Ye:	l s" on F	orm 9	I 990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreigi				(e) be of entity orp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end year assets		-of- (h) Percentage ownership		Section (13)	(i) on 5 cont ntity
		со	untry)									Yes	\$
													+
													+
													+
													+
				1									

Schedule R (Form 990) 2020								
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ſ	i İ						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b Ye	s					
c Gift, grant, or capital contribution from related organization(s)		1c Ye	s					
d Loans or loan guarantees to or for related organization(s)	•	<b>1</b> d	No					
e Loans or loan guarantees by related organization(s)		1e	No					
f Dividends from related organization(s)		1f	No					
g Sale of assets to related organization(s)		<b>1</b> g	No					
h Purchase of assets from related organization(s)		1h	No					
i Exchange of assets with related organization(s)		1i	No					
j Lease of facilities, equipment, or other assets to related organization(s)		1j	No					
L. Longo of facilities, equipment, or other appets from related organization(c)		1k Va						

g Sale of assets to related organization(s).	-9		'''
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No															
							-			Schedul	e R (Form	990	0) 2020														

Schedule R (Form 990) 2020										
Part VII	Supplemental Info	upplemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation								

Software ID:

**Software Version:** 

**EIN:** 39-1548450

Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY

REGION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations
(a) (b)

Form 990, Schedule R, Part II - Identification of Related			1	1	1		_
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)( contr enti	n 512 13) olled
						Yes	No
4455 W LAWRENCE ST APPLETON, WI 54914 39-1869271	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 39-6074258	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 82-0566250	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
122 E COLLEGE AVE SUITE 1-B APPLETON, WI 54911 39-1866090	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 20-0875816	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 39-1649245	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 20-3096562	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 20-3896774	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No
4455 W LAWRENCE ST APPLETON, WI 54914 81-2176525	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	12-1	CFFVR INC		No