

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC
D Employer identification number: 39-1548450
E Telephone number: 920-830-1290
G Gross receipts \$: 254,332,120.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.CFFOXVALLEY.ORG
K Form of organization:
L Year of formation: 1986
M State of legal domicile: WI

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
Signature of officer: Michelle Weber, Chief Financial Officer
Date: 11/12/2024
Preparer: MICHAEL VANDENHOGEN
Date: 11/12/24
Firm: CLIFTONLARSONALLEN LLP
Address: 200 EAST WASHINGTON STREET, APPLETON, WI 54911-5481

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE STRENGTHEN OUR COMMUNITY FOR CURRENT AND FUTURE GENERATIONS BY HELPING PEOPLE MAKE A DIFFERENCE IN THE LIVES OF ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 25,737,159. including grants of \$ 23,707,971.) (Revenue \$ 462,581.) 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, COMMUNITY 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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,737,159.

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REGION, INC**

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Part IV Checklist of Required Schedules

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

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

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Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	24
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	22			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b Enter the number of voting members included on line 1a, above, who are independent	1b	22			
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				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5				X
6 Did the organization have members or stockholders?	6		X		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?	8a		X		
b Each committee with authority to act on behalf of the governing body?	8b				X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9				X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed WI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MICHELLE WEBER - (920) 830-1290
4455 W. LAWRENCE ST., APPLETON, WI 54914

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CURT DETJEN PRESIDENT/CEO	40.00			X			317,594.	0.	69,667.	
(2) TAMMY GEENEN VP COMMUNITY ENGAGEMENT	40.00			X			136,245.	0.	23,125.	
(3) ANN ENGLEHARD VP DONOR SERVICES & GIFT PLANNING	40.00			X			148,963.	0.	4,339.	
(4) KELLY TANCK VP FINANCE (LEFT DURING 2023)	40.00			X			102,541.	0.	5,262.	
(5) MICHELLE WEBER CFO (AS OF 9/2023)	40.00			X			39,038.	0.	1,171.	
(6) BETH FLAHERTY DIRECTOR & CHAIR	2.00	X		X			0.	0.	0.	
(7) BILL GUNCKEL DIRECTOR	1.00	X					0.	0.	0.	
(8) BRENTON TEELING DIRECTOR	1.00	X					0.	0.	0.	
(9) CHRISTINE COUSINEAU DIRECTOR	1.00	X					0.	0.	0.	
(10) CHRISTINE FAULKS DIRECTOR	1.00	X					0.	0.	0.	
(11) CHUCK SELF DIRECTOR	1.00	X					0.	0.	0.	
(12) FRITZ MERIZON DIRECTOR	1.00	X					0.	0.	0.	
(13) GREG PAWLAK DIRECTOR & VICE CHAIR	2.00	X		X			0.	0.	0.	
(14) JEFF LANG DIRECTOR	1.00	X					0.	0.	0.	
(15) JIM PROSSER DIRECTOR & VICE CHAIR	2.50	X		X			0.	0.	0.	
(16) JOHN DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(17) LAURA MERONK SECRETARY & VICE CHAIR	2.00	X		X			0.	0.	0.	

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANNY VASQUEZ DIRECTOR	1.00	X						0.	0.	0.
(19) MELANIE MILLER TREASURER & VICE CHAIR	2.00	X		X				0.	0.	0.
(20) MICHELLE SCHULER DIRECTOR	1.00	X						0.	0.	0.
(21) MIKE MADER DIRECTOR	1.00	X						0.	0.	0.
(22) MIKE VAN ASTEN DIRECTOR	1.50	X						0.	0.	0.
(23) PA LEE MOUA DIRECTOR & VICE CHAIR	2.00	X		X				0.	0.	0.
(24) RAYON BROWN DIRECTOR	1.50	X						0.	0.	0.
(25) REG WYDEVEN DIRECTOR	1.50	X						0.	0.	0.
(26) SHIPRA SEEFELDT DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								744,381.	0.	103,564.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								744,381.	0.	103,564.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SILCHESTER INTERNATIONAL INVESTORS LLP 1 BRUTON STREET, , LONDON, UNITED KINGDOM	INVESTMENT MANAGEMENT	219,047.
EAGLE CAPITAL INVESTMENTS, 1345 AVENUE OF THE AMERICAS, NEW YORK, NY 10105	INVESTMENT MANAGEMENT	201,463.
CLIFTONLARSONALLEN LLP 200 E WASHINGTON ST, APPLETON, WI 54911	AUDIT AND PAYROLL SERVICES	175,391.
VULCAN INVESTMENTS LLC, 2100 SOUTHBRIDGE PKWY, , BIRMINGHAM, AL 35209	INVESTMENT MANAGEMENT	120,871.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Form 990

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)								(D) Reportable compensation from the organization (W-2/1099-MISC)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEPHANIE VRABEC DIRECTOR & VICE CHAIR	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	104,750.				
	d Related organizations	1d	353,214.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,807,803.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,777,366.				
	h Total. Add lines 1a-1f		31,265,767.				
Program Service Revenue	2 a ADMINISTRATIVE FEE INCOME FROM AG	Business Code	561000	276,930.	276,930.		
	b ADMINISTRATIVE FEE INCOME FROM SU		561000	185,651.	185,651.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			462,581.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,315,789.		-234,275.	5550064.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	217,252,007.			
			(ii) Other				
				204,146,226.	4,125.		
				13,105,781.	-4,125.		
	d Net gain or (loss)			13,101,656.		13101656.	
8 a Gross income from fundraising events (not including \$ 104,750. of contributions reported on line 1c). See Part IV, line 18	8a		34,796.				
		b Less: direct expenses	8b	42,741.			
c Net income or (loss) from fundraising events			-7,945.		-7,945.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		1,180.				
		b Less: direct expenses	9b	0.			
c Net income or (loss) from gaming activities			1,180.		1,180.		
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			50,139,028.	462,581.	-234,275.	18644955.	

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Form 990 (2023)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,439,909.	22,439,909.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,268,062.	1,268,062.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	817,243.	366,828.	361,147.	89,268.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,809,424.	988,418.	664,894.	156,112.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,283.	28,075.	21,145.	5,063.
9 Other employee benefits	269,926.	148,619.	98,300.	23,007.
10 Payroll taxes	179,185.	92,674.	69,798.	16,713.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	124,333.		124,333.	
d Lobbying	5,400.		5,400.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,405,895.		1,405,895.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	236,791.	36,770.	200,021.	
12 Advertising and promotion	120,995.	15,650.		105,345.
13 Office expenses	92,448.	68,864.	19,027.	4,557.
14 Information technology	252,583.	130,636.	98,381.	23,566.
15 Royalties				
16 Occupancy	54,396.	28,133.	21,187.	5,076.
17 Travel	29,096.	16,258.	10,357.	2,481.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,474.	3,866.	2,911.	697.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,460.	70,060.	52,762.	12,638.
23 Insurance	40,724.	21,062.	15,862.	3,800.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EDUCATION	25,643.	13,275.	9,978.	2,390.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	29,369,270.	25,737,159.	3,181,398.	450,713.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Form 990 (2023)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,026,668.	1	4,597,905.
	2 Savings and temporary cash investments	22,522.	2	23,032.
	3 Pledges and grants receivable, net	3,635,656.	3	10,604,793.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	134,308.	9	47,709.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,190,384.		
	b Less: accumulated depreciation	715,939.		
	11 Investments - publicly traded securities	1,597,010.	10c	1,474,445.
	12 Investments - other securities. See Part IV, line 11	195,941,374.	11	245,743,964.
	13 Investments - program-related. See Part IV, line 11	233,104,146.	12	235,717,515.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	791,298.	14	4,221,425.
16 Total assets. Add lines 1 through 15 (must equal line 33)	441,252,982.	15	502,430,788.	
Liabilities	17 Accounts payable and accrued expenses	1,171,406.	17	1,405,005.
	18 Grants payable	11,059,550.	18	8,257,675.
	19 Deferred revenue		19	5,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	58,034,926.	25	61,749,311.
	26 Total liabilities. Add lines 17 through 25	70,265,882.	26	71,417,491.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	366,687,279.	27	416,216,075.
	28 Net assets with donor restrictions	4,299,821.	28	14,797,222.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	370,987,100.	32	431,013,297.
33 Total liabilities and net assets/fund balances	441,252,982.	33	502,430,788.	

Form **990** (2023)

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Form 990 (2023)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,139,028.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,369,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,769,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	370,987,100.
5	Net unrealized gains (losses) on investments	5	38,358,039.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	898,400.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	431,013,297.

Part XII Financial Statements and Reporting

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

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

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

Employer identification number 39-1548450

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23210343.	30783724.	32934023.	36923487.	31265767.	155117344
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23210343.	30783724.	32934023.	36923487.	31265767.	155117344
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19575215.
6 Public support. Subtract line 5 from line 4.						135542129

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	23210343.	30783724.	32934023.	36923487.	31265767.	155117344
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5589618.	3532403.	2382422.	4708783.	5550064.	21763290.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	99,075.	-70,479.	-98,840.	-51,585.	-234,275.	-356,104.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						176524530
12 Gross receipts from related activities, etc. (see instructions)					12	2,160,466.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	76.78	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	77.61	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule A (Form 990) 2023

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule A (Form 990) 2023

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

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

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

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

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

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule A (Form 990) 2023

39-1548450 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC

Schedule A (Form 990) 2023

39-1548450 Page 8

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.)

PART II, SECTION A

YEAR 2021 IS A SIX-MONTH PERIOD.

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC

Employer identification number

39-1548450

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

Employer identification number

39-1548450

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 1,294,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 1,525,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 9,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 3,180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	[REDACTED]	\$ 851,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>991,502.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS STOCKS <hr/> <hr/> <hr/>	\$ <u>1,288,252.</u>	<u>12/20/23</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC) and Employer identification number (39-1548450)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule C (Form 990) 2023

39-1548450 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule C (Form 990) 2023

39-1548450 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,400.
j Total. Add lines 1c through 1i			5,400.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PART OF OUR FEE PAID TO VAN SCOYOC ASSOCIATES FOR PARTICIPATION IN THE "COMMUNITY FOUNDATION PUBLIC AWARENESS INITIATIVE".

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC** Employer identification number **39-1548450**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	513	754
2 Aggregate value of contributions to (during year)	16,962,295.	16,585,010.
3 Aggregate value of grants from (during year)	17,296,052.	7,415,958.
4 Aggregate value at end of year	241,226,680.	173,740,294.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule D (Form 990) 2023

39-1548450 Page 2

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,040,002.	7,477,070.	7,546,483.	5,914,332.	6,763,188.
b Contributions	6,998.	300.		200.	
c Net investment earnings, gains, and losses	861,345.	-1,142,124.	76,559.	1,930,128.	-410,800.
d Grants or scholarships					
e Other expenditures for facilities and programs	302,388.	295,244.	145,972.	298,177.	438,056.
f Administrative expenses					
g End of year balance	6,605,957.	6,040,002.	7,477,070.	7,546,483.	5,914,332.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100 %
b Permanent endowment .0000 %
c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,519,580.	329,564.	1,190,016.
d Equipment		670,804.	386,375.	284,429.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,474,445.

Schedule D (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule D (Form 990) 2023

39-1548450 Page **3**

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITIES	119,756,612.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME	29,332,434.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	24,237,874.	END-OF-YEAR MARKET VALUE
(D) VENTURE CAPITAL	59,465,077.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	2,925,518.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	235,717,515.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	60,662,595.
(3) CHARITABLE GIFT ANNUITY PAYABLE	1,086,716.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	61,749,311.

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

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

Schedule D (Form 990) 2023

39-1548450 Page 4

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART 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 PROGRAMS OF THE FOUNDATION.

PART X, LINE 2:

THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC. AND THE SUPPORTING ORGANIZATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, THE ORGANIZATIONS QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS OTHER THAN PRIVATE FOUNDATIONS. ALL OF

COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC

Schedule D (Form 990) 2023

39-1548450 Page 5

Part XIII Supplemental Information *(continued)*

THE ORGANIZATIONS ARE ALSO EXEMPT FROM WISCONSIN INCOME TAXES. HOWEVER,
THE ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON ANY UNRELATED BUSINESS
TAXABLE INCOME, PURSUANT TO SECTION 511(A).

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
--	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		22,337,891.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,063,540.
3 a Subtotal	0	0			23,401,431.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			23,401,431.

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule F (Form 990) 2023

39-1548450

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- 3** Enter total number of other organizations or entities

COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC

39-1548450

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

Schedule F (Form 990) 2023

39-1548450 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year?
2 Did the organization have an interest in a foreign trust during the tax year?
3 Did the organization have an ownership interest in a foreign corporation during the tax year?
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?
5 Did the organization have an ownership interest in a foreign partnership during the tax year?
6 Did the organization have any operations in or related to any boycotting countries during the tax year?

Schedule F (Form 990) 2023

COMMUNITY FOUNDATION FOR THE FOX VALLEY

Schedule F (Form 990) 2023

REGION, INC

39-1548450

Page 5

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.

PART I, LINE 3:

COLUMN F INCLUDES \$23,401,431 OF BOOK VALUE OF INVESTMENTS. THE ORGANIZATION FOLLOWS THE ACCRUAL METHOD OF ACCOUNTING AND ITS INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE.

THE REPORTED AMOUNT OF INVESTMENTS REPRESENTS THE COMMUNITY FOUNDATION OF THE FOX VALLEY REGION'S ALLOCATED PERCENTAGE OF THE INVESTMENTS THAT ARE LEGALLY OWNED BY THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC. AND ALLOCATED TO CERTAIN SUPPORTING ORGANIZATIONS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC**

Employer identification number
39-1548450

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule G (Form 990) 2023

39-1548450 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CELEBRATION OF GIVING	HARVEST MOON	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	73,425.	26,950.	16,595.	116,970.
	2	Less: Contributions	68,025.	22,350.	14,375.	104,750.
	3	Gross income (line 1 minus line 2)	5,400.	4,600.	2,220.	12,220.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,000.	325.		1,325.
	7	Food and beverages	11,037.	8,846.	1,950.	21,833.
	8	Entertainment	1,750.	900.		2,650.
	9	Other direct expenses	3,345.	1,674.	1,947.	6,966.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				32,774.
11	Net income summary. Subtract line 10 from line 3, column (d)				-20,554.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

Schedule G (Form 990) 2023

39-1548450 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[Empty lines for supplemental information]

COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC

Schedule G (Form 990)

39-1548450 Page 4

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC** Employer identification number
39-1548450

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
91.1 THE AVENUE P.O. BOX 2577 APPLETON, WI 54912	20-8883546	501(C)(3)	54,150.	0.			A: ARTS, CULTURE & HUMANITIES
ALS ASSOCIATION, INC., WISCONSIN CHAPTER - 3333 N. MAYFAIR RD, STE 104 - WAUWATOSA, WI 53222	39-1600965	501(C)(3)	6,510.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN CANCER SOCIETY-MIDWEST DIV. - P.O. BOX 902 - PEWAUKEE, WI 53072	13-1788491	501(C)(3)	40,591.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN HEART ASSOCIATION 2850 WORLD DAIRY DR, #130 MADISON, WI 53718	13-5613797	501(C)(3)	32,142.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN RED CROSS IN NORTHEAST WI 2905 UNIVERSAL ST. STE. LL5 OSHKOSH, WI 54904-6341	53-0196605	501(C)(3)	48,610.	0.			M: PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
APPLETON A BETTER CHANCE P.O. BOX 424 APPLETON, WI 54912-0424	39-1099679	501(C)(3)	11,636.	0.			B: EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **364.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLETON ALLIANCE CHURCH 2693 W. GRAND CHUTE BLVD. APPLETON, WI 54913-9617	39-1345185	501(C)(3)	22,914.	0.			X: RELIGION-RELATED
APPLETON AREA SCHOOL DISTRICT P.O. BOX 2019 APPLETON, WI 54912-2019	39-6000710	GOVERNMENT	24,628.	0.			B: EDUCATION
APPLETON CEMETERY ASSOCIATION 714 N OWAISSA ST. APPLETON, WI 54911	39-0133770	501(C)(13)	9,460.	0.			Y: MUTUAL/MEMBERSHIP BENEFITS
APPLETON COMMUNITY MUSIC 120 N. MORRISON ST. STE. 200 APPLETON, WI 54911-5472	82-4672452	501(C)(3)	30,200.	0.			A: ARTS, CULTURE & HUMANITIES
APPLETON EDUCATION FOUNDATION 122 E. COLLEGE AVE. STE. 1B APPLETON, WI 54911-5741	39-1866090	501(C)(3)	18,863.	0.			PHILANTHROPY
APRICITY 1010 STROHMEYER DR. NEENAH, WI 54956-1980	39-1229161	501(C)(3)	40,575.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
ASA'S ANGELS OF HOPE 6656 NORTH RIDGE RD. MADISON, OH 44057	45-5173923	501(C)(3)	10,000.	0.			X: RELIGION-RELATED
ATLAS SCIENCE CENTER 425 W. WATER STREET APPLETON, WI 54911	39-1861890	501(C)(3)	57,950.	0.			A: ARTS, CULTURE & HUMANITIES
ATTIC THEATRE P.O. BOX 41 APPLETON, WI 54912	39-0993864	501(C)(3)	10,690.	0.			A: ARTS, CULTURE & HUMANITIES

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BALLET THEATRE OF OHIO 265 N. MAIN ST. STE. 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	25,000.	0.			A: ARTS, CULTURE & HUMANITIES
BASIC NEEDS GIVING PARTNERSHIP, INC. - 340 N BROADWAY, STE. 400 - GREEN BAY, WI 54303	88-1888411	501(C)(3)	1,319,143.	0.			P: HUMAN SERVICES
BAY-LAKES COUNCIL BOY SCOUTS OF AMERICA - P.O. BOX 267 - APPLETON, WI 54912	39-1184320	501(C)(3)	12,076.	0.			O: YOUTH DEVELOPMENT
BEAMING INC. P.O. BOX 524 NEENAH, WI 54957	20-1797140	501(C)(3)	19,842.	0.			D: ANIMAL-RELATED
BELLIN COLLEGE BURSAR'S OFFICE, 3201 EATON RD GREEN BAY, WI 54311-6830	39-1620530	501(C)(3)	107,000.	0.			B: EDUCATION
BERGSTROM-MAHLER MUSEUM OF GLASS 165 N. PARK AVE. NEENAH, WI 54956-2956	39-0958257	501(C)(3)	27,566.	0.			A: ARTS, CULTURE & HUMANITIES
BETHANY HOME, INC. 1226 BERLIN ST. WAUPACA, WI 54981-1991	39-0868849	501(C)(3)	7,500.	0.			E: HEALTH CARE
BIG BROTHERS BIG SISTERS OF EAST CENTRAL WISCONSIN - 1331 AMERICAN DRIVE - NEENAH, WI 54956	39-6103907	501(C)(3)	38,957.	0.			O: YOUTH DEVELOPMENT
BIG BROTHERS BIG SISTERS OF NORTHEAST WISCONSIN - 520 N. BROADWAY STE. 220 - GREEN BAY, WI 54303-3417	39-1274696	501(C)(3)	13,100.	0.			O: YOUTH DEVELOPMENT

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BIRCH CREEK MUSIC PERFORMANCE CENTER - P.O. BOX 230 - EGG HARBOR, WI 54209-0230	36-3032002	501(C)(3)	10,000.	0.			A: ARTS, CULTURE & HUMANITIES
BOOMARTS 1097 LAUREL CT. NEENAH, WI 54956	39-1763871	501(C)(3)	10,250.	0.			A: ARTS, CULTURE & HUMANITIES
BOYS & GIRLS BRIGADE ASSOCIATION 109 W. COLUMBIAN AVE. NEENAH, WI 54956-3017	39-0813396	501(C)(3)	105,618.	0.			O: YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF OSHKOSH 501 E. PARKWAY AVE. OSHKOSH, WI 54901	39-6120658	501(C)(3)	12,700.	0.			O: YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE TRI-COUNTY AREA - P.O. BOX 254 - BERLIN, WI 54923-0254	82-0721270	501(C)(3)	15,000.	0.			O: YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF THE BAY & LAKES REGION - 1451 UNIVERSITY AVE. - GREEN BAY, WI 54302-1826	39-6102943	501(C)(3)	167,612.	0.			N: RECREATION & SPORTS
BOYS & GIRLS CLUBS OF THE FOX VALLEY - 160 S. BADGER AVE. - APPLETON, WI 54914-5280	39-1225709	501(C)(3)	139,014.	0.			O: YOUTH DEVELOPMENT
BRIANNA LAWSON FOUNDATION INC 6009 SE WALKERS CAY CT. STUART, FL 34997	47-2745348	501(C)(3)	50,000.	0.			B: EDUCATION
BRIDGE THE GAP FOR AUTISM-SHAWANO 1415 E. GREEN BAY ST. STE. 111 SHAWANO, WI 54166-3880	26-1377517	501(C)(3)	6,400.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES

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BRILLION COMMUNITY CHURCH P.O. BOX 98 BRILLION, WI 54110-0098	39-1556976	501(C)(3)	50,000.	0.			X: RELIGION-RELATED
BROWN COUNTY CHAPTER OF THE ARMITAGE INC, DBA HORTONVILLE CIVIC ASSOC - 300 S. NASH ST. - HORTONVILLE, WI 54944	39-1825947	501(C)(3)	15,500.	0.			J: EMPLOYMENT, JOB RELATED
BROWN COUNTY PARKS DEPARTMENT P.O. BOX 23600 GREEN BAY, WI 54305-3600	39-6005671	GOVERNMENT	500,000.	0.			N: RECREATION & SPORTS
CALUMET COUNTY - LEDGE VIEW NATURE CENTER - W2348 SHORT RD - CHILTON, WI 53014	39-6005676	GOVERNMENT	18,000.	0.			C: ENVIRONMENT
CAP SERVICES 821 E. 1ST AVE. STE. 3 APPLETON, WI 54911-1586	39-1080897	501(C)(3)	14,868.	0.			L: HOUSING & SHELTER
CASA HISPANA 1475 OPPORTUNITY WAY MENASHA, WI 54952	02-0569981	501(C)(3)	10,500.	0.			B: EDUCATION
CASA LAKE COUNTY INC 700 FOREST EDGE DR VERNON HILLS, IL 60061	36-3916143	501(C)(3)	45,219.	0.			I: CRIME & LEGAL-RELATED
CASA OF THE FOX CITIES 1500 N. CASALOMA DR. STE. 200 APPLETON, WI 54913-8220	46-0740362	501(C)(3)	37,015.	0.			I: CRIME & LEGAL-RELATED
CATALPA HEALTH, INC. 4635 W. COLLEGE AVE. APPLETON, WI 54914-8507	45-4681563	501(C)(3)	110,882.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES

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CATHOLIC DIOCESE OF GREEN BAY P.O. BOX 23825 GREEN BAY, WI 54305	39-6048398	501(C)(3)	5,400.	0.			X: RELIGION-RELATED
CATHOLIC FOUNDATION FOR THE DIOCESE OF GREEN BAY - P.O. BOX 22128 - GREEN BAY, WI 54305-2128	39-1924921	501(C)(3)	402,390.	0.			X: RELIGION-RELATED
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	6,300.	0.			X: RELIGION-RELATED
CELEBRATION LUTHERAN SCHOOL OF APPLETON - 3100 E. EVERGREEN DR. - APPLETON, WI 54913-9206	27-0493434	501(C)(3)	14,716.	0.			B: EDUCATION
CEREBRAL PALSY INC 2801 S. WEBSTER AVE. GREEN BAY, WI 54301-2878	39-0901265	501(C)(3)	5,950.	0.			O: YOUTH DEVELOPMENT
CHAIN-O-LAKES WATER SKI CLUB INC P.O. BOX 185 KING, WI 54946	39-1551617	501(C)(3)	5,100.	0.			W: PUBLIC & SOCIETAL BENEFIT
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LN. STE. 375 - ALEXANDRIA, VA 22314-2848	43-1634280	501(C)(3)	43,536.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS
CHILD CARE RESOURCE AND REFERRAL 1001 W. KENNEDY AVE. STE. A KIMBERLY, WI 54136-2203	39-1606155	501(C)(3)	12,500.	0.			P: HUMAN SERVICES
CHILDCARE WORLDWIDE P.O. BOX 113 LYNDEN, WA 98264	95-3619910	501(C)(3)	19,384.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS

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CHILDREN'S CANCER FAMILY FOUNDATION OF NORTHEAST WISCONSIN - C/O AMAZING EVENTS, N282 STONEY BROOK ROAD, SUITE D - APPLETON, WI	81-2134490	501(C)(3)	10,750.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC - CCC 220, PO BOX 1997 - MILWAUKEE, WI 53201-1997	39-1500075	501(C)(3)	207,307.	0.			E: HEALTH CARE
CHILTON PUBLIC LIBRARY 221 PARK STREET CHILTON, WI 53014	39-6005413	GOVERNMENT	37,445.	0.			B: EDUCATION
CHIPPEWA COUNTY HISTORICAL SOCIETY 123 ALLEN ST. CHIPPEWA FALLS, WI 54729-2802	23-7108082	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
CHRIST CHILD ACADEMY 2722 HENRY ST. SHEBOYGAN, WI 53081	39-1557915	501(C)(3)	79,498.	0.			B: EDUCATION
CHRIST THE ROCK COMMUNITY CHURCH W6254 US HIGHWAY 10 114 MENASHA, WI 54952-9638	39-1500205	501(C)(3)	43,800.	0.			X: RELIGION-RELATED
CHRISTINE ANN DOMESTIC ABUSE SERVICES, INC - 206 ALGOMA BLVD - OSHKOSH, WI 54091	39-1441770	501(C)(3)	315,901.	0.			P: HUMAN SERVICES
CIRCLE URBAN MINISTRIES 118 N. CENTRAL AVE. CHICAGO, IL 60644	36-3136997	501(C)(3)	45,219.	0.			J: EMPLOYMENT, JOB RELATED
CITY OF APPLETON 100 N. APPLETON ST. APPLETON, WI 54911-4702	39-6005381	GOVERNMENT	71,694.	0.			W: PUBLIC & SOCIETAL BENEFIT

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CITY OF KAUKAUNA 144 W. 2ND ST. KAUKAUNA, WI 54130-2406	39-6005479	GOVERNMENT	62,771.	0.			W: PUBLIC & SOCIETAL BENEFIT
CITY OF MENASHA 100 MAIN ST. STE. 200 MENASHA, WI 54952-3287	39-6005525	GOVERNMENT	9,265.	0.			W: PUBLIC & SOCIETAL BENEFIT
CITY OF WAUPACA 111 S. MAIN ST. WAUPACA, WI 54981-1521	39-6005644	GOVERNMENT	66,647.	0.			W: PUBLIC & SOCIETAL BENEFIT
CITY OF WAUPACA PARKS AND RECREATION - 407 SCHOOL ST. - WAUPACA, WI 54981-1800	39-0665644	GOVERNMENT	7,500.	0.			N: RECREATION & SPORTS
CLEVELAND KIDS' BOOK BANK 3635 PERKINS AVE. CLEVELAND, OH 44114-4606	47-5553602	501(C)(3)	25,000.	0.			B: EDUCATION
CLINTONVILLE PUBLIC SCHOOL DISTRICT - 45 W. GREEN TREE RD. - CLINTONVILLE, WI 54929	39-6008413	GOVERNMENT	6,613.	0.			B: EDUCATION
COATS FOR KIDS CLEVELAND 3660 CENTER RD., #367 BRUNSWICK, OH 44212	34-1804606	501(C)(3)	25,000.	0.			P: HUMAN SERVICES
COLORBOLD BUSINESS ASSOCIATION, INC. - 1120 MARSHALL AVE - GREEN BAY, WI 54303	87-2504516	501(C)(3)	6,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
COMMUNITY BENEFIT TREE P.O. BOX 348 KAUKAUNA, WI 54130-0348	20-0839777	501(C)(3)	34,000.	0.			P: HUMAN SERVICES

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COMMUNITY CHURCH OF APPLETON 3701 N. GILLETT ST. APPLETON, WI 54914-6914	39-1712990	501(C)(3)	25,893.	0.			X: RELIGION-RELATED
COMMUNITY CLOTHES CLOSET 1465B OPPORTUNITY WAY MENASHA, WI 54952-1293	39-1394270	501(C)(3)	98,533.	0.			P: HUMAN SERVICES
COMMUNITY EARLY LEARNING CENTER OF THE FOX VALLEY - 313 S. STATE ST. - APPLETON, WI 54911-5929	47-1117143	501(C)(3)	84,000.	0.			P: HUMAN SERVICES
CONGREGATIONAL UNITED CHURCH OF CHRIST NEENAH/MENASHA - 1511 NICOLET BLVD. - NEENAH, WI 54956-2983	39-1017515	501(C)(3)	11,350.	0.			X: RELIGION-RELATED
CORPUS CHRISTI SCHOOL 5530 HOGUE RD. EVANSVILLE, IN 47712-3218	35-1089895	501(C)(3)	25,000.	0.			B: EDUCATION
COTS 819 S. WEST AVE. APPLETON, WI 54915-2392	39-1913179	501(C)(3)	54,387.	0.			L: HOUSING & SHELTER
COVENANT LIFE PRESBYTERIAN CHURCH 1415 E. GREEN BAY ST. STE. 121B SHAWANO, WI 54166-3880	39-6165903	501(C)(3)	6,850.	0.			X: RELIGION-RELATED
CRE8LAB 1131 S. COMMERCIAL ST. NEENAH, WI 54956	83-2258890	501(C)(3)	5,029.	0.			B: EDUCATION
CREATIVE DOWNTOWN APPLETON 333 W. COLLEGE AVE., STE. 100 APPLETON, WI 54911-5862	47-1568601	501(C)(3)	11,054.	0.			A: ARTS, CULTURE & HUMANITIES

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CROSS CATHOLIC OUTREACH P.O. BOX 97168 WASHINGTON, DC 20090-7168	65-1156061	501(C)(3)	5,500.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS
CROSSFIRE RANCH N8540 COUNTY RD. N. MENASHA, WI 54952-9649	46-1901379	501(C)(3)	7,000.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
CRU/CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR. # 3600 ORLANDO, FL 32832-0100	95-6006173	501(C)(3)	6,621.	0.			X: RELIGION-RELATED
DAIRY CARES OF WISCONSIN, INC. N3569 VANDEN BOSCH RD. KAUKAUNA, WI 54130-7648	46-0576746	501(C)(3)	7,500.	0.			T: PHILANTHROPY, VOLUNTARISM
DAMASCUS ROAD PROJECT INC. 404 N. MAIN ST. SUITE 103 OSHKOSH, WI 54401	81-3061105	501(C)(3)	5,250.	0.			P: HUMAN SERVICES
DAY BY DAY SHELTER, INC 420 CEAPE AVE. OSHKOSH, WI 54901	27-5557420	501(C)(3)	132,500.	0.			L: HOUSING & SHELTER
DICKINSON ELEMENTARY SCHOOL 435 S. WASHINGTON ST. DE PERE, WI 54115	39-6001687	GOVERNMENT	7,500.	0.			B: EDUCATION
DOCTORS WITHOUT BORDERS USA P.O. BOX 5023 HAGERSTOWN, MD 21741-5023	13-3433452	501(C)(3)	8,600.	0.			M: PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
DOGS TO DOG TAGS INC N4717 COUNTY ROAD M PLYMOUTH, WI 53073	81-1965062	501(C)(3)	15,000.	0.			D: ANIMAL-RELATED

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DOOR COUNTY COMMUNITY FOUNDATION, INC. - 222 N. 3RD AVE. - STURGEON BAY, WI 54235-2418	39-1980685	501(C)(3)	101,000.	0.			T: PHILANTHROPY, VOLUNTARISM
DOOR COUNTY HISTORICAL SOCIETY P.O. BOX 71 STURGEON BAY, WI 54235	39-6075654	501(C)(3)	500,000.	0.			A: ARTS, CULTURE & HUMANITIES
DOOR COUNTY MARITIME MUSEUM & LIGHTHOUSE PRESERVATION SOCIETY - 120 N. MADISON AVE. - STURGEON BAY, WI 54235-3416	23-7054730	501(C)(3)	150,000.	0.			A: ARTS, CULTURE & HUMANITIES
DOTY ISLAND DEVELOPMENT COUNCIL 181 E. NORTH WATER ST. NEENAH, WI 54956	39-1775189	501(C)(3)	5,210.	0.			B: EDUCATION
DYSLEXIA READING CONNECTION, INC. 2935 N. BALLARD RD. # 1 APPLETON, WI 54911-8705	46-3735471	501(C)(3)	25,893.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
EASTSHORE HUMANE ASSOCIATION 1100 PARK ST. CHILTON, WI 53014	39-1565423	501(C)(3)	13,089.	0.			D: ANIMAL-RELATED
EMPOWERED TUTORING 2631 N. MEADE ST. STE 203 APPLETON, WI 54911	81-1074848	501(C)(3)	18,025.	0.			B: EDUCATION
ENGAGE BURKINA 3522 HIRAM ACWORTH HWY. DALLAS, GA 30157	45-5352308	501(C)(3)	19,000.	0.			P: HUMAN SERVICES
EQUIPPING CHURCH LEADERS EAST AFRICA INC (ECLEA) - 714 S. SUMMIT ST. - APPLETON, WI 54914	92-1151241	501(C)(3)	20,389.	0.			X: RELIGION-RELATED

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EUCLID HUNGER CENTER P.O. BOX 23554 EUCLID, OH 44123-0554	03-0437038	501(C)(3)	25,000.	0.			L: HOUSING & SHELTER
EVERGREEN FOUNDATION 1130 N. WESTFIELD ST. OSHKOSH, WI 54902-3217	39-1388991	501(C)(3)	6,000.	0.			T: PHILANTHROPY, VOLUNTARISM
EXCEPTIONAL EQUESTRIANS 1130 ORLANDO DRIVE DE PERE, WI 54115	39-1959653	501(C)(3)	17,000.	0.			E: HEALTH CARE
EXPLORE CHILDRENS MUSEUM OF SUN PRAIRIE - 1433 W MAIN ST - SUN PRAIRIE, WI 53590	84-3703166	501(C)(3)	10,000.	0.			A: ARTS, CULTURE & HUMANITIES
FAIRPORT HARBOR HISTORICAL SOCIETY 129 2ND ST. FAIRPORT HARBOR, OH 44077-5816	34-6554830	501(C)(3)	35,000.	0.			A: ARTS, CULTURE & HUMANITIES
FAITH LUTHERAN CHURCH - APPLETON 601 E. GLENDALE AVE. APPLETON, WI 54911-2944	39-1027724	501(C)(3)	23,700.	0.			X: RELIGION-RELATED
FAMILY LIFE - CRU 100 LAKE HART DR. # 3600 ORLANDO, FL 32832	20-5340940	501(C)(3)	14,500.	0.			X: RELIGION-RELATED
FAMILY SERVICES OF NORTHEAST WISCONSIN, INC. - P.O. BOX 22308 - GREEN BAY, WI 54305-2308	39-0827320	501(C)(3)	8,500.	0.			P: HUMAN SERVICES
FATHER CARR'S PLACE 2B 1062 N. KOELLER ST. OSHKOSH, WI 54902	39-1334342	501(C)(3)	14,000.	0.			P: HUMAN SERVICES

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FC ENVIRONMENTAL LEARNING CAMPUS/BUBOLZ NATURE PRESERVE - 4815 N. LYNNDALE DR. - APPLETON, WI 54913-9665	23-7120877	501(C)(3)	33,500.	0.			C: ENVIRONMENT
FEEDING AMERICA EASTERN WISCONSIN - FOX VALLEY - 2911 W. EVERGREEN DR. - APPLETON, WI 54913-9202	39-1384593	501(C)(3)	106,450.	0.			K: FOOD, AGRICULTURE & NUTRITION
FIRST 5 FOX VALLEY 1001 W. KENNEDY AVE. SUITE C KIMBERLY, WI 54136-2203	85-3772281	501(C)(3)	7,800.	0.			P: HUMAN SERVICES
FIRST CONGREGATIONAL UCC (APPLETON) - 724 E. SOUTH RIVER ST. - APPLETON, WI 54915-2257	39-0816821	501(C)(3)	79,380.	0.			X: RELIGION-RELATED
FIRST UNITED METHODIST CHURCH OF APPLETON - 325 E. FRANKLIN ST. - APPLETON, WI 54911-5476	39-0943395	501(C)(3)	10,603.	0.			X: RELIGION-RELATED
FISHER HOUSE FOUNDATION, INC 12300 TWINBROOK PKWY, #410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	55,644.	0.			E: HEALTH CARE
FOUNDATIONS FOR LIVING, INC. 1421 CHURCHILL ST. WAUPACA, WI 54981	27-4017294	501(C)(3)	9,200.	0.			L: HOUSING & SHELTER
FOUNDATIONS HEALTH AND WHOLENESS, INC. - 1061 W. MASON ST. - GREEN BAY, WI 54303-1858	39-1047205	501(C)(3)	20,000.	0.			P: HUMAN SERVICES
FOX CITIES CHAMBER FOUNDATION 125 N. SUPERIOR ST. APPLETON, WI 54911-4728	39-1419431	501(C)(3)	13,946.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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FOX CITIES PERFORMING ARTS CENTER 400 W. COLLEGE AVE. APPLETON, WI 54911-5831	39-1977839	501(C)(3)	231,243.	0.			A: ARTS, CULTURE & HUMANITIES
FOX RIVER NAVIGATIONAL SYSTEM AUTHORITY - 1008 AUGUSTINE ST. - KAUKAUNA, WI 54130-1608	86-1113736	GOVERNMENT	150,000.	0.			C: ENVIRONMENT
FOX VALLEY HUMANE ASSOCIATION N115 TWO MILE RD. APPLETON, WI 54914-9121	39-0992559	501(C)(3)	186,391.	0.			D: ANIMAL-RELATED
FOX VALLEY LITERACY COUNCIL 130 E. FRANKLIN ST. APPLETON, WI 54911-5489	39-1682277	501(C)(3)	73,741.	0.			W: PUBLIC & SOCIETAL BENEFIT
FOX VALLEY LUTHERAN HIGH SCHOOL 5300 N. MEADE ST. APPLETON, WI 54913-8383	39-0988994	501(C)(3)	29,517.	0.			B: EDUCATION
FOX VALLEY MEMORY PROJECT 1800 APPLETON RD. MENASHA, WI 54952-3727	82-3556549	501(C)(3)	42,472.	0.			P: HUMAN SERVICES
FOX VALLEY SYMPHONY ORCHESTRA ASSOCIATION - 54 PARK PLACE #200 - APPLETON, WI 54914	39-1089489	501(C)(3)	50,136.	0.			A: ARTS, CULTURE & HUMANITIES
FOX VALLEY TECHNICAL COLLEGE - APPLETON - P.O. BOX 2277 - APPLETON, WI 54912-2277	39-1087276	GOVERNMENT	43,700.	0.			B: EDUCATION
FOX VALLEY TECHNICAL COLLEGE FOUNDATION - P.O. BOX 2277 - APPLETON, WI 54912-2277	39-1264389	501(C)(3)	72,261.	0.			B: EDUCATION

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FOX VALLEY VETERANS COUNCIL 2 N. SYSTEMS DR. APPLETON, WI 54914-1656	27-1009699	501(C)(3)	12,693.	0.			W: PUBLIC & SOCIETAL BENEFIT
FRESH MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DR. - SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	30,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
FRIENDS OF APPLETON LIBRARY INCORPORATED - P.O. BOX 1971 - APPLETON, WI 54912-1971	39-1550376	501(C)(3)	398,131.	0.			B: EDUCATION
FRIENDS OF GRIGNON MANSION P.O. BOX 341 KAUKAUNA, WI 54130-0341	46-4305132	501(C)(3)	60,000.	0.			A: ARTS, CULTURE & HUMANITIES
FRIENDS OF HARTMAN CREEK COOPERATING ASSOCIATION, INC. - N2480 HARTMAN CREEK RD. - WAUPACA, WI 54981-9509	39-1557227	501(C)(3)	6,230.	0.			N: RECREATION & SPORTS
FRIENDS OF HEARTHSTONE P.O. BOX 1777 APPLETON, WI 54912-1777	39-1579731	501(C)(3)	85,387.	0.			A: ARTS, CULTURE & HUMANITIES
FRIENDS OF HIGH CLIFF STATE PARK N7630 STATE PARK RD. SHERWOOD, WI 54169-9615	39-1911880	501(C)(3)	36,820.	0.			C: ENVIRONMENT
FRIENDS OF MOSQUITO HILL N3880 ROGERS RD. NEW LONDON, WI 54961-9104	23-7169292	501(C)(3)	5,787.	0.			B: EDUCATION
FRIENDS OF THE ENDRIES PERFORMING ARTS CENTER - P.O. BOX 122 - BRILLION, WI 54110-0122	83-4457204	501(C)(3)	9,450.	0.			A: ARTS, CULTURE & HUMANITIES

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FRIENDS OF WISCONSIN PUBLIC TELEVISION - 821 UNIVERSITY AVE. NO 1076 - MADISON, WI 53706-1497	23-7300462	501(C)(3)	45,445.	0.			T: PHILANTHROPY, VOLUNTARISM
FUTURE NEENAH 135 W. WISCONSIN AVE. NEENAH, WI 54956-3011	93-0843731	501(C)(3)	20,949.	0.			C: ENVIRONMENT
GATHERING WATERS 211 S. PATERSON ST. STE. 270 MADISON, WI 53703-4538	39-1805090	501(C)(3)	5,500.	0.			C: ENVIRONMENT
GIRL SCOUTS OF MANITOU COUNCIL 5212 WINDWARD CT. SHEBOYGAN, WI 53083-6051	39-0920672	501(C)(3)	20,000.	0.			O: YOUTH DEVELOPMENT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 NORTH LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	25,326.	0.			O: YOUTH DEVELOPMENT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 NORTH LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	25,326.	0.			O: YOUTH DEVELOPMENT
GLORIA DEI LUTHERAN CHURCH 1140 TULLAR RD. NEENAH, WI 54956-4425	39-1092362	501(C)(3)	7,200.	0.			X: RELIGION-RELATED
GOLD CROSS AMBULANCE SERVICE 1050 WITTMANN DR. MENASHA, WI 54952	39-1702433	501(C)(3)	42,519.	0.			E: HEALTH CARE
GOLDEN HOUSE PO BOX 727 GREEN BAY, WI 54305	39-1342659	501(C)(3)	207,000.	0.			P: HUMAN SERVICES

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GOOD SHEPHERD PARISH 62 E. MAIN ST. CHILTON, WI 53014-1428	39-0860456	501(C)(3)	200,000.	0.			X: RELIGION-RELATED
GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN - 1800 APPLETON RD. - MENASHA, WI 54952-3727	39-1144913	501(C)(3)	29,954.	0.			C: ENVIRONMENT
GRACE COMMUNITY CHURCH 4080 LAKEWOOD RANCH BLVD N LAKEWOOD RANCH, FL 34240	35-2388990	501(C)(3)	6,000.	0.			X: RELIGION-RELATED
GRACEWORKS MINISTRIES 104 SOUTHEAST PKWY., STE100 FRANKLIN, TN 37064-3969	62-1584204	501(C)(3)	7,250.	0.			P: HUMAN SERVICES
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL. CHICAGO, IL 60632-3920	36-2971864	501(C)(3)	84,785.	0.			K: FOOD, AGRICULTURE & NUTRITION
GREATER FOX CITIES AREA HABITAT FOR HUMANITY - 921 MIDWAY RD. - MENASHA, WI 54952-1113	39-1742974	501(C)(3)	327,879.	0.			X: RELIGION-RELATED
GREATER GREEN BAY COMMUNITY FOUNDATION - 400 S. WASHINGTON ST. - GREEN BAY, WI 54301-4217	39-1699966	501(C)(3)	30,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GROW FOUNDATION P.O. BOX 171 BRILLION, WI 54110-0171	20-8964359	501(C)(3)	12,437.	0.			W: PUBLIC & SOCIETAL BENEFIT
GUIDING LIGHT 255 DIVISION AVE. S. GRAND RAPIDS, MI 49503	38-2638465	501(C)(3)	30,000.	0.			X: RELIGION-RELATED

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HANDS ON DECK 1031 12TH AVE. GREEN BAY, WI 54304-2633	81-2891726	501(C)(3)	10,000.	0.			O: YOUTH DEVELOPMENT
HARBOR HOUSE DOMESTIC ABUSE PROGRAMS - 720 W. 5TH ST. - APPLETON, WI 54914-5368	39-1870927	501(C)(3)	71,065.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
HATTEN STADIUM FOUNDATION, INC. N3743 PINE RIDGE DR. NEW LONDON, WI 54961-8634	27-3695014	501(C)(3)	25,000.	0.			B: EDUCATION
HEALTH BRIDGES INTERNATIONAL P.O. BOX 8813 PORTLAND, OR 97207-8813	20-3681041	501(C)(3)	7,950.	0.			P: HUMAN SERVICES
HECKRODT WETLAND RESERVE 1305 PLANK RD. MENASHA, WI 54952-2919	39-1838222	501(C)(3)	463,860.	0.			C: ENVIRONMENT
HELIOS HEURISTIC, INC. 1622 S. JEFFERSON ST. APPLETON, WI 54915	87-4733490	501(C)(3)	25,000.	0.			P: HUMAN SERVICES
HERITAGE HILL CORPORATION 2640 WEBSTER AVENUE GREEN BAY, WI 54301	39-1262825	501(C)(3)	16,000.	0.			W: PUBLIC & SOCIETAL BENEFIT
HIDDEN TREASURES THRIFT SHOPPE 361 S. MAIN ST, BRILLION, WI 54110	27-0364861	501(C)(3)	115,000.	0.			P: HUMAN SERVICES
HIGH CLIFF HARBOR COMMISSION INC. W5089 FOX LN. SHERWOOD, WI 54169	45-5600159	501(C)(3)	10,000.	0.			N: RECREATION & SPORTS

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HISTORY MUSEUM AT THE CASTLE 330 E. COLLEGE AVE. APPLETON, WI 54911-5715	39-1298304	501(C)(3)	107,877.	0.			A: ARTS, CULTURE & HUMANITIES
HOLY CROSS PARISH 112 W. 8TH ST. KAUKAUNA, WI 54130	39-0807048	501(C)(3)	37,868.	0.			X: RELIGION-RELATED
HOLY FAMILY PARISH 1100 W. RYAN ST. BRILLION, WI 54110-1074	39-0806809	501(C)(3)	253,493.	0.			X: RELIGION-RELATED
HOPE CLINIC AND CARE CENTER, INC. 1814 APPLETON RD. MENASHA, WI 54952	47-3031346	501(C)(3)	25,000.	0.			P: HUMAN SERVICES
HOPE HOUSE OF MANITOWOC COUNTY 1000 S. 35TH ST. MANITOWOC, WI 54220-5414	32-0115704	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
HUMANE SOCIETY OF WAUPACA COUNTY INC. - 2293 COMMERCIAL DR. - WAUPACA, WI 54981-7821	39-1490870	501(C)(3)	11,200.	0.			D: ANIMAL-RELATED
IMPACT WISCONSIN E1758 GARFIELD LANE WAUPACA, WI 54981	92-1490774	501(C)(3)	22,500.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
INDUS OF FOX VALLEY 3000 E. APPLE HILL BLVD. APPLETON, WI 54913-7921	33-1023766	501(C)(3)	8,000.	0.			A: ARTS, CULTURE & HUMANITIES
JAKE'S NETWORK OF HOPE 2396 INDUSTRIAL DR. NEENAH, WI 54956	46-3062817	501(C)(3)	17,595.	0.			P: HUMAN SERVICES

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JESUIT RETREAT HOUSE 4800 FAHRNWALD RD. OSHKOSH, WI 54902-7502	39-0977744	501(C)(3)	6,500.	0.			L: HOUSING & SHELTER
JUNIOR ACHIEVEMENT OF WISCONSIN 11 TRI PARK WAY APPLETON, WI 54914	39-0826295	501(C)(3)	21,506.	0.			B: EDUCATION
KESHENA ANIMAL HELP AND RESCUE, INC. - N1420 WOOD DUCK WAY - KESHENA, WI 54135-9539	13-4316416	501(C)(3)	10,000.	0.			D: ANIMAL-RELATED
KIDS FORWARD 122 WEST WASHINGTON AVE, SUITE 620 MADISON, WI 53703	39-0806301	501(C)(3)	25,000.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
KIJANA EDUCATIONAL EMPOWERMENT INITIATIVE - 516 GULF RD. - NORTH PALM BEACH, FL 33408	33-1023377	501(C)(3)	10,000.	0.			B: EDUCATION
LAKE HUMANE SOCIETY 7564 TYLER BLVD., BLDG E MENTOR, OH 44060	34-1246277	501(C)(3)	10,000.	0.			D: ANIMAL-RELATED
LAKELAND UNIVERSITY ATTN: ADVANCEMENT OFFICE; W3718 SOUTH DRIVE - PLYMOUTH, WI 53073-4878	39-0821861	501(C)(3)	36,131.	0.			B: EDUCATION
LAKESIDE PACKAGING PLUS 1040 BREEZEWOOD LN. NEENAH, WI 54956-4502	39-0991818	501(C)(3)	6,000.	0.			B: EDUCATION
LAWRENCE UNIVERSITY 711 E. BOLDT WAY SPC. 1847 APPLETON, WI 54911-5595	39-0806297	501(C)(3)	169,829.	0.			B: EDUCATION

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LEAGUE OF WOMEN VOTERS OF WISCONSIN - APPLETON - P. O. BOX 1281 - APPLETON, WI 54912-1281	23-7016090	501(C)(3)	7,040.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
LEAVEN, INC. 1475 OPPORTUNITY WAY MENASHA, WI 54952	39-1572168	501(C)(3)	163,640.	0.			P: HUMAN SERVICES
LINWOOD COMMUNITY, A MINISTRY OF FOX VALLEY LUTHERAN HOMES - 425 N LINWOOD AVE. #111 - APPLETON, WI 54914	39-1793379	501(C)(3)	16,100.	0.			L: HOUSING & SHELTER
LITTLE CHUTE AREA SCHOOL DISTRICT 1402 FREEDOM RD. LITTLE CHUTE, WI 54140-1313	39-6003096	GOVERNMENT	12,573.	0.			B: EDUCATION
LOAVES & FISHES OF THE FOX VALLEY, INC. - 213 E. WISCONSIN AVENUE - APPLETON, WI 54911	39-1974516	501(C)(3)	18,700.	0.			P: HUMAN SERVICES
LOTUS LEGAL CLINIC INC 130 W. BRUCE ST., STE 450 MILWAUKEE, WI 53204	47-5156371	501(C)(3)	25,250.	0.			I: CRIME & LEGAL-RELATED
MAKE-A-WISH FOUNDATION OF WISCONSIN - NORTHEAST WISCONSIN - 200 E. WASHINGTON ST. STE 2F - APPLETON, WI 54911-5496	39-1543541	501(C)(3)	24,782.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N. WASHINGTON ST. STE. 400 - ALEXANDRIA, VA 22314-1555	22-1905062	501(C)(3)	20,000.	0.			B: EDUCATION
MARQUETTE UNIVERSITY 1250 W. WISCONSIN AVE. MILWAUKEE, WI 53233	39-0806251	501(C)(3)	71,375.	0.			B: EDUCATION

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MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W. WISCONSIN AVE. MILWAUKEE, WI 53208-3842	39-0806826	501(C)(3)	37,000.	0.			B: EDUCATION
MATT KOLBE MEMORIAL FOUNDATION, INC. - N4003 RIVERVIEW HEIGHTS CT. - CHILTON, WI 53014	86-3210119	501(C)(3)	15,000.	0.			T: PHILANTHROPY, VOLUNTARISM
MEMORIAL PRESBYTERIAN CHURCH OF APPLETON - 803 E. COLLEGE AVE. - APPLETON, WI 54911-5619	39-6026053	501(C)(3)	63,642.	0.			X: RELIGION-RELATED
MEN OF MELCHIZEDEK INC 2050 S. CEDAR ST. STE. 330 IMLAY CITY, MI 48444-9606	83-3264579	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
MERCY SHIPS P.O. BOX 1930 GARDEN VALLEY, TX 75771	26-2414132	501(C)(3)	10,650.	0.			E: HEALTH CARE
MILWAUKEE PUBLIC LIBRARY FOUNDATION, INC. - 814 W. WISCONSIN AVE. - MILWAUKEE, WI 53233-2309	39-1610233	501(C)(3)	100,000.	0.			A: ARTS, CULTURE & HUMANITIES
MINNESOTA STATE MANKATO FOUNDATION 224 ALUMNI & FOUNDATION CENTER MANKATO, MN 56001	41-6033423	501(C)(3)	6,620.	0.			B: EDUCATION
MISSION AFIELD P.O. BOX 294 ZION, IL 60099	36-4255186	501(C)(3)	6,500.	0.			X: RELIGION-RELATED
MISSION OF HOPE HOUSE OF WISCONSIN 520 N. SHAWANO ST. NEW LONDON, WI 54961-1179	46-5464904	501(C)(3)	38,500.	0.			P: HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC FAMILY HEALTH 229 S. MORRISON ST. APPLETON, WI 54911-5725	47-3298660	501(C)(3)	176,300.	0.			E: HEALTH CARE
MT. OLIVE EVANGELICAL LUTHERAN CHURCH - 930 E. FLORIDA AVE. - APPLETON, WI 54911-1534	39-6000011	501(C)(3)	9,433.	0.			X: RELIGION-RELATED
MULTICULTURAL COALITION, INC 333 FIRST ST., STE D MENASHA, WI 54952	87-3466580	501(C)(3)	15,525.	0.			P: HUMAN SERVICES
N.E.W. MENTAL HEALTH CONNECTION, INC. - P.O. BOX 374 - APPLETON, WI 54912-0374	45-2657700	501(C)(3)	38,500.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
NAMI FOX VALLEY 211 E. FRANKLIN ST. STE. B APPLETON, WI 54911-5475	39-1545497	501(C)(3)	36,489.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - P.O. BOX 91891 - WASHINGTON, DC 20090	13-5661935	501(C)(3)	17,818.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
NATIONAL RAILROAD MUSEUM 2285 S. BROADWAY GREEN BAY, WI 54304-4832	39-6031429	501(C)(3)	180,000.	0.			A: ARTS, CULTURE & HUMANITIES
NATURAL RESOURCES FOUNDATION OF WISCONSIN - 211 S. PATERSON ST., STE 100 - MADISON, WI 53703-4530	39-1572034	501(C)(3)	10,600.	0.			C: ENVIRONMENT
NAVARINO NATURE CENTER W5646 LINDSTEN RD. SHIOCTON, WI 54170-9685	39-1558573	501(C)(3)	6,885.	0.			C: ENVIRONMENT

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NAVY SEAL FOUNDATION 1619 D ST. VIRGINIA BEACH, VA 23459	31-1728910	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
NEENAH ANIMAL SHELTER 951 COUNTY ROAD G NEENAH, WI 54956-9781	39-1030012	501(C)(3)	67,900.	0.			D: ANIMAL-RELATED
NEENAH HISTORICAL SOCIETY P.O. BOX 343 NEENAH, WI 54957-0343	39-6075872	501(C)(3)	9,449.	0.			A: ARTS, CULTURE & HUMANITIES
NEENAH-MENASHA EMERGENCY SOCIETY PO BOX 744 NEENAH, WI 54956	39-6056105	501(C)(3)	17,767.	0.			B: EDUCATION
NEIGHBORWORKS GREEN BAY 437 S. JACKSON ST. GREEN BAY, WI 54301-3909	39-1402851	501(C)(3)	28,000.	0.			L: HOUSING & SHELTER
NEW HOPE CENTER, INC PO BOX 189 CHILTON, WI 53014-0189	39-1052724	501(C)(3)	32,241.	0.			P: HUMAN SERVICES
NEW NORTH, INC. 2740 W. MASON ST. STE. BT 344 GREEN BAY, WI 54303-4966	26-0114487	501(C)(3)	7,500.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
NEWVOICES 111 W. COLLEGE AVE. 4TH FL. APPLETON, WI 54911-5781	93-0838178	501(C)(3)	5,850.	0.			A: ARTS, CULTURE & HUMANITIES
NORTHEAST WISCONSIN LAND TRUST 14 TRI PARK WAY STE. 1 APPLETON, WI 54914-6430	39-1867891	501(C)(3)	37,683.	0.			C: ENVIRONMENT

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NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION - P.O. BOX 19042 - GREEN BAY, WI 54307-9042	23-7069405	501(C)(3)	6,500.	0.			B: EDUCATION
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501(C)(3)	141,309.	0.			K: FOOD, AGRICULTURE & NUTRITION
NOTRE DAME ACADEMY 610 MARYHILL DR. GREEN BAY, WI 54303-1092	39-1659776	501(C)(3)	5,250.	0.			B: EDUCATION
OLD GLORY HONOR FLIGHT P.O. BOX 482 MENASHA, WI 54952-0482	27-0642712	501(C)(3)	11,500.	0.			P: HUMAN SERVICES
ON BROADWAY, INC. 340 N BROADWAY, STE 165 GREEN BAY, WI 54303	39-1825541	501(C)(3)	250,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
OPERA FOR THE YOUNG, INC. 6441 ENTERPRISE LN. STE. 207 MADISON, WI 53719-1163	39-1583686	501(C)(3)	5,800.	0.			A: ARTS, CULTURE & HUMANITIES
OSHKOSH KIDS FOUNDATION INC P.O. BOX 1433 OSHKOSH, WI 54903	86-2675271	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
OUR SAVIOR'S LUTHERAN CHURCH OF APPLETON - 3009 N. MEADE ST. - APPLETON, WI 54911-1511	39-1287755	501(C)(3)	20,500.	0.			X: RELIGION-RELATED
OUTAGAMIE COUNTY SHERIFF'S DEPARTMENT - 3030 E. GOODLAND DR. - APPLETON, WI 54911-8800	39-6005724	GOVERNMENT	46,607.	0.			I: CRIME & LEGAL-RELATED

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OVERTURE CENTER FOR THE ARTS 201 STATE ST. MADISON, WI 53703-2214	01-0645482	501(C)(3)	10,000.	0.			A: ARTS, CULTURE & HUMANITIES
PAINE ART CENTER & GARDENS 1410 ALGOMA BLVD. OSHKOSH, WI 54901	39-0785483	501(C)(3)	7,500.	0.			A: ARTS, CULTURE & HUMANITIES
PANZI FOUNDATION 1120 20TH ST NW; 500 STE NORTH WASHINGTON, DC 20036	27-1706063	501(C)(3)	10,000.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS
PARK VIEW HEALTH CENTER 725 BUTLER AVE. OSHKOSH, WI 54901-8149	39-6005760	GOVERNMENT	63,205.	0.			E: HEALTH CARE
PARKINSON'S FOUNDATION 200 S.E. 1ST ST. STE. 800 MIAMI, FL 33131-1909	13-1866796	501(C)(3)	9,217.	0.			E: HEALTH CARE
PARTNERSHIP COMMUNITY HEALTH CENTER, INC. - 119 N. MCCARTHY RD., STE. S - APPLETON, WI 54913	20-2090446	501(C)(3)	20,230.	0.			E: HEALTH CARE
PEACE EVANGELICAL AND REFORMED CHURCH - P.O. BOX 37 - POTTER, WI 54160	39-6062669	501(C)(3)	25,000.	0.			X: RELIGION-RELATED
PEACEFUL PURPOSE, INC. 3505 COMMERCE CT. APPLETON, WI 54911	83-1253784	501(C)(3)	5,500.	0.			P: HUMAN SERVICES
PEACEJAM FOUNDATION 11200 RALSTON RD ARVADA, CO 80004	84-1349666	501(C)(3)	20,705.	0.			B: EDUCATION

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PEOPLE OF PROGRESSION 611 N. LYNNDALE, STE. 140 APPLETON, WI 54914	85-3915989	501(C)(3)	27,350.	0.			A: ARTS, CULTURE & HUMANITIES
PILLARS 605 E. HANCOCK ST. APPLETON, WI 54911-5023	39-1582471	501(C)(3)	390,569.	0.			L: HOUSING & SHELTER
PIUS XI HIGH SCHOOL 135 N. 76TH ST. MILWAUKEE, WI 53213-3560	39-1101976	501(C)(3)	6,000.	0.			B: EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 NORTH JACKSON ST. MILWAUKEE, WI 53202	39-0863391	501(C)(3)	7,025.	0.			E: HEALTH CARE
PLI P.O. BOX 972 WHEATON, IL 601870972	43-1806114	501(C)(3)	20,000.	0.			X: RELIGION-RELATED
POINTTERS COMMUNITY INITIATIVES 4216 N. TERRAVIEW DR. APPLETON, WI 54913-6316	82-2304143	501(C)(3)	14,500.	0.			J: EMPLOYMENT, JOB RELATED
PRINCE OF PEACE LUTHERAN CHURCH 2330 E. CALUMET ST. APPLETON, WI 54915-4253	41-1568278	501(C)(3)	14,677.	0.			X: RELIGION-RELATED
PRODUCTION FARM, INC 900 POLIFKA RD WHITELAW, WI 54247	47-2074610	501(C)(3)	21,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
PROJECT HOPE 1220 19TH ST., NW, SUITE 800 WASHINGTON, DC 20036	53-0242962	501(C)(3)	20,000.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS

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PULSEPOINT FOUNDATION PO BOX 12594 PLEASANTON, CA 94588	45-2725805	501(C)(3)	10,500.	0.			M: PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
RAWHIDE INC. E7475 RAWHIDE RD. NEW LONDON, WI 54961-9025	39-1052471	501(C)(3)	210,748.	0.			O: YOUTH DEVELOPMENT
REACH COUNSELING 1509 S. COMMERCIAL ST. NEENAH, WI 54956-6152	39-1292277	501(C)(3)	74,450.	0.			I: CRIME & LEGAL-RELATED
READING & MATH INC, DBA AMPACT 1200 WASHINGTON AVE. S., STE. 310 MINNEAPOLIS, MN 55415	47-2306902	501(C)(3)	20,000.	0.			B: EDUCATION
REBUILDING TOGETHER FOX VALLEY 100 W. COLLEGE AVE., UNIT 50F APPLETON, WI 54911	39-2013200	501(C)(3)	9,015.	0.			L: HOUSING & SHELTER
RECON & SNIPER FOUNDATION 300 CAMPUS DR. ARVIN, CA 93203	47-2653635	501(C)(3)	30,000.	0.			T: PHILANTHROPY, VOLUNTARISM
REINS W2647 COUNTY ROAD O SHEBOYGAN FALLS, WI 53085	39-1850442	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
RELEVANT RADIO 680 BARCLAY BLVD. LINCOLNSHIRE, IL 60069	39-2003067	501(C)(3)	47,600.	0.			X: RELIGION-RELATED
RITA MATTEO MEMORIAL SCHOLARSHIP 1168 GORDON RD. CLEVELAND, OH 44124-1335	42-1742386	501(C)(3)	10,000.	0.			B: EDUCATION

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RIVERVIEW GARDENS, INC. 1101 S. ONEIDA ST. APPLETON, WI 54915	46-3208900	501(C)(3)	44,025.	0.			C: ENVIRONMENT
RONCALLI HIGH SCHOOL 2000 MIRRO DR. MANITOWOC, WI 54220	39-1046808	501(C)(3)	6,000.	0.			B: EDUCATION
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR. - CHICAGO, IL 60693-0001	36-3245072	501(C)(3)	21,685.	0.			T: PHILANTHROPY, VOLUNTARISM
RYLAN'S HOPE FOUNDATION P.O. BOX 620264 MIDDLETON, WI 53562-0264	81-5406416	501(C)(3)	7,500.	0.			E: HEALTH CARE
SACRED HEART CATHOLIC PARISH 321 S. SAWYER ST. SHAWANO, WI 54166-2437	39-0806390	501(C)(3)	7,275.	0.			X: RELIGION-RELATED
SAFE HAVEN P.O. BOX 665 SHAWANO, WI 54166	39-1749998	501(C)(3)	12,450.	0.			L: HOUSING & SHELTER
SALVATORIAN MISSION WAREHOUSE-SOCIETY OF THE DIVINE SAVIOR - 1303 MILWAUKEE DR. - NEW HOLSTEIN, WI 53061-1443	39-0806210	501(C)(3)	23,219.	0.			X: RELIGION-RELATED
SAM 25 P.O. BOX 147 SHAWANO, WI 54166-0147	46-5493989	501(C)(3)	15,850.	0.			P: HUMAN SERVICES
SAMARITAN 1205 PROVINCE TERRACE MENASHA, WI 54952	39-1214216	501(C)(3)	186,380.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION

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SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	7,500.	0.			X: RELIGION-RELATED
SAVING PAWS ANIMAL RESCUE P.O. BOX 0362 APPLETON, WI 54912-0362	74-1381999	501(C)(3)	5,350.	0.			D: ANIMAL-RELATED
SERVANTS OF THE GOOD HELP, INC. 12126 MORGAN RD. REEDSVILLE, WI 54230	82-5339072	501(C)(3)	31,250.	0.			P: HUMAN SERVICES
SHAWANO AREA FOOD PANTRY AND RESOURCE CENTER - 218 E. RICHMOND ST. - SHAWANO, WI 54166-2924	35-2178295	501(C)(3)	15,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
SHAWANO COUNTY ARTS COUNCIL P.O. BOX 213 SHAWANO, WI 54166-0213	39-1099326	501(C)(3)	6,500.	0.			A: ARTS, CULTURE & HUMANITIES
SHAWANO COUNTY HISTORICAL SOCIETY 524 N. FRANKLIN ST. SHAWANO, WI 54166-1933	23-7222161	501(C)(3)	5,100.	0.			A: ARTS, CULTURE & HUMANITIES
SHAWANO COUNTY HUMANE SOCIETY 1290 JAYCEE CT. SHAWANO, WI 54166-3865	39-1718299	501(C)(3)	9,612.	0.			D: ANIMAL-RELATED
SHAWANO HOCKEY LEAGUE, INC. P.O. BOX 125 SHAWANO, WI 54166-0125	39-1807332	501(C)(3)	25,000.	0.			N: RECREATION & SPORTS
SHELTER FROM THE STORM MINISTRIES INC. - PO BOX 152 - SUN PRAIRIE, WI 53590	47-1676099	501(C)(3)	10,000.	0.			L: HOUSING & SHELTER

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SISTERS OF THE DIVINE SAVIOR 4311 N. 100TH ST. MILWAUKEE, WI 53222	39-6054869	501(C)(3)	11,000.	0.			X: RELIGION-RELATED
SISTERS OF THE ST. DOMINC/RACINE DOMINICANS - 5635 ERIE ST. - RACINE, WI 53402	39-0869855	501(C)(3)	10,000.	0.			X: RELIGION-RELATED
SOAR FOX CITIES 211 E. FRANKLIN ST., STE. A APPLETON, WI 54911-5475	75-3202931	501(C)(3)	22,970.	0.			P: HUMAN SERVICES
SOLUTIONS RECOVERY, INC. 621 EVANS ST. OSHKOSH, WI 54901	39-2039973	501(C)(3)	107,500.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
SPECIAL OLYMPICS OF WISCONSIN - FOX VALLEY - W5361 CTY ROAD KK, STE. D - APPLETON, WI 54915	39-1176591	501(C)(3)	8,209.	0.			N: RECREATION & SPORTS
SPIERINGS CANCER FOUNDATION, INC. P.O. BOX 171 LITTLE CHUTE, WI 54140-0171	26-4201357	501(C)(3)	5,750.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
SPIRITUS 522 2ND ST. MENASHA, WI 54952	39-1536251	501(C)(3)	23,741.	0.			X: RELIGION-RELATED
SPORTS MINISTRY OUTREACH 1408 BROADWAY ST. DENTON, TX 76201	26-2053149	501(C)(3)	10,000.	0.			O: YOUTH DEVELOPMENT
ST. EDWARD PARISH N2926 STATE ROAD 47 APPLETON, WI 54913-9564	39-1135859	501(C)(3)	7,250.	0.			X: RELIGION-RELATED

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ST. ELIZABETH ANN SETON CATHOLIC SCHOOL - 814 SUPERIOR AVE. - SHEBOYGAN, WI 53081	45-5179843	501(C)(3)	46,479.	0.			B: EDUCATION
ST. FRANCIS XAVIER CATHOLIC SCHOOL SYSTEM - 1600 W. PROSPECT AVE. - APPLETON, WI 54914-5113	75-2975177	501(C)(3)	343,182.	0.			B: EDUCATION
ST. GIANNA MOLLA CLINIC, INC. 1716 LAWRENCE DR., STE 100 DE PERE, WI 54115	46-5384168	501(C)(3)	17,000.	0.			E: HEALTH CARE
ST. IGNATIUS OF LOYOLA CATHOLIC SCHOOL - 220 DOTY ST. - KAUKAUNA, WI 54130-2108	39-1794588	501(C)(3)	18,000.	0.			B: EDUCATION
ST. JOHN NEPOMUCENE PARISH 411 VANDEN BROEK ST. LITTLE CHUTE, WI 54140	39-0816903	501(C)(3)	11,557.	0.			X: RELIGION-RELATED
ST. JOHN SACRED HEART PARISH N369 MILITARY RD. SHERWOOD, WI 54169-9661	39-0865494	501(C)(3)	54,100.	0.			X: RELIGION-RELATED
ST. JOHN UNITED CHURCH OF CHRIST P.O. BOX 1261 APPLETON, WI 54912-1261	39-0901169	501(C)(3)	6,449.	0.			X: RELIGION-RELATED
ST. JOSEPH FOOD PROGRAM 1465-A OPPORTUNITY WAY MENASHA, WI 54952-1293	39-1822486	501(C)(3)	186,304.	0.			K: FOOD, AGRICULTURE & NUTRITION
ST. MARGARET MARY PARISH 439 WASHINGTON AVE. NEENAH, WI 54956-3340	39-0807228	501(C)(3)	111,850.	0.			X: RELIGION-RELATED

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ST. MARY CATHOLIC SCHOOLS 1050 ZEPHYR DR. NEENAH, WI 54956-1389	39-1656963	501(C)(3)	147,880.	0.			B: EDUCATION
ST. MARY CATHOLIC SCHOOLS FOUNDATION, INC. - 1050 ZEPHYR DR. - NEENAH, WI 54956-1389	83-1198784	501(C)(3)	8,868.	0.			X: RELIGION-RELATED
ST. MARY OF THE IMMACULATE CONCEPTION - N2385 MUNICIPAL DR. - GREENVILLE, WI 54942-7801	39-1026076	501(C)(3)	300,000.	0.			X: RELIGION-RELATED
ST. MARY PARISH-APPLETON 312 S. STATE ST. APPLETON, WI 54911-5930	39-0810526	501(C)(3)	31,883.	0.			X: RELIGION-RELATED
ST. PAUL CATHOLIC CHURCH 410 WALLACE ST. COMBINED LOCKS, WI 54113-1128	39-0989794	501(C)(3)	10,500.	0.			X: RELIGION-RELATED
ST. PAUL LUTHERAN CHURCH 200 N. COMMERCIAL ST. NEENAH, WI 54956-2617	39-0816831	501(C)(3)	15,040.	0.			X: RELIGION-RELATED
ST. PAUL LUTHERAN SCHOOL 225 E. HARRIS ST. APPLETON, WI 54911-5438	39-0902201	501(C)(3)	11,032.	0.			B: EDUCATION
ST. PETER EVANGELICAL LUTHERAN CHURCH - 312 W. MAIN ST. - WEYAUWEGA, WI 54983-8942	39-0901176	501(C)(3)	25,000.	0.			X: RELIGION-RELATED
ST. PETER LUTHERAN CHURCH N2740 FRENCH RD. FREEDOM, WI 54913-8919	39-1019369	501(C)(3)	13,500.	0.			X: RELIGION-RELATED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PIUS X PARISH 500 W. MARQUETTE ST. APPLETON, WI 54911-1917	39-0935474	501(C)(3)	14,904.	0.			X: RELIGION-RELATED
ST. THOMAS MORE PARISH 1810 N. MCDONALD ST. APPLETON, WI 54911-3450	39-1027422	501(C)(3)	11,992.	0.			X: RELIGION-RELATED
ST. VINCENT DE PAUL COUNCIL OF NEENAH-MENASHA - 1425 S COMMERCIAL ST - NEENAH, WI 54956	39-1633256	501(C)(3)	132,700.	0.			P: HUMAN SERVICES
STANDING ROCK COMMUNITY DEVELOPMENT CORPORATION - PO BOX 430 - FORT YATES, ND 58538	39-1845433	501(C)(3)	15,000.	0.			O: YOUTH DEVELOPMENT
THE BUILDING FOR KIDS 100 W. COLLEGE AVE. APPLETON, WI 54911-5735	39-1706260	501(C)(3)	74,401.	0.			O: YOUTH DEVELOPMENT
THE CHRISTIAN AND MISSIONARY ALLIANCE - ONE ALLIANCE PLACE - REYNOLDSBURG, OH 43068	13-1623940	501(C)(3)	12,918.	0.			X: RELIGION-RELATED
THE CLINTONVILLE AREA FOOD PANTRY 26B 10TH ST. CLINTONVILLE, WI 54929	39-1567545	501(C)(3)	10,500.	0.			K: FOOD, AGRICULTURE & NUTRITION
THE COMPASSIONATE CONNECTION CENTER - 26A 10TH STREET - CLINTONVILLE, WI 54929	84-4223105	501(C)(3)	10,653.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
THE EINSTEIN PROJECT, INC. 2019 TECHNOLOGY DR. RM. 145 GREEN BAY, WI 54311-3409	39-1702546	501(C)(3)	30,000.	0.			B: EDUCATION

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY RADIO NETWORK, INC. 1909 W. SECOND ST. APPLETON, WI 54914	39-1280969	501(C)(3)	62,200.	0.			X: RELIGION-RELATED
THE GRAND OSHKOSH 222 PEARL AVE. OSHKOSH, WI 54901-4834	39-1569883	501(C)(3)	21,250.	0.			A: ARTS, CULTURE & HUMANITIES
THE NATURE CONSERVANCY 4245 FAIRFAX DR. STE. 100 ARLINGTON, VA 22203-1637	53-0242652	501(C)(3)	108,417.	0.			C: ENVIRONMENT
THE SALVATION ARMY CENTRAL TERRITORY - 5550 PRAIRIE STONE PKWY - HOFFMAN ESTATES, IL 60192	36-2167910	501(C)(3)	160,453.	0.			P: HUMAN SERVICES
THE TROUT MUSEUM OF ART 111 W. COLLEGE AVE. APPLETON, WI 54911-5781	39-6056442	501(C)(3)	549,125.	0.			A: ARTS, CULTURE & HUMANITIES
THEDACARE FAMILY OF FOUNDATIONS 1818 N. MEADE ST. APPLETON, WI 54911-3454	46-4112255	501(C)(3)	132,770.	0.			T: PHILANTHROPY, VOLUNTARISM
THOMPSON CENTER ON LOURDES, INC. 2331 E. LOURDES DR. APPLETON, WI 54915-3615	81-3840811	501(C)(3)	148,374.	0.			N: RECREATION & SPORTS
TOWN OF CALUMET FIRE DEPARTMENT W3118 COUNTY RD W MALONE, WI 53049	39-1160267	GOVERNMENT	10,000.	0.			M: PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
TREES FOR TOMORROW, INC. PO BOX 609 EAGLE RIVER, WI 54521-0609	39-0732118	501(C)(3)	8,500.	0.			B: EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY COMMUNITY DENTAL CLINIC 9 TRI PARK WAY APPLETON, WI 54914-1661	47-0862462	501(C)(3)	89,556.	0.			E: HEALTH CARE
TRINITY EVANGELICAL LUTHERAN CHURCH-ELLINGTON - W6399 COUNTY ROAD O - APPLETON, WI 54913-9752	39-0806283	501(C)(3)	5,400.	0.			X: RELIGION-RELATED
TRINITY LUTHERAN CHURCH & SCHOOL 601 E. NATIONAL AVE. BRILLION, WI 54110-1500	39-0860696	501(C)(3)	11,365.	0.			X: RELIGION-RELATED
UNCF CHICAGO 105 W. ADAMS ST, STE 2400 CHICAGO, IL 60603	13-1624241	501(C)(3)	113,047.	0.			B: EDUCATION
UNITED CHURCH CAMPS W1010 SPRING GROVE RD. RIPON, WI 54971	39-0927520	501(C)(3)	20,000.	0.			X: RELIGION-RELATED
UNITED WAY FOX CITIES 1455 MIDWAY RD. MENASHA, WI 54952-1223	39-0912895	501(C)(3)	297,153.	0.			T: PHILANTHROPY, VOLUNTARISM
UNITED WAY OF CENTRAL INDIANA PO BOX 2303 INDIANAPOLIS, IN 46206	35-1007590	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
UNIVERSITY OF THE CUMBERLANDS, INC. - 6180 COLLEGE STATION DR. - WILLIAMSBURG, KY 40769-1372	61-0470593	501(C)(3)	20,000.	0.			B: EDUCATION
UNIVERSITY OF WISCONSIN GREEN BAY FOUNDATION INC - 2420 NICOLET DR. - GREEN BAY, WI 54311-7001	45-1600858	501(C)(3)	157,000.	0.			B: EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPLIFT FOUNDATION INC 7235 MORaine VALLEY CT STEVENS POINT, WI 54482	85-1174983	501(C)(3)	10,000.	0.			B: EDUCATION
UW FOUNDATION, INC. BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	163,224.	0.			B: EDUCATION
UWO FOX CITIES FOUNDATION - FOX CITIES CAMPUS - 1478 MIDWAY RD. - MENASHA, WI 54952-1224	39-1277701	501(C)(3)	23,663.	0.			B: EDUCATION
UW-OSHKOSH 800 ALGOMA BLVD. OSHKOSH, WI 54901-3551	39-1805963	GOVERNMENT	692,342.	0.			B: EDUCATION
VALLEY CHRISTIAN SCHOOL 3450 VINLAND ST. OSHKOSH, WI 54901	31-1706955	501(C)(3)	7,983.	0.			B: EDUCATION
VALLEY KIDS FOUNDATION 501 S. NICOLET RD. APPLETON, WI 54914	39-1733909	501(C)(3)	27,250.	0.			P: HUMAN SERVICES
VALLEY VNA SENIOR CARE 1535 LYON DR. NEENAH, WI 54956-5070	39-1624803	501(C)(3)	141,489.	0.			E: HEALTH CARE
VAN ANDEL INSTITUTE 333 BOSTWICK AVE. N.E. GRAND RAPIDS, MI 49503-2518	52-2000820	501(C)(3)	25,000.	0.			B: EDUCATION
VETS AND FRIENDS OF WISCONSIN, INC. - N2451 COUNTY RD N - APPLETON, WI 54913	81-4826030	501(C)(3)	25,000.	0.			W: PUBLIC & SOCIETAL BENEFIT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETS: VETERANS EXPLORING TREATMENT SOLUTIONS, INC. - P.O. BOX 92040 - SOUTHLAKE, TX 76092	84-1956561	501(C)(3)	10,000.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
VIDA INC. 720 W. ASSOCIATION DR. APPLETON, WI 54914-1482	39-1446370	501(C)(3)	124,620.	0.			P: HUMAN SERVICES
VILLAGE OF IOLA 180 SOUTH MAIN IOLA, WI 54945	39-6006292	GOVERNMENT	6,500.	0.			D: ANIMAL-RELATED
VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION - 700 W. GRACE ST. - RICHMOND, VA 23284	54-0757884	501(C)(3)	50,000.	0.			B: EDUCATION
VIVENT HEALTH 1311 N. 6TH ST. MILWAUKEE, WI 53212	39-1534049	501(C)(3)	15,000.	0.			E: HEALTH CARE
VOLUNTEER FOX CITIES 48 JEWELERS PARK DR., STE 100 NEENAH, WI 54956	39-1765162	501(C)(3)	31,001.	0.			T: PHILANTHROPY, VOLUNTARISM
VPI 110 N. KENSINGTON DR. APPLETON, WI 54915	39-0921632	501(C)(3)	7,500.	0.			J: EMPLOYMENT, JOB RELATED
WALLS OF WITTENBERG, INC. P.O. BOX 188 WITTENBERG, WI 54499-0188	20-3505589	501(C)(3)	11,350.	0.			A: ARTS, CULTURE & HUMANITIES
WASHINGTON CENTER COMMUNITY CUPBOARD - 107 E. BECKERT RD. - NEW LONDON, WI 54961-2509	20-0349479	501(C)(3)	10,300.	0.			K: FOOD, AGRICULTURE & NUTRITION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COMMUNITY FOUNDATION, INC. - P.O. BOX 68 - WASHINGTON ISLAND, WI 54246-0068	39-1568796	501(C)(3)	16,500.	0.			P: HUMAN SERVICES
WAUPACA FARMERS MARKET 111 S MAIN ST. WAUPACA, WI 54981	92-2233304	501(C)(3)	7,500.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
WAUPACA HIGH SCHOOL E2325 KING RD. WAUPACA, WI 54981-8270	39-6031572	GOVERNMENT	13,909.	0.			B: EDUCATION
WAUPACA HIGH SCHOOL SCHOLARSHIP FOUNDATION - E2325 KING RD. - WAUPACA, WI 54981-8270	39-1779223	501(C)(3)	15,659.	0.			B: EDUCATION
WAUPACA HISTORICAL SOCIETY 321 S. MAIN ST. WAUPACA, WI 54981-1745	39-1096279	501(C)(3)	5,447.	0.			A: ARTS, CULTURE & HUMANITIES
WAUPUN AREA SCHOOL DISTRICT 950 WILCOX ST. WAUPUN, WI 53963	39-6005069	GOVERNMENT	27,318.	0.			B: EDUCATION
WELLO, INC. P.O. BOX 11656 GREEN BAY, WI 54307-1656	85-4126872	501(C)(3)	90,000.	0.			P: HUMAN SERVICES
WISCONSIBS 211 E. FRANKLIN ST., STE. C APPLETON, WI 54915	39-1942794	501(C)(3)	38,250.	0.			P: HUMAN SERVICES
WISCONSIN AMERICAN LEGION FOUNDATION, INC. - PO BOX 388 - PORTAGE, WI 53901	26-1582528	501(C)(3)	13,000.	0.			P: HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN CONFERENCE UNITED CHURCH OF CHRIST - W100 SPRING GROVE RD. - RIPON, WI 54971	39-1021990	501(C)(3)	87,500.	0.			X: RELIGION-RELATED
WISCONSIN PARKINSON ASSOCIATION 16655 E. BLUEMOUND RD. STE. 330 BROOKFIELD, WI 53005	39-1492810	501(C)(3)	18,717.	0.			G: DISEASES, DISORDERS & MEDICAL DISCIPLINES
WISCONSIN PUBLIC RADIO ASSOCIATION P.O. BOX 88025 MILWAUKEE, WI 53288-8025	23-7363536	501(C)(3)	16,760.	0.			A: ARTS, CULTURE & HUMANITIES
WISCONSIN UNITED METHODIST FOUNDATION, INC - 750 WINDSOR ST. STE 305 - SUN PRAIRIE, WI 53590	39-0806230	501(C)(3)	18,134.	0.			T: PHILANTHROPY, VOLUNTARISM
WISCONSIN VETERANS VILLAGE ASSOCIATION, INC. - 2919 W. GLENPARK DR., STE 500 - APPLETON, WI 54914	82-2839384	501(C)(3)	50,469.	0.			L: HOUSING & SHELTER
WISCONSIN'S GREEN FIRE INCORPORATED - P.O. BOX 5411 - MADISON, WI 53705	82-3383564	501(C)(3)	15,000.	0.			C: ENVIRONMENT
WOMEN'S FUND FOR THE FOX VALLEY REGION, INC. - 4455 W. LAWRENCE ST. - APPLETON, WI 54914-4065	20-3096562	501(C)(3)	65,438.	0.			PHILANTHROPY
WOODPILE FOUNDATION N2285 LONG COVE DR. WAUPACA, WI 54981	84-2522471	501(C)(3)	320,000.	0.			C: ENVIRONMENT
WORLD RELIEF FOX VALLEY 510 E. WISCONSIN AVE. APPLETON, WI 54911-4865	23-6393344	501(C)(3)	25,550.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	225,500.	0.			Q: INTERNATIONAL, FOREIGN AFFAIRS
WWBIC - NORTHEAST 1191 N. CASALOMA DR. APPLETON, WI 54913	39-1597954	501(C)(3)	7,500.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	38-1358058	501(C)(3)	15,000.	0.			P: HUMAN SERVICES
YMCA OF THE FOX CITIES 218 E. LAWRENCE ST. APPLETON, WI 54911-5724	39-0806191	501(C)(3)	116,236.	0.			P: HUMAN SERVICES
YOUNG LIFE 991 EHLERS RD. NEENAH, WI 54956-1416	84-0385934	501(C)(3)	6,877.	0.			O: YOUTH DEVELOPMENT
YOUTH GO 213 NICOLET BLVD. NEENAH, WI 54956-2755	39-1137233	501(C)(3)	48,375.	0.			P: HUMAN SERVICES
ZION CHURCH FOREST JUNCTION PO BOX 184 FOREST JUNCTION, WI 54123	06-1712141	501(C)(3)	58,000.	0.			X: RELIGION-RELATED
ZION LUTHERAN CHURCH 912 N. ONEIDA ST. APPLETON, WI 54911-4911	39-0927345	501(C)(3)	25,000.	0.			X: RELIGION-RELATED

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
POST SECONDARY SCHOLARSHIPS	663	1,268,062.	0.		

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

PART I, LINE 2:

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 SUPPORT ON THE CORE MISSION, AND DEMONSTRATION OF ACCOUNTABILITY. WHEN REVIEWING A GRANT APPLICATION FROM AN ORGANIZATION THAT HAS RECEIVED PRIOR FUNDING, GRANTS COMMITTEE

COMMUNITY FOUNDATION FOR THE FOX VALLEY
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Part IV Supplemental Information

MEMBERS AND FOUNDATION STAFF OFTEN CONSIDER THE CONTENT OF PRIOR REPORTS.
THE FOUNDATION WILL NOT 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
GRANTED FUNDS AND DECISIONS TO CONTINUE TO FUND AN ORGANIZATION IN THE
FUTURE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC** Employer identification number **39-1548450**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

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Schedule J (Form 990) 2023

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CURT DETJEN PRESIDENT/CEO	(i)	295,094.	0.	22,500.	43,405.	26,262.	387,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAMMY GEENEN VP COMMUNITY ENGAGEMENT	(i)	132,103.	0.	4,142.	4,157.	18,968.	159,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANN ENGLEHARD VP DONOR SERVICES & GIFT PLANNING	(i)	138,132.	0.	10,831.	4,339.	0.	153,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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.

PART I, LINE 4B:

CURT DETJEN, DESCRIPTION: SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, CURRENT
YEAR AMOUNT: \$33,794. PLAN DESCRIPTION: AMOUNT IS RECOGNIZED RATABLY OVER
THE COURSE OF SERVICE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC** Employer identification number **39-1548450**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	157	6,777,366.	AVE HIGH/LOW @ DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

COMMUNITY FOUNDATION FOR THE FOX VALLEY

Schedule M (Form 990) 2023

REGION, INC

39-1548450

Page 2

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPORTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number	39-1548450
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AWARENESS OF COMMUNITY ISSUES TO HELP SPARK ACTION RESULTING IN
POSITIVE CHANGE.

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 EACH ANNUAL MEETING OF THE MEMBERS, THE MEMBERS ELECT
ONE-THIRD OF THE MEMBERS. MEMBERS AFFIRM 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
ORGANIZATION'S DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF THE BOARD OF DIRECTORS IS AFFIRMED BY VOTE OF A MAJORITY OF THE
MEMBERS PRESENT AND VOTING.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE BOARD OF DIRECTORS SUCH AS
AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION.

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

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHAIRPERSON OF THE AUDIT AND BUDGET COMMITTEE/TREASURER AND THE CFO

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
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WILL REVIEW FOR REASONABLENESS AND APPROVE THE FILING OF THE FORM 990 AND THE WISCONSIN ANNUAL REPORT ON AN ANNUAL BASIS. THE ENTIRE AUDIT AND BUDGET COMMITTEE WILL REVIEW AND APPROVE FOR FILING ANNUALLY. THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART V, LINE 9B

THROUGH A REVIEW OF DISTRIBUTIONS, IT WAS SUSPECTED THAT SOME OF THE DESCRIPTIONS INDICATED A POSSIBLE RETURN BENEFIT TO THE DONOR /DONOR ADVISOR . FOR EXAMPLE, DISTRIBUTIONS MADE TO ORGANIZATIONS FOR FUNDRAISING EVENTS WHERE IT COULD BE ASSUMED THAT THE DONOR / ADVISOR ATTENDED THE EVENT AND MAY HAVE RECEIVED DINNER OR ENTERTAINMENT. AFTER A THOROUGH REVIEW OF THE DISTRIBUTIONS MADE IN 2023, THERE ARE THREE SPECIFIC TRANSACTIONS THAT MAY HAVE RESULTED IN SOME RETURN BENEFIT TO AN INTERESTED PERSON. THE DOLLAR VALUE OF THE BENEFIT APPEARS TO BE LESS THAN \$2,500 AROUND TWENTY PERCENT OF THE AMOUNT DISTRIBUTED, AND THE BENEFIT THAT THE DONORS RECEIVED WAS SOLELY ATTENDANCE AT THE EVENT. CURRENTLY THE INTERNAL REVENUE SERVICE (THE "SERVICE") HAS NOT ISSUED REGULATIONS DEFINING "INCIDENTAL" FOR THESE PURPOSES. WITHOUT CURRENT GUIDANCE, THE FILING ORGANIZATION REASONABLY BELIEVES THAT THESE TRANSACTIONS SHOULD NOT BE CONSIDERED A MORE THAN INCIDENTAL BENEFIT. THE FILING ORGANIZATION HAS PUT POLICIES AND PROCEDURES IN PLACE TO ELIMINATE THIS SITUATION FROM FURTHER OCCURRENCE.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE DESCRIBING THEIR RELATIONSHIPS AND THEIR

Name of the organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
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FAMILY RELATIONSHIPS WITH OTHER ENTITIES DOING BUSINESS WITH THE COMMUNITY FOUNDATION AND ALL RELATED ORGANIZATIONS. IF VOTES 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 GRANTING COMMITTEE CAN NOT APPROVE A GRANT TO AN ORGANIZATION THAT EMPLOYS A FAMILY MEMBER OF ANYONE ON THE GRANTING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE PRESIDENT/CEO AND SETTING HIS/HER COMPENSATION ON AN ANNUAL BASIS. THE PRESIDENT/CEO IS RESPONSIBLE FOR REVIEWING PERFORMANCE AND SETTING COMPENSATION FOR THE OTHER OFFICERS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR APPROVING THE TOTAL AMOUNT 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 SPECIFIC 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 POSITIONS 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 BUDGET 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.

FORM 990, PART VI, SECTION C, LINE 19:

REQUESTS FOR THE FOLLOWING DOCUMENTS CAN BE SENT TO:

CFO

Name of the organization COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC	Employer identification number 39-1548450
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COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC.

4455 W. LAWRENCE ST.

APPLETON, WI 54914

-APPLICATION FOR 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT RETURNS	624,956.
CHANGE IN BENEFICIAL INTEREST OF SPLIT-INTEREST AGREEMENTS	273,444.
TOTAL TO FORM 990, PART XI, LINE 9	898,400.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC** Employer identification number **39-1548450**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WILLIAM J AND BARBARA A SCHMIDT FAMILY FOUNDATION, INC. - 39-1869271, 4455 W. LAWRENCE ST., APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
MIELKE FAMILY FOUNDATION, INC. - 39-6074258 4455 W. LAWRENCE ST. APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
DOUG AND CARLA SALMON FOUNDATION, INC. - 82-0566250, 4455 W. LAWRENCE ST., APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
APPLETON EDUCATION FOUNDATION, INC. - 39-1866090, 122 E. COLLEGE AVE SUITE 1-B, APPLETON, WI 54911	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X

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

Schedule R (Form 990) 2023

COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

39-1548450

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COMMUNITY REAL ESTATE AND PERSONAL PROPERTY FOUNDATION, INC. - 20-0875816, 4455 W. LAWRENCE ST., APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
WOMEN'S FUND FOR THE FOX VALLEY REGION, INC. - 20-3096562, 4455 W. LAWRENCE ST., APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
ROBERT AND PATRICIA ENDRIES FAMILY FOUNDATION, LTD. - 20-3896774, 4455 W. LAWRENCE ST., APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X
THE BOLDT FAMILY FUND, INC. - 81-2176525 4455 W. LAWRENCE ST. APPLETON, WI 54914	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WISCONSIN	501(C)(3)	12-1	CFFVR, INC.		X

COMMUNITY FOUNDATION FOR THE FOX VALLEY

Schedule R (Form 990) 2023

REGION, INC

39-1548450

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

**COMMUNITY FOUNDATION FOR THE FOX VALLEY
REGION, INC**

Schedule R (Form 990) 2023

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

COMMUNITY FOUNDATION FOR THE FOX VALLEY

Schedule R (Form 990) 2023 **REGION, INC**

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

