Q	879-TE		IRS e-	file Signati or a Tax Ex	ure Auth	norizatior	ו		OMB No. 1545-0047
Form O	0/9-IC	Fer colordor u			-	-	00		
		For calendar ye		beginning			, 20		2022
	ent of the Treasury levenue Service			v.irs.gov/Form887			ı.		
Name o	f filer			5				IN or SSN	
	EAU CL	AIRE CO	MMUNITY I	FOUNDATION				39-189	91064
Name a	nd title of officer or pe	erson subject to		Y ESCONDO					
				DENT & CEC)				
Part	,		Return Infor						
Form 5 or 10a whiche	below, and the amo	r dollars and o ount on that li	cents. For all othe	r forms, enter whol being filed with this	e dollars only. form was blan	If you check the k, then leave line	box on line • 1b, 2b, 3 b	1a, 2a, 3a o, 4b, 5b, 6	-orm 8038-CP and a, 4a, 5a, 6a, 7a, 8a, 9a, bb, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 check h	nere							њ <u>3,039,797.</u>
2a	Form 990-EZ che	eck here		revenue, if any (Fo					2b
3a	Form 1120-POL	check here		tax (Form 1120-PO					3b
4a	Form 990-PF che			ased on investmer					lb
5a	Form 8868 check			ce due (Form 8868					jb
6a _	Form 990-T chec			tax (Form 990-T, Pa)b
7a	Form 4720 check								′b
8a 9a	Form 5227 check Form 5330 check			of assets at end of		n 5227, item D)			3b
	Form 8038-CP ch			ue (Form 5330, Par I <mark>nt of credit paym</mark> e		(Form 8038-CP	Dart III line		9b 10b
Part			gnature Auth	orization of Of	ficer or Per	son Subject	to Tax	, 22)	
financia later th payme person	o the financial institu al institution to debi an 2 business days nt of taxes to receiv al identification nun neck one box only	it the entry to prior to the p ve confidential	this account. To a ayment (settleme information nece	revoke a payment, nt) date. I also auth essary to answer inc	I must contact orize the finan quiries and res	the U.S. Treasur cial institutions i olve issues relate	ry Financial nvolved in tl ed to the pa	Agent at 1 he process yment. I ha	-888-353-4537 no ing of the electronic ave selected a
	KI authorize WI	PFLI LL	P				to en	nter my PIN	54701
				ERO firm name				,	Enter five numbers, but
									do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula disclosure con person subjec indicated with	ating charities as sent screen. It to tax with resp in this return that	ect to the entity, I v a copy of the retur	/State program vill enter my PI n is being filed	n, I also authorize N as my signatu With a state age	e the aforem re on the ta	nentioned E x year 2022	eturn is being filed ERO to enter my PIN 2 electronically filed arities as part of the
		-		he return's disclos		reen.		Data	
Signature Part	of officer or person subjective of officer or person subjective of the subjective of	tion and A	uthentication	1				Date	
ERO's	EFIN/PIN. Enter yo								
	r (EFIN) followed by	-	-			4171815 Do not enter			
submit	/ that the above nur ting this return in ac ss Returns.	•	•			-			onfirm that I am <i>e-file</i> Providers for
ERO's s	ignature <u>MIC</u>	HAEL J	PETERSON	, CPA		Date	09/12	2/23	
			ERO Mus	st Retain This F	Form - See	Instructions			
		Do N	ot Submit Thi	is Form to the	IRS Unless	Requested -	To Do So		
LHA F	For Privacy Act and	d Paperwork	Reduction Act N	otice, see instruct	ions.				Form 8879-TE (2022)
202521	12-16-22								

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpaye	identificatio	n number (TIN)
print	EAU CLAIRE COMMUNITY FOUNDA	TION			39-189	91064
File by the due date for filing your return. See			tions.			
instructions	City, town or post office, state, and ZIP code. For a for EAU CLAIRE, WI 54701	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 99)-PF	04	Form 5227			10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above)	06	Form 8870			12
Form 99	D-T (corporation) STEVE PALECEK	07				
● If this box ▶ 1 I re the ▶	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the organization armed above. The extension is for the organization the extension is for the organization the tax year beginning he tax year entered in line 1 is for less than 12 months, clip Change in accounting period	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file return for:	f this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	3a	\$	0.
	y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	3d	Ψ	<u></u>
	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa				Ψ	
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal					
	For Privacy Act and Paperwork Reduction Act Notice.	see instru	uctions.		Form 8	868 (Rev. 1-2022)

Form 990

Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

	or the	a 2022 calendar year, or tax year beginning an	d ending		
B C a	heck if pplicable	C Name of organization		D Employer identified	cation number
	Addres	EAU CLAIRE COMMUNITY FOUNDATION			
	Name Change	Doing business as		39-18910	54
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	306 SOUTH BARSTOW ST	104	715-552-3	3801
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,278,189.
	Amend	EAU CLAIRE, WI 54701		H(a) Is this a group re	eturn
	Applica	F Name and address of principal officer: WEBDET EBCONDO		for subordinates	
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
JV	Vebsit	e: WWW.ECCFWI.ORG		H(c) Group exemption	n number
KF	orm of	organization: Corporation X Trust Association Other	L Year	of formation: 1997 N	State of legal domicile: WI
Pa		Summary			
	1	Briefly describe the organization's mission or most significant activities: $rac{ ext{TO}}{ ext{I}}$	ESTABLI	SH ENDOWED B	FUNDS THAT
Governance		WILL BENEFIT THE EAU CLAIRE COMMUNITY TO	DAY ANI	D IN THE FUT	URE.
rna	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
8 S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) \dots		5	8
/itie	6	Total number of volunteers (estimate if necessary)		6	63
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		3,679,583.	2,801,437.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,642,548.	208,024.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,844.	30,336.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,356,975.	3,039,797.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,028,319.	1,866,955.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		240,344.	244,547.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 165,5			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		162,327.	227,343.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,430,990.	2,338,845.
		Revenue less expenses. Subtract line 18 from line 12		2,925,985.	700,952.
t Assets or d Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		32,702,281.	28,077,282.
t As	21	Total liabilities (Part X, line 26)		4,411,703.	3,817,874.
Func		Net assets or fund balances. Subtract line 21 from line 20		28,290,578.	24,259,408.
	nrt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	

Sign	Signature of officer		D	ate	
Here	WESLEY ESCONDO, PRESIDENT	& CEO			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	MICHAEL J PETERSON, CPA	MICHAEL J PETERSON,	09/12/	23 self-employed	P01833529
Preparer	Firm's name WIPFLI LLP		F	irm's EIN 39 -	0758449
Use Only	Firm's address 1502 LONDON ROAD,	SUITE 200			
	DULUTH, MN 55812		Р	hone no.218.	722.4705
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
					- 000 (2222)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE STRENGTHEN OUR COMMUNITY BY OFFERING DONORS OPPORTUNITIES TO
	ESTABLISH CHARITABLE LEGACIES, BY MAKING GRANTS, AND BY SERVING AS A
	CATALYST TO ADDRESS COMMUNITY NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$1,991,383. including grants of \$1,866,955.) (Revenue \$30,598.
48	(Code:) (Expenses \$1,991,383. including grants of \$1,866,955.) (Revenue \$30,598. THE EAU CLAIRE COMMUNITY FOUNDATION FULFILLED THE GRANTMAKING PORTION
	OF ITS MISSION IN 2022 BY AWARDING \$2,665,484 IN GRANTS, WHICH INCLUDES
	\$572,708 IN AGENCY FUND GRANTS AND \$525,000 IN SUPPORT OF THE
	STORYBUILDER CAPITAL CAMPAIGN TO EXPAND THE L.E. PHILLIPS MEMORIAL
	PUBLIC LIBRARY.
	WHILE MANY OF THESE GRANTS WERE RECOMMENDED BY DONOR ADVISORS TO
	NONPROFITS ALL OVER THE U.S., \$219,919 WENT DIRECTLY TO EAU CLAIRE AREA
	NONPROFITS THROUGH ECCF'S ANNUAL COMMUNITY GRANT CYCLE. AN ADDITIONAL
	\$49,600 SUPPORTED LOCAL NONPROFITS THROUGH THE GRANT CYCLE IMPLEMENTED BY THE WOMEN'S GIVING CIRCLE, A FUND OF ECCF. IN HONOR OF ITS 25TH
	ANNIVERSARY, ECCF IMPLEMENTED GRANT CATALOGS, WHICH ALLOWED LOCAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
чо	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(coue) (Expenses \$ including grants of \$) (nevenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,991,383.
4e	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (FOUNDATION
Part IV	Checklist o	f Require	d Schedule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
232003	12-13-22	Form	990 ((2022)

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232003 12-13-22

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Form	990	(2022)
	330	

 Form 990 (2022)
 EAU CLAIRE COMMUNITY FOUNDATION
 39-1891064
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	- 23	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>	- 23	
b		25h		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
00	Notes All Form 200 Flow and an environmental Octobertal C	38	х	
Pa		50		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c		
232004	↓ 12-13-22		990	(2022)
	5			. ,

2022.05030 EAU CLAIRE COMMUNITY FOUN 22661__1

Form	990 (2022) EAU CLAIRE COMMUNITY FOUNDATION		39-1891	064	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			
5a				5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
ou				6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			00		<u> </u>
b				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
7		viceo n	rovidad to the pover?	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		<u> </u>
				7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired	_		v
	to file Form 8282?	I		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
_ = = = = = = = = = = = = = = = = = = =						()

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Form	990	(2022)

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EAU CLAIRE COMMUNITY FOUNDATION

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

Section A. Governing Body and Management

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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. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
	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 15			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	
С	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	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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		Х
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			
		16b		
<u>.</u>	exempt status with respect to such arrangements?			
	tion C. Disclosure			
17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed		availat	ole
17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed		availat	ole
17	WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	s only) :		ble
17 18	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	s only) :		ole
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed	s only) :		ble
17 18 19	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	s only) :		ble
17 18 19	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEVE PALECEK 715-552-3801	s only) :		ble
17 18	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	s only) ; d financ	cial	
17 18 19 20	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEVE PALECEK 715-552-3801	s only) ; d financ		

Part VII	Compensation of Officers,	Directors,	Trustees, I	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con /ee		1099-INEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUE BORNICK	40.00	_	_	0	-	1 0				
EXECUTIVE DIRECTOR				х				86,692.	0.	2,600.
(2) LINDA DANIELSON	1.00									
CHAIR		х		х				0.	Ο.	0.
(3) THOMAS LARSON	1.00									
VICE-CHAIR		Х		х				0.	Ο.	0.
(4) DALE WOOD	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOHN SATRE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) KARL MURCH	1.00									
PAST CHAIR (NON VOTING)		Х		Х				0.	0.	0.
(7) GRANT BEARDSLEY	1.00									
TRUSTEE		Х						0.	0.	0.
(8) JASON BECKERMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) KIM BODEAU	1.00									
TRUSTEE (THRU JUNE)		Х						0.	0.	0.
(10) GREG BREMER	1.00									
TRUSTEE		Х						0.	0.	0.
(11) AMELIA DANIELS	1.00									
TRUSTEE		Х						0.	0.	0.
(12) CODY FILIPCZAK	1.00									
TRUSTEE		Х						0.	0.	0.
(13) CINDY HANGARTNER	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JEFF KOWIESKI	1.00									
TRUSTEE		Х						0.	0.	0.
(15) PAUL KULIG	1.00									
TRUSTEE		Х						0.	0.	0.
(16) JULIA KYLE	1.00									
TRUSTEE		Х						0.	0.	0.
(17) KATIE MURPHY	1.00									
TRUSTEE		Х						0.	0.	0.
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Form 99		RE COMMU	NI	ΤY	F	'OU	ND	AТ	ION	39-1891	064 Page 8
Part V	II Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	Average Position hours per (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	M PABICH 2 (THRU JUNE)	1.00	х						0.	0.	0.
(19) JA TRUSTEE	CKIE RASMUSSEN	1.00	x						0.	0.	0.
(20) SA	RAH STOKES	1.00									
TRUSTEE	C (THRU JUNE)		X						0.	0.	0.
1b Su	btotal								86,692.	0.	2,600.
c To	tal from continuation sheets to Part VI tal (add lines 1b and 1c)	I, Section A							0. 86,692.	0.	0.2,600.
2 To	tal number of individuals (including but n mpensation from the organization										0
	the organization list any former officer.	director trust	e k		mol	ove	e or	hia	hest compensated emp		Yes No
line	e 1a? If "Yes," complete Schedule J for s r any individual listed on line 1a, is the su	uch individual								-	3 X
an	d related organizations greater than \$150 d any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4 X
rer	ndered to the organization? <i>If</i> "Yes," <i>con</i> B. Independent Contractors					-			-		5 X
1 Co	mplete this table for your five highest co	•								, ,	tion from
	(A) Name and business			ONE					(B) Description of s		(C) Compensation
	tal number of independent contractors (i 00,000 of compensation from the organi	•	ot lin	nitec	l to i	thos (ted	above) who received mo	ore than	
<u>ا</u> لا	ou,out of compensation from the organi						,				Form 990 (2022)

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Pa	rt VI		Statement of Rev	venu	е						
			Check if Schedule O c	contair	ns a respo	nse (or note to any line		(=)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Fede	erated campaigns		1a						
iran oun	b	Men	nbership dues		1 b						
S, G	С	: Fund	draising events		1c		30,130.				
Contributions, Gifts, Grants and Other Similar Amounts	d	l Rela	ted organizations		1d						
ini,	е		ernment grants (contri								
er S	f		ther contributions, gifts,								
<u></u> D t p t f			ar amounts not included				2,771,307.				
onti nd (g		ash contributions included in I				193,097.	2 001 427			
<u>a</u> 0	h	i Tota	al. Add lines 1a-1f					2,801,437.			
	•						Business Code				
Program Service Revenue	2 a										
ser, ue	b										
am Ser	c d	. —									
gra Re	e										
Pro	f		other program service	revenu	le						
	g		al. Add lines 2a-2f								
	3		stment income (includ								
		othe	er similar amounts)	-				627,351.			627,351.
	4	Inco	me from investment o								
	5	Roya	alties								
					(i) Rea		(ii) Personal				
	6 a	Gros	ss rents	6a							
	b		s: rental expenses	6b							
	C		tal income or (loss)	6c			L				
			rental income or (loss)) <u></u>							
	7 a		s amount from sales of		(i) Securit		(ii) Other				
	l.		ts other than inventory	7a	6,797,5	502.					
ø	D		s: cost or other basis	76	7,216,8	129					
Revenue	~		sales expenses		-419,3						
Seve			gain or (loss)					-419,327.			-419,327.
<u> </u>	8 a	Gros	s income from fundraisir	na even	its (not	· · · · · ·					
Othe	•••				30. of						
-		cont	tributions reported on								
		Part	IV, line 18			8a	21,301.				
	b		s: direct expenses			8b	21,563.				
	С	Net	income or (loss) from t	fundra	ising ever	nt <u>s</u>		-262.			-262
	9 a		ss income from gamin								
			IV, line 19			9a					
			s: direct expenses			9b	L				
			income or (loss) from			s					
	10 a		ss sales of inventory, l			-					
	ι.		allowances			10a 10b					
			s: cost of goods sold								
-	c	, net	income or (loss) from :	sales (Invento	у	Business Code				
sn	11 -	ADM	INISTRATIVE FEE				561000	30,598.	30,598.		
neo	l i a b							,•			
cellaneo <u>Revenue</u>	c										
Miscellaneous Revenue	d		other revenue								
Σ			al. Add lines 11a-11d					30,598.			
	12		I revenue. See instructio					3,039,797.	30,598.	٥.	207,762.
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EAU CLAIRE COMMUNITY FOUNDATION

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EAU CLAIRE COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	nplete column (A).	
	Check if Schedule O contains a response		his Part IX		
	not include amounts reported on lines 6b, 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	1,866,955.	1,866,955.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	89,292.	29,764.	29,764.	29,764.
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	126,037.		96,155.	29,882.
8	Pension plan accruals and contributions (include	,,			
5	section 401(k) and 403(b) employer contributions)	3.140.	3.140.		
9	Other employee benefits	<u>3,140.</u> 5,727.	<u>3,140.</u> 5,727.		
0	Payroll taxes	20,351.	20,351.		
1	Fees for services (nonemployees):	20,0010			
	F				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	e				
g		46,634.	20,519.	17,721.	8,394.
~	column (A), amount, list line 11g expenses on Sch 0.)	40,054.	20,319.	1/,/21•	0,394
2	Advertising and promotion	14,369.	10,206.	2,826.	1,337.
3	Office expenses	14,309.	10,200.	2,020.	I,337
4	Information technology				
5	Royalties	18,130.	7,977.	6,890.	3,263.
6		10,130.	1,911.	0,090.	5,205
7					
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	5,178.		1,190.	3,988.
9	Conferences, conventions, and meetings	J,1/0.		±,190•	5,000
20	Interest				
21	Payments to affiliates	525.	231.	200.	94.
22	Depreciation, depletion, and amortization	6,735.	2,776.	2,686.	1,273
3	Insurance	0,155.	4,110.	2,000.	1,2/3
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 0.)				
а	COMMUNITY EVENTS EXPENS	84,888.	7,284.		77,604.
b	EQUIPMENT EXPENSE	37,394.	16,453.	14,210.	6,731.
c	DUES AND MEMBERSHIP EXP	4,050.		4,050.	•
d					
e	All other expenses	9,440.		6,229.	3,211
25	Total functional expenses. Add lines 1 through 24e	2,338,845.	1,991,383.	181,921.	165,541.
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				

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11480915 147695 22661

educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

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EAU CLAIRE COMMUNITY FOUNDATION

Form 990 (Part X	(2022) EAU CLAIRE COM	MUNIT	TY FOUNDATION		39-	1891064 Page 11
Turtx	Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
		<u></u>		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,858,346.	1	3,783,916.
2	Savings and temporary cash investments			4,000.	2	4,000.
3	Pledges and grants receivable, net			314,542.	3	237,227.
4	Accounts receivable, net		- , -	4	- /	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described				6	
ω 7	Notes and loans receivable, net		F		7	
Assets	Inventories for sale or use				8	
AS 9					9	
	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	53,070.			
ь		10b	52,261.	1,334.	10c	809.
11	Investments - publicly traded securities			29,503,538.	11	23,974,411.
12	Investments - other securities. See Part IV, line	· · ·	12			
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		20,521.	15	76,919.	
16	Total assets. Add lines 1 through 15 (must equ			32,702,281.	16	28,077,282.
17	Accounts payable and accrued expenses	9,760.	17	11,391.		
18	Grants payable			15,000.	18	1,296.
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete	Schedule D		21		
ഴ്ച 22	Loans and other payables to any current or form	ner officer	, director,			
liti	trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
Liabilities	controlled entity or family member of any of the	se person	s		22	
┘ 23	Secured mortgages and notes payable to unrela		F		23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). C	Complete Part X	4 206 042		
	of Schedule D			4,386,943.	25	3,805,187.
26	Total liabilities. Add lines 17 through 25		77	4,411,703.	26	3,817,874.
s	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.			14,017,284.		11,332,802.
27 alar	Net assets without donor restrictions	14,273,294.	27 28	12,926,606.		
81 28 7				14,2/3,294.	28	12,920,000.
n	Organizations that do not follow FASB ASC 9	56, checi				
Net Assets or Fund Balances 66 67 88 75 10 05 67 90 10 75 10	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
s 29	Paid-in or capital surplus, or land, building, or ed				30	
SS V SS V SS V SS V SS V SS V SS V SS	Retained earnings, endowment, accumulated in		Г		31	
1 32	Total net assets or fund balances		F	28,290,578.	32	24,259,408.
				32,702,281.		28,077,282.
33	Total liabilities and net assets/fund balances			32,702,281.	33	28,077,2 Form 990

Form 990 (2022)

Form	1990 (2022) EAU CLAIRE COMMUNITY FOUNDATION	39-	-1891064	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,33	3,8	45.
3	Revenue less expenses. Subtract line 2 from line 1	3	70),9	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,29),5	78.
5	Net unrealized gains (losses) on investments	5	-4,742	2,4	26.
6	Donated services and use of facilities	6		3,2	83.
7	Investment expenses	7			
8	Prior period adjustments	8			03.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- :	1,2	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,25	9,4	08.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	D.		
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?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

SCHEDULE A	1
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

1

Name of the organization

Nam	e of t	he organization						Employer	identification number		
				MUNITY FOUND				3	9-1891064		
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general l	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
r		university:									
10		An organization that normal						•	•		
		activities related to its exem		•	. ,				0		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
r		See section 509(a)(2). (Cor	nplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section !	509(a)(3). (Check the box on		
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting		
		organization. You must c	-								
b		Type II. A supporting orga	-				•		•		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	-								
С		Type III functionally inte						ly integrate	ed with,		
		its supported organization									
d		Type III non-functionally		• •				-			
		that is not functionally int	•	e ,			•	an attentiv	/eness		
		requirement (see instructi		-							
е		Check this box if the orga					Type I, Type	II, Type III			
	-	functionally integrated, or	••	hally integrated supporting	ng organiz	ation.			[]		
		r the number of supported o	•								
<u> </u>		ide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetarv	(vi) Amount of other		
		organization	(.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)		
				above (see instructions))	103						
Total											

EAU CLAIRE COMMUNITY FOUNDATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2987491.	4430703.	1937016.	3679583.	2801437.	15836230.
2	Tax revenues levied for the organ-						
	ization'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	2987491.	4430703.	1937016.	3679583.	2801437.	15836230.
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)						5847832.
	Public support. Subtract line 5 from line 4.						9988398.
See	ction B. Total Support			F	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2987491.	4430703.	1937016.	3679583.	2801437.	15836230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	246 440		161 010		COR 251	0505660
	and income from similar sources	346,449.	569,948.	461,212.	592,702.	627,351.	2597662.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						10422000
	Total support. Add lines 7 through 10						18433892.
12	Gross receipts from related activities,		,				177,375.
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	54.18 %
	Public support percentage for 2022 (i Public support percentage from 2021					15	55.04 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	0	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
						Schedule A	(Form 990) 2022

232022 12-09-22

EAU CLAIRE COMMUNITY FOUNDATION 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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified 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.)						
Sec	ction B. Total Support			-			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10 <i>a</i>	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	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
							<u></u>
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ne 17 is not
	more than 33 1/3%, check this box a	-	•				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che		•	-		-	
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22					Sched	lule A (Form 990) 2022

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EAU CLAIRE COMMUNITY FOUNDATION

1

Yes No

Part IV | Supporting Organizations

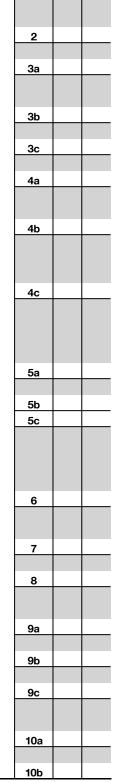
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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232024 12-09-22



Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

Yes No

Yes No

1

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			

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

Section D.	. All Type II	I Supporting	Organizations								

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization	supported a	a governmental	entity.	Describe in	Part VI	how y	/ou supported a	governmental en	tity	(see instruction <u>s</u>).
---	--	------------------	-------------	----------------	---------	-------------	---------	-------	-----------------	-----------------	------	---------------------------	----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A	(Form 990)	2022	EAU	CLAIRE	COMMUN	ITTY	FOUNDATION	
Part V	Type III	Non-	Functionally	Integrated	509(a)(3)	Suppo	orting Organizatio	ons

		0 0		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(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		
Sect	tion 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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

EAU CLAIRE COMMUNITY FOUNDATION

39-1891064 Page 7

_		MMUNITY FOUNDAT			9-1891064 Page 7
Par		a)(3) Supporting Orga	nizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	EAU (CLAIRE	COMMUNI	TY FO	UNDATIO	N	39-1891064 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 11 Section E, lines	equired by I a, 11b, a 1c, 2a, 2t	Part II, line 10 nd 11c; Part IV 5, 3a, and 3b; F); Part II, line 17a or /, Section B, lines 1 Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)							
232028 12-09-2	2			2	1			Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

39-1891064

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
B.J. & BEA FARMER	429,834.	61,156.
C&M PROPERTIES	1,034,246.	665,568.
DOUGLAS PATRICK & PATRICIA L STOFFERS REVOCABLE GRANTOR TRUST	1,117,809.	749,131.
DR. ELDON HILL	1,966,998.	1,598,320.
JASON VANCE	500,000.	131,322.
JUSTIN VERNON	1,400,000.	1,031,322.
MICHAEL & JANE O'MEARA	1,163,794.	795,116.
RICHARD ZIEMANN	606,548.	237,870.
THOMAS & JILL BARLAND	815,383.	446,705.
STEVE KRISTO	500,000.	131,322.
Total Excess Contributions to Schedule A, Part II, Line 5		5,847,832.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

39-189106	4
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لانتل	AO CHAIRE COMMONITI FOONDATION	<u> </u>
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	

EAH CLATER COMMINITY FOUNDARTON

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

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

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

Name of organization

Page **2**

Employer identification number

39-1891064

EAU CLAIRE COMMUNITY FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	STEVE KRISTO 100 N FARWELL ST APT 419 EAU CLAIRE, WI 54703	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	C&M PROPERTIES AND CONSTRUCTION INC. 619 MENOMONIE ST EAU CLAIRE, WI 54701	\$237,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JERRY AND SUSAN BAUER 1108 AUTH ST DURAND, WI 54736	\$200,000.	Person X Payroll
(a) No.	(b) Name address and ZID + 4	(c)	(d)
140.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>	MICHAEL AND JANE O'MEARA 5115 MISCHLER DR EAU CLAIRE, WI 54701	\$ <u>163,794.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	MICHAEL AND JANE O'MEARA 5115 MISCHLER DR		Person X Payroll Noncash (Complete Part II for
4(a)	MICHAEL AND JANE O'MEARA 5115 MISCHLER DR EAU CLAIRE, WI 54701 (b)	\$163,794. (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
4(a) No.	MICHAEL AND JANE O'MEARA 5115 MISCHLER DR EAU CLAIRE, WI 54701 (b) Name, address, and ZIP + 4 JANET BARLAND 3507 HOOVER ST. APT. 305	\$(c) Total contributions	Person X Payroll
4 (a) No. 5 (a)	MICHAEL AND JANE O'MEARA 5115 MISCHLER DR EAU CLAIRE, WI 54701 (b) Name, address, and ZIP + 4 JANET BARLAND 3507 HOOVER ST. APT. 305 ALTOONA, WI 54720 (b) Name, address, and ZIP + 4 DR. ELDON F. HILL 11023 176TH CIR NE REDMOND, WA 98052	\$ <u>163,794.</u> (c) Total contributions \$ <u>116,535.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (d)

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Name of organization

39-1891064

EAU CLAIRE COMMUNITY FOUNDATION

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

(-)	(1-)	(-)	()
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LLOYD AND PAT EVERHART E4500 WOODLAND DR EAU CLAIRE, WI 54701	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROBERTA VANCE 4316 OAKWOOD HILLS PKWAY APT 221 EAU CLAIRE, WI 54701	\$89,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1		\$	Person Payroll Oronash Oronash Oronash Oronash Oronash Oronash Oronash Oronash Oronash Contributions.)

Schedule B (Form 990) (2022)

Schedule B	Form 990)) (2022
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Name of organization

Employer identification number

39-1891064

EAU CLAIRE COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash i Toperty (see instructions). Ose duplicate copies of Part II il a		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	2,809 SHARES OF ORGANON & CO, CORTEVA INC., AND VIATRIS		
		\$116,535.	12/12/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Falli			

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Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
EAU CI	LAIRE COMMUNITY FOUNDAT:	ION	39-1891064
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sect through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, a	nd 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, a	nd 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
<u> </u>			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15			Schedule B (Form 990) (2022)

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SCHEDU	LE D
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(Form	990)
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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

Employer identification number

39-1891064

Department of the Treasury Internal Revenue Service Name of the organization

EAU CLAIRE COMMUNITY FOUNDATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 73 Total number at end of year 1 883,064. Aggregate value of contributions to (during year) 2 684,502. 3 Aggregate value of grants from (during year) 10,677,071. Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 X Yes No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) 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 vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 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 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization's accussion, and other records, check any of the following that make significant use of its contraction to its (contrued) 4 Division three (check all that apply): 4 5 Division three (check all that apply): 4 6 Division three (check all that apply): 4 7 Division three (check all that apply): 4 8 Division three (check all that apply): 4 9 Division three (check all that apply): 4 Clean or exchange program 6 Other Division three (check all that apply): 4 Note 7 Provide a deciption of the arganization's collection? Yes No 8 Infinition to be maintained as part of the comparization answered "Yes" on Form 990, Part IV. Yes No 9 If Yes, 'explain the arrangement in Part XIII and complete the following table: 4 Amount 16 16 Distrogram 16 Amount 16 16 17 18 14 10 10 10 10 10 10 10 10 <	Sche		IRE COMMUNI				3.	9-18	91064	l Pa	age 2
collection lemis (check all that apply): a Debic exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ner S	imilar A	Assets	(contin	ued)	
a Public exhibition d Lan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e signi [.]	ficant use	e of its			
b Scholarly research e Other c Preview addentiation of uture generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets Part W Escrew and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or responded an anount on Form 990, Part X, line 21. Is to organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization angent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization angent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is to organization include an amount on Form 990, Part X, line 21. Is to organization include an amount on Form 990, Part X, line 21. Is to organization include an amount on Form 990, Part X, line 21. Is to organization include an amount on Form 990, Part X, line 21. Is to organization and the span accel the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Is to organization and the part part and the span accel the organization answered 'Yes' on Form 990, Part X, line 10. <t< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		collection items (check all that apply):									
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 solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maritained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or 7 reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or or custodial account is billing? c Beginning balance d Additions during the year 1a Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII 1a Beginning of year balance (a) Current year (b) Prior year (b) Two years balank (d) Three years balk (e) true year	а	Public exhibition	d								
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 add to raise funds rather than to be maintained as part of the organization's collection? Part W ExCover and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 line 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 line 21. Ta is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? C Beginning balance C Beginning balance Ta is an anount on Form 900, Part X, line 21, for escrow or custodial account liability? Text variant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization answered "Yas" on Form 900, Part X, line 21, for escrow or custodial account liability? Part W Endowment Funds. Complete if the organization include on Part XIII. Beginning of year balance 1, 439, 731, 1, 326, 867, 1, 204, 613, 983, 427, 1, 011, 058, 051, 012, 012, 051, 012, 051, 012, 012, 051, 012, 012, 051, 012, 051, 012, 012, 012, 013, 014, 012, 012, 013, 014, 012, 012, 013, 0	b	Scholarly research	e	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization soliciton? Yes No Part IV Escrow and Oustodial Arrangements. Complete if the organization assets not included on Form 990, Part X Yes No 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:	С										
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basis (investment) basis (other) depreciation 1a Land			d "Yes" on Form 990,	,	í	X, line	e 10.				
b Buildings 4,147. 0. c Leasehold improvements 4,147. 0. d Equipment 48,923. 48,114. 809. e Other 0 0 0		Description of property	1 . /			,			(d) Bool	k value	e
b Buildings 4,147. 0. c Leasehold improvements 4,147. 0. d Equipment 48,923. 48,114. 809. e Other 0 0 0	1a	Land									
c Leasehold improvements 4,147. 0. d Equipment 48,923. 48,114. 809. e Other 48,923. 48,114. 809.	-										
d Equipment 48,923. 48,114. 809. e Other 809. 809. 809. 809. 809. 809. 809. 809.	с										
				4	8,923.	4	8,114	1.		80	09.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	-										
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)					8(09.

Schedule D (Form 990) 2022

232052 09-01-22

	(Form 990) 2022			COMMUNITY FOU	NDATION	39-1891064 _{Page} 3
Part VII						
				on Form 990, Part IV, line		
(a) Descrip	tion of security or cate	gory (including	g name of security)	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
• •						
(2) Closely	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990	0, Part X, col	. (B) line 12.)			
Part VIII	Investments -	-				
				on Form 990, Part IV, line		
	(a) Description of	investmen	t	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990	0, Part X, col	. (B) line 13.)			
Part IX	Other Assets.					
	Complete if the org	anization a		on Form 990, Part IV, line	11d. See Form 990, Part >	
			(a)	Description		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	<u>mn (b) must equal Fo</u>	orm 990, Pa	art X, col. (B) lin	e 15.)		
Part X	Other Liabilitie					
		-		on Form 990, Part IV, line	11e or 11f. See Form 990,	
1.	(a) D	escription of	of liability			(b) Book value
	leral income taxes					
	ENCY ENDOW					3,747,507.
(3) OP	ERATING LE	ASE LI	IABILITY			57,680.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Fo	orm 990. Pa	art X. col. (B) lin	e 25.)		3,805,187.
					the organization's financia	al statements that reports the
						the has been provided in Part XIII \dots X

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

39-1891064 Page 3

11480915 147695 22661

Sche	edule D (Form 990) 2022 EAU CLAIRE COMMUNITY FC	UNDATION	39-1891064 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
Ч	Other (Describe in Part XIII.)		
u			
e			<u>2</u> e
e 3			
	Add lines 2a through 2d		
3	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3 4 a b	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
3 4 a b c 5	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	3

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 FOUNDAT	TION HAS S	SEVERAL DONOR	RESTRICTED	ENDOWMENT FU	NDS ESTABLISHED	
FOR THE PUP	POSES OF	PROVIDING INC	COME TO SUPP	ORT VARIOUS	PROGRAMS. GIFTS T	0
THE ENDOWME	INT FUND (FUND FOR THE	FUTURE) WIL	L REMAIN WIT	H THE FUND IN	
PERPETUITY	AND THE F	UND WILL BE I	MANAGED ACCO	RDING TO THE	INVESTMENT POLIC	'Y
ESTABLISHEI) BY THE F	OUNDATION BO	ARD OF TRUST	EES. THE IN	VESTMENT INCOME	
MAY BE USEI) ANNUALLY	TO MEET CURI	RENT NEEDS O	R FUND SPECI.	AL PROJECTS AS	
DETERMINED	BY THE FC	OUNDATION BOAL	RD OF TRUSTE	ES.		

PART X, LINE 2:

THE FOUNDATION HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND WISCONSIN STATUTE. IT HAS BEEN CLASSIFIED
232054 09-01-22
31

Part XIII	Supplemental	Information	(continued)
	(Form 990) 2022		CLAIRE

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL

REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO

UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Complete if the	2022					
Department of the Treasury		organization entered more than \$15 Attach to Form 990 o					Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information		Inspection
Name of the organization		IRE COMMUNITY FOUN	ייד בר	ON			r identification number 91064
Part I Fundrais		Complete if the organization answe			Form 990 Part IV I		
	complete this part						
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations in have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

EAU CLAIRE COMMUNITY FOUNDATION

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

	ANNIVERSARY		NONE	(d) Total events (add col. (a) through
	(event type)	(event type)	(total number)	– col. (c))
Gross receipts	51,431.			51,431
Less: Contributions	30,130.			30,130
Gross income (line 1 minus line 2)	21,301.			21,301
Cash prizes				
Noncash prizes				
Rent/facility costs	890.			890
Food and beverages	12,346.			12,346
				500
				7,827
				21,563
II Gaming. Complete if the organization	answered "Yes" on Form	990. Part IV. line 19. or i	reported more than	202
\$15,000 on Form 990-EZ, line 6a.		,,,		
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
Direct expense summary. Add lines 2 throug	h 5 in column (d)			
Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
he organization licensed to conduct gaming a	ctivities in each of these	states?		
			vear?	Yes N
	Cash prizes	Cash prizes	Cash prizes 890. Noncash prizes 890. Food and beverages 12,346. Entertainment 500. Other direct expenses 7,827. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Met income summary. Subtract line 10 from line 3, column (d) (a) Bingo Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or n \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue 90. Part IV, line 19, or n \$15,000 on Form 990-EZ, line 6a. Value of the organization answered "Yes" on Form 990, Part IV, line 19, or n \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue 90. Part IV, line 19, or n \$15,000 on Form 990-EZ, line 6a. Noncash prizes 90. 90. Part IV, line 19, or n \$15,000 on Form 990-EZ, line 6a. Other direct expenses 90. 90. 90. 90. Notash prizes 90. 90. 90. 90. Other direct expenses 90. No <td>Cash prizes </td>	Cash prizes

232082 10-27-22

Schedule G (Form 990) 2022

Sche	edule G (Form 990) 2022	EAU	CLAIRE	COMMUN	ITY F	OUNDATION		39-18	89106	4 Page 3
11	Does the organization conduct g	aming act	tivities with n	onmembers?					Ye	s 🗌 No
12	Is the organization a grantor, ben					• •	•			
	to administer charitable gaming?								Ye:	s 🔄 No
	Indicate the percentage of gamin							1	I	
	The organization's facility								13a 13b	<u>%</u>
	An outside facility Enter the name and address of the									70
		le percen	into propure	so the organiza	dion o gui	ning, opeoidi evenite		•		
	Name									
	Address									
15a	Does the organization have a cor	ntract with	n a third party	y from whom tl	he organiz	zation receives gami	ing revenue?		Ye:	s 🗌 No
b	If "Yes," enter the amount of gan	ning rever	nue received	by the organization	ation	\$	and the amo	unt		
	of gaming revenue retained by th	e third pa	arty \$							
С	If "Yes," enter name and address	s of the th	ird party:							
	News									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
		·								
	Description of services provided									
	Director/officer	□ En	nployee	lr	ndepende	nt contractor				
17	Mandatory distributions:									
а	Is the organization required unde	er state lav	w to make ch	aritable distrib	utions fro	m the gaming proce	eds to		—	<u> </u>
L	retain the state gaming license?									s 🛄 No
D	Enter the amount of distributions organization's own exempt activi	•				other exempt organi	zations or spent in	line		
Pa	t IV Supplemental Info				required	by Part I, line 2b, co	olumns (iii) and (v); a	and Part	III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicat	ole. Also prov	ide any additio	onal inforr	nation. See instruct	ions.			
23208	3 10-27-22							Schedu	le G (For	m 990) 2022
00					35					

	(Form)
	-	

	Part IV	Supplemental Information (continued)	
Schedule Q (Form 950)			
Schedulo & Form 990)			
Schedula G // Form 9900			
Schedule G (Form 990)			
Schedule G (Form 990)			
Schedule & (Form 990)			
Schedule & (Form 990)			
Schedule G (Form 990)			
Schedule G (Form 990)			
Schedule G (Form 990)			
Schedule G (Form 990)			
Schedule G (Form 990)			
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Schedule G (Form 990)			
Schedule G (Form 990)			
Schedule G (Form 990)			
			Schedule G (Form 990)

232084 04-01-22

11480915 147695 22661

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp	-	Attach to Form	990.			Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization EAU CLAIR	E COMMUNI	TY FOUNDATI	ON				Employer identification number 39-1891064
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						on XYes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to D					prization answord "V	os" on Form 000 Part	IV line 21 for any
recipient that received more than \$	•				anization answered T	es offform 990, Fait	TV, III 21, IOI ally
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
BOYS & GIRLS CLUB GREATER CHIPPEWA VALLEY - MARY MARKQUART CENTER - 1005 OXFORD AVE - EAU CLAIRE, WI 54703	39-2032491	501(C)(3)	190,322.	0.			OPERATIONAL/PROJECT NEEDS, STEAM AND POSITIVE BEHAVIOR PROGRAMMING, UNRESTRICTED
CHILDREN'S MUSEUM OF EAU CLAIRE, INC - 220 S BARSTOW ST - EAU CLAIRE, WI 54701	39-2015286	501(C)(3)	130,476.	0.			OPERATIONAL NEEDS, UNRESTRICTED
SCHOOL DISTRICT OF LOYAL 514 W CENTRAL ST LOYAL, WI 54446	39-6003152	501(C)(3)	108,871.	0.			FINANCIAL LITERACY PROGRAM
HOPE GOSPEL MISSION, INC. PO BOX 1127 EAU CLAIRE, WI 54702	39-1948605	501(C)(3)	93,023.	0.			EMERGENCY FUND, UNRESTRICTED
THE HUB HOMELESS SERVICES, INC. 1749 COUNTY HWY OO CHIPPEWA FALLS, WI 54729	84-4406703	501(C)(3)	59,000.	0.			GENERAL SUPPORT
YMCA OF THE CHIPPEWA VALLEY 700 GRAHAM AVENUE EAU CLAIRE, WI 54701	39-0806351	501(C)(3)	45,776.	0.			CAPITAL CAMPAIGN, OPERATIONAL/PROJECT NEEDS UNRESTRICTED
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	•		e line 1 table			·	<u> </u>

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

Schedule I (Form 990) EAU CLAIRE COMMUNITY FOUNDATION 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
CHIPPEWA VALLEY HEALTH CLINIC INC. 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	44,200.	0.			OPERATIONAL/PROJECT NEEDS, UNRESTRICTED
- EAU CLAIRE COUNTY HUMANE ASSOCIATION - 3900 OLD TOWN HALL RD - EAU CLAIRE, WI 54701	39-6125537	501(C)(3)	41,045.	0.			PROJECT NEEDS
COURTE OREILLES LAKES ASSOCIATION (COLA) - PO BOX 702 - HAYWARD, WI 54843	39-1829932	501(C)(3)	37,849.	0.			UNRESTRICTED
FLYING EAGLES SKI CLUB, INC 2809 E HAMILTON AVE #226 EAU CLAIRE, WI 54701	74-3187968	501(C)(3)	36,260.	0.			GENERAL SUPPORT
THE COMMUNITY TABLE 320 PUTNAM ST EAU CLAIRE, WI 54703	39-1770259	501(C)(3)	30,770.	0.			EMERGENCY FUND, OPERATIONAL/PROJECT NEEDS
FEED MY PEOPLE FOOD BANK 2610 ALPINE RD EAU CLAIRE, WI 54703	36-1488941	501(C)(3)	28,960.	0.			PROJECT NEEDS, UNRESTRICTED
BETTENDORF COMMUNITY SCHOOL DISTRICT - 3311 18TH ST - BETTENDORF, IA 52722	42-1251037	501(C)(3)	27,161.	0.			BEYOND THE BELLS AFTER SCHOOL PROGRAM
THE EASTSIDE HILL NEIGHBORHOOD ASSOCIATION - P.O. BOX 2114 - EAU CLAIRE, WI 54702	46-1268369	501(C)(3)	26,064.	0.			GENERAL SUPPORT
EAU CLAIRE POLICE DEPARTMENT 721 OXFORD AVE STE 1400 EAU CLAIRE, WI 54703		GOVERNMENT	25,770.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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Schedule I (Form 990) EAU CLAIRE COMMUNITY FOUNDATION

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

35-2236684 501(C)(3)

EAU CLAIRE, WI 54701

(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
JUNIOR ACHIEVEMENT OF WI, INC.							
NORTHWEST DISTRICT - 2004 HIGHLAND							
AVENUE, SUITE 2C - EAU CLAIRE, WI							JUNIOR ACHIEVEMENT
54701	39-0826295	501(C)(3)	23,850.	0.			PROGRAM
BIG BROTHERS BIG SISTERS OF							1-TO-1 MENTORING
NORTHWESTERN WISCONSIN - 424	22 7211200	$E_{01}(\alpha)(2)$	22.050	0			CONTINUITY, ACTION
GALLOWAY ST - EAU CLAIRE, WI 54703	23-7311200	501(C)(3)	23,050.	0.			BUDDIES, UNRESTRICTED
THE BRIGID ALLIANCE P.O. BOX 58							
NEW YORK, NY 10024	82-3843989	501(C)(3)	22,000.	0.			GENERAL SUPPORT
CENTRO POR LA JUSTICIA 1416 E. COMMERCE ST. ST. ANTONIO, TX 78205	74-2720710	501(C)(3)	20,500.	0.			GENERAL SUPPORT
L.E. PHILLIPS MEMORIAL PUBLIC LIBRARY - 400 EAU CLAIRE ST - EAU CLAIRE, WI 54701		government	19,244.	0.			DISBURSEMENT FROM STORY BUILDER FUND
DIOCESE OF LA CROSSE STEWARDSHIP AND DEVELOPMENT, PO BOX LA CROSSE, WI 54602	39-0807229	501(C)(3)	19,000.	0.			UNRESTRICTED
FAMILY PROMISE OF THE CHIPPEWA VALLEY - 309 EAST LAKE ST - EAU CLAIRE, WI 54701	39-1799434	501(C)(3)	17,614.	0.			GENERAL SUPPORT
UW-EAU CLAIRE FOUNDATION 105 GARFIELD AVE EAU CLAIRE, WI 54702	39-0972350	501(C)(3)	16,750.	0.			SCHOLARSHIPS, UNRESTRICTED
THE WELLNESS SHACK 505 S. DEWEY STREET, SUITE 101							

Schedule I (Form 990)

GENERAL SUPPORT

16,620.

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EAU CLAIRE COMMUNITY FOUNDATION

39-1891064	Page 1	
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		TY FOUNDATI					39-1891064 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
LITERACY CHIPPEWA VALLEY							
510 S. FARWELL ST.							
	20 1657040	501(0)(2)	16 200	0.			FINANCIAL STABILITY,
EAU CLAIRE, WI 54701	39-1657040	501(C)(3)	16,300.	υ.			UNRESTRICTED
PABLO CENTER AT THE CONFLUENCE							
128 GRAHAM AVE.							OPERATIONAL NEEDS,
EAU CLAIRE, WI 54701	45-5405233	501(C)(3)	16,000.	Ο.			UNRESTRICTED
	15 5105255	501(0)(3)	10,000.				
CHIPPEWA VALLEY MUSEUM							
PO BOX 1204							OPERATIONAL/PROJECT
EAU CLAIRE, WI 54702	39-6092129	501(C)(3)	15,193.	Ο.			NEEDS, UNRESTRICTED
· · · · ·			,				
BOLTON REFUGE HOUSE, INC.							
PO BOX 482							
EAU CLAIRE, WI 54703	39-1302222	501(C)(3)	15,007.	0.			GENERAL SUPPORT
KATIE FLOWERS ENDOWMENT							
13450 COUNTY HIGHWAY M							
CABLE, WI 54821	39-1994280	501(C)(3)	15,000.	0.			LIBRARY EXPANSION PROJECT
FAMILY RESOURCE CENTER							KEEPING FRC STRONG,
4800 GOLF RD STE 450							SUPPORT TRIPLE P
EAU CLAIRE, WI 54701	39-1958904	501(C)(3)	14,745.	0.			INITIATIVE
WILDLIFE REHABILITATION AND							
RELEASE, INC E9356 830TH AVE -	27 2200777	E01/(0)/(2)	14 000	0			GENERAL GUDDODM
COLFAX, WI 54730	27-3380777	501(C)(3)	14,000.	0.			GENERAL SUPPORT
TRINITY EQUESTRIAN CENTER							
s5300 STATE ROAD 37							
	20-0446590	501(C)(3)	13,718.	0.			GENERAL SUPPORT
EAU CLAIRE, WI 54701	20-0440390	501(0)(5)	13,710.	0.			SEMERAL SUFFORI
CHIPPEWA VALLEY COUNCIL, BOY							
SCOUTS OF AMERICA - 710 S HASTINGS							MEMBERSHIP ASSISTANCE,
WAY - EAU CLAIRE, WI 54701	39-0807227	501(C)(3)	12,679.	Ο.			UNRESTRICTED

Schedule I (Form 990)

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

39-	-1891064	Page 1

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 non-cash assistance	(h) Purpose of grant or assistance
HOUR CHILDREN, INC.							
36-11 12TH STREET							
LONG ISLAND CITY, NY 11106	13-3647412	501(C)(3)	11,911.	0.			GENERAL SUPPORT
REACH FOUNDATION							
2205 HEIMSTEAD RD	70 150007	F01(G)(2)	11 401	0			OPERATIONAL NEEDS, RENTAL
EAU CLAIRE, WI 54703	72-1569027	501(C)(3)	11,401.	0.			ASSISTANCE
CATHOLIC CHARITIES							
318 FULTON ST							STAFFING, RENTAL
EAU CLAIRE, WI 54703	53-0196620	501(C)(3)	10,778.	0.			ASSISTANCE, UNRESTRICTED
PLANNED PARENTHOOD OF WISCONSIN 302 N. JACKSON ST.							
MILWAUKEE, WI 53202	39-0863391	501(C)(3)	10,500.	0.			UNRESTRICTED
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE							
MADISON, WI 53726	39-0743975	501(C)(3)	10,000.	0.			UNRESTRICTED
TRINITY LUTHERAN CHURCH 1314 EAST LEXINGTON BLVD EAU CLAIRE, WI 54701	39-0911423	501(C)(3)	10,000.	0.			UNRESTRICTED
EMBRACE SERVICES, INC 107 LINDOO AVE E							
LADYSMITH, WI 54848	39-1372488	501(C)(3)	10,000.	0.			UNRESTRICTED
DURAND FIRE RELIEF ASSOCIATION 205 E. MONTGOMERY ST.	00 0107540	E01/(C)/(2)	10.000				CENEDAL CUDDOD
DURAND, WI 54736	82-3197548	201(C)(2)	10,000.	0.			GENERAL SUPPORT
KING BAUDOUIN FOUNDATION UNITED STATES (KBFUS) – 551 FIFTH AVENUE – NEW YORK, NY 10176	58-2277856	E01/(C)/(2)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

EAU CLAIRE, WI 54703

(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
MIDWEST ACCESS COALITION							
P.O. BOX 408363							
CHICAGO, IL 60640	47-2160168	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHIPPEWA VALLEY VETERANS TRIBUTE							
FOUNDATION - PO BOX 1422 - EAU							
CLAIRE, WI 54702	82-1024867	501(C)(3)	9,500.	0.			UNRESTRICTED
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,000.	0.			UNRESTRICTED
EAU CLAIRE PUBLIC SCHOOLS FOUNDATION - 500 MAIN STREET - EAU							
CLAIRE, WI 54701	26-1877961	501(C)(3)	8,793.	0.			GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN, INC - 3136 CRAIG RD - EAU CLAIRE, WI							COVID 19 RESPONSE, OPERATIONAL AND PROJECT
54701	39-0816846	501(C)(3)	8,735.	٥.			NEEDS
UNIVERSITY OF MINNESOTA DULUTH 10 UNIVERSITY DR 410 DULUTH, MN 55812-3011	41-1953413	501(C)(3)	8,000.	0.			GENERAL SUPPORT
DOLOTA, MN 33812-3011	41-1955415	501(0)(3)	8,000.	0.			GENERAL SUFFORT
UW LA CROSSE 1725 STATE STREET							
LA CROSSE, WI 54601	06-8191097	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PROFESSIONAL DENTAL HYGIENE EXPRESS INC - 5388 STATE HWY 64 - BLOOMER, WI 54724	27-4969600	501(C)(3)	7,500.	0.			GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN FOUNDATION 3304 14TH ST							

GENERAL SUPPORT

7,235.

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39-1942664 501(C)(3)

39-1891064 Page 1

EAU CLAIRE COMMUNITY FOUNDATION Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE COALITION TO END							
DOMESTIC AND SEXUAL VIOLENCE - 2							
INTERNATIONAL PLAZA - NASHVILLE,							
TN 37217	58-1632437	501(C)(3)	7,211.	0.			GENERAL SUPPORT
UW-EAU CLAIRE							
PO BOX 4004	20 0050250	501 (2) (2)	F 150				
EAU CLAIRE, WI 54702-4004	39-0972350	501(C)(3)	7,170.	0.			GENERAL SUPPORT
GEORGIA COALITION AGAINST DOMESTIC							
VIOLENCE - 2295 PARKLAKE DRIVE,							
SUITE 130 - ATLANTA, GA 30345	58-1854962	501(C)(3)	7,011.	0.			GENERAL SUPPORT
AMERICAN RED CROSS-NORTHWEST							
WISCONSIN CHAPTER - 3728 SPOONER							DISASTER RELIEF, COVID 19
AVE - ALTOONA, WI 54720	53-0196605	501(C)(3)	6,945.	0.			RELIEF, UNRESTRICTED
THROUGH THESE DOORS							
P.O. BOX 704							
PORTLAND, ME 04102	01-0352636	501(C)(3)	6,896.	0.			GENERAL SUPPORT
CHIPPEWA VALLEY LGBTQ+ COMMUNITY							
CENTER - 505 DEWEY ST. SOUTH - EAU	20.0010070		6.515				
CLAIRE, WI 54701	39-2018270	501(C)(3)	6,545.	0.			GENERAL SUPPORT
GRACE LUTHERAN FOUNDATION INC							
3410 SKY PARK BLVD.							
EAU CLAIRE, WI 54702-0287	39-6040444	501(C)(3)	6,531.	0.			GENERAL SUPPORT
	55 0010111	501(0)(3)	0,001.				
MOCSA							
3100 BROADWAY							
KANSAS CITY, MO 64111	43-1061620	501(C)(3)	6,510.	0.			GENERAL SUPPORT
SLEEP IN HEAVENLY PEACE, CHIPPEWA							
VALLEY CHAPTER - 11685 44TH AVE.							
SOUTH - LAKE HALLIE, WI 54729	46-4346568	501(C)(3)	6,510.	0.			GENERAL SUPPORT

39-1891064

Page 1

Schedule I (Form 990) EAU CLAIRE COMMUNITY FOUNDATION

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

86-0593601 501(C)(3)

PHOENIX, AZ 85004

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF BEAVER CREEK RESERVE S1 COUNTY HWY K FALL CREEK, WI 54742	39-1531523	501(C)(3)	6,452.	0.			GENERAL SUPPORT
WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL INCORPORATED - 418 WISCONSIN ST - EAU CLAIRE, WI 54703	39-1076993	501(C)(3)	6,015.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS 7 RIVERS REGION - 313 4TH ST. S - LA CROSSE, WI 54601	39-1762460	501(C)(3)	6,000.	0.			UNRESTRICTED
LA CROSSE AREA VETERANS MENTOR PROGRAM – 212 6TH ST S #450 – LA CROSSE, WI 54601	45-2383227	501(C)(3)	6,000.	0.			UNRESTRICTED
ST. CROIX VALLEY FOUNDATION 516 2ND ST #214A HUDSON, WI 54016	51-0172434	501(C)(3)	6,000.	0.			UNRESTRICTED
WOMEN IN NEED OF GENEROUS SUPPORT 1903 ANSON ROAD DALLAS, TX 75235	75-0800699	501(C)(3)	5,941.	0.			GENERAL SUPPORT
FIERCE FREEDOM 2519 HILLCREST PKWY SUITE 100 ALTOONA, WI 54720	46-1001360	501(C)(3)	5,800.	0.			GENERAL SUPPORT
CHIPPEWA VALLEY SYMPHONY, LTD 402 GRAHAM AVE., SUITE 205 EAU CLAIRE, WI 54701 ARIZONA COALITION TO END SEXUAL	39-1290295	501(C)(3)	5,700.	0.			GENERAL SUPPORT
AND DOMESTIC VIOLENCE - 2700 N. CENTRAL AVE., SUITE 1100 -							

Schedule I (Form 990)

GENERAL SUPPORT

5,121.

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39-1891064 Page 1

EAU CLAIRE COMMUNITY FOUNDATION Schedule I (Form 990)

(b) EIN

(a) Name and address of

organization or government

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

(c) IRC section

if applicable

(d) Amount of

cash grant

Schedule I (Form 990)

			assistance	appraisal, other)	
EAU CLAIRE AREA SCHOOL DISTRICT 500 MAIN ST EAU CLAIRE, WI 54701	GOVERNMENT	5,108.	0.		GENERAL SUPPORT

(e) Amount of

noncash

assistance

(f) Method of

valuation

(book, FMV,

(g) Description of

non-cash assistance

39-1891064 Page 1

(h) Purpose of grant

or assistance

45

232102 10-31-22

Schedule I (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

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

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:

EACH GRANTEE IS REQUIRED TO SUBMIT A GRANT REPORT WITHIN ONE YEAR

DESCRIBING HOW THE GRANT WAS USED.

39-1891064

Page **2**

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

22

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.

Name of the organization

EAU CLAIRE COMMUNITY FOUNDATION

Employer identification number
39-1891064

ſ ΖU **Open to Public**

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 de noncash contribu		0	s	
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	7	193,097.	MARKET VALU	E			
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 \dots								
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 organized	-							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
							Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	?				30a		X	
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribu	tions?	31	X	<u> </u>	
32a	Does the organization hire or use third parties contributions?		•	· • ·		32a		x	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.		-,		· · · · · ·				
	For Departwork Reduction Act Nation and	Ale a lucation at	Hana fan Farma 000		Cohodulo M	. (E a wa	- 000)	0000	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

11480915 147695 22661

Schedule M (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

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):

SECURITIES FROM 7 DONORS:

PRUDENTIAL 10 SHARES

KINDER MORGAN INCORPORATED 300 SHARES

LOWES COMPANY 45 SHARES

ELI LILLY & CO 25 SHARES

VANGUARD TOTAL STOCK MARKET ETF 255 SHARES

ORGANON & CO 67 SHARES

CORTEVA INC 1645 SHARES

VIATRIS INC 1097 SHARES

JENSEN QUALITY GROWTH FUND 45 SHARES

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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.



EAU CLAIRE COMMUNITY FOUNDATION

Employer identification number 39 - 1891064

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NONPROFITS TO RAISE OVER \$200,000 THROUGH CROWDFUNDING, AND IT

DISTRIBUTED \$100,000 IN BONUS GRANTS TO PARTICIPATING NONPROFITS. IT

ALSO DISTRIBUTED \$32,000 IN ADDITIONAL GRANTS TO LOCAL NONPROFITS AT

ITS 25TH ANNIVERSARY CELEBRATION ON JUNE 20, 2022. ECCF'S SUPPORT OF

LOCAL NONPROFITS IS HELPING TO ENHANCE THE QUALITY OF LIFE IN EAU

CLAIRE.

ECCF'S MISSION ALSO INCLUDES "OFFERING DONORS OPPORTUNITIES TO

ESTABLISH CHARITABLE LEGACIES." ECCF WORKED WITH DONORS TO ESTABLISH

28 NEW FUNDS IN 2022 AND HAS OVER 220 ACTIVE FUNDS. DONOR ADVISED

FUNDS, SUCH AS THE NEW JOHN AND TAMI SATRE FUND, ALLOW FUND HOLDERS TO

RECOMMEND GRANTS TO NONPROFITS OF THEIR CHOICE, WHILE FIELD OF INTEREST

FUNDS ALLOW FUND HOLDERS TO SUPPORT SPECIFIC AREAS OF INTEREST AND

DESIGNATED FUNDS NAME SPECIFIC ORGANIZATIONS. ECCF ALSO ALLOWS DONORS

TO CREATE OTHER TYPES OF FUNDS, INCLUDING UNRESTRICTED FUNDS TO SUPPORT

LOCAL NONPROFITS THROUGH THE ANNUAL COMMUNITY GRANT CYCLE AND

DESIGNATED SCHOLARSHIP FUNDS TO SUPPORT STUDENTS' POST-SECONDARY

EDUCATIONS.

ECCF ADDRESSES THE FINAL PORTION OF ITS MISSION--TO SERVE AS A CATALYST

TO ADDRESS COMMUNITY NEEDS--BY EDUCATING THE COMMUNITY ABOUT

PHILANTHROPIC ISSUES AND OPPORTUNITIES THROUGH EVENTS SUCH AS THE

ANNUAL MEETING, PROFESSIONAL ADVISOR EVENT, AND THE WOMEN'S GIVING

CIRCLE EDUCATIONAL EVENT. IN ADDITION TO INFORMING THE PUBLIC ABOUT

 ECCF
 AND
 ITS
 WORK
 THE
 ANNUAL
 EVENTS
 ALLOW
 DONORS
 TO
 CONNECT
 WITH
 LOCAL

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 Annual
 Annua

11480915 147695 22661

49

2022.05030 EAU CLAIRE COMMUNITY FOUN 22661__1

Schedule O (Form 990) 202 Name of the organization	22				Page 2 Employer identification number
	EAU	CLAIRE	COMMUNITY	FOUNDATION	39-1891064
NONPROFITS.					

ECCF'S PROFESSIONAL ADVISOR EVENT EDUCATES PROFESSIONAL ADVISORS ABOUT THEIR CLIENTS' CHARITABLE GIVING OPTIONS, WHILE THE EDUCATIONAL EVENT HOSTED BY ECCF'S WOMEN'S GIVING CIRCLE EDUCATES THE PUBLIC ABOUT PRESSING COMMUNITY ISSUES SUCH AS HOMELESSNESS, MENTAL HEALTH, OR ALZHEIMER'S DISEASE. IN 2022, THE EDUCATIONAL EVENT ADDRESSED CHALLENGES IN FINDING AFFORDABLE HOUSING. THROUGH THESE AND OTHER ANNUAL EVENTS, ECCF AIMS TO INCREASE AWARENESS, PHILANTHROPY, AND ACTIVISM IN OUR COMMUNITY.

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

THE COMPLETED FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES IN ADVANCE OF THEIR MONTHLY BOARD MEETING FOR PERSONAL REVIEW BY BOARD MEMBERS, THEN AS PART OF THE AGENDA THE EXECUTIVE DIRECTOR/TREASURER REVIEWS THE RETURN WITH BOARD MEMBERS FOR BOARD APPROVAL PRIOR TO FILING THE FORM 990.

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

THE POLICY REQUIRES ALL BOARD OR COMMITTEE MEMBERS, WHO MAY HAVE A CONFLICT OF INTEREST IN AN ITEM OF ACTION PUT TO VOTE TO ABSTAIN FROM THAT VOTE. THE CONFLICT OF INTEREST POLICY IS UPDATED BY BOARD AND COMMITTEE MEMBERS ANNUALLY AND SIGNED.

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

THE PERSONNEL COMMITTEE RECOMMENDS SALARY AMOUNTS TO THE OPERATIONS

COMMITTEE AFTER REVIEWING COMPARABLE DATA, PERFORMANCE APPRAISALS. THE

OPERATIONS COMMITTEE UPON REVIEWS THE AMOUNTS RECOMENDED AND THE CASH FLOW

50

ANALYSIS MAKES A RECOMMENDATION TO THE BOARD OF TRUSTEES FOR APPROVAL.

Schedule O (Form 990) 2022

2022.05030 EAU CLAIRE COMMUNITY FOUN 22661__1

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

990 AND AUDIT IS POSTED ON THE WEBSITE.

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

CHANGE IN VALUE OF CASH SURRENDER VALUE OF LIFE INSURANCE -1,282.

Schedule O (Form 990) 2022

232212 10-28-22

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 39 - 1891064

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

Name of the organization

Department of the Treasury Internal Revenue Service

EAU CLAIRE COMMUNITY FOUNDATION

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	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
EAU CLAIRE PUBLIC SCHOOLS FOUNDATION -					EAU CLAIRE		
26-1877961, 500 MAIN ST, EAU CLAIRE, WI	GRANTS TO SCHOOLS AND				COMMUNITY		
54701	DISTRICT PROGRAMS	WISCONSIN	501(C)(3)	LINE 7	FOUNDATION	Х	

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

39-1891064 Page 2

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.

	(j) (k) eral or Percentage ownership s No
(state or entity (related, unrelated, income end-or-year allocations? 20 of Schedule	eral or haging ther? S No
sections 512-514) Yes No K-1 (Form 1065) Yes	s No
	+ +
	+ +

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?	
		country)						Yes	No	

Schedule R (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: 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?			
а	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	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		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
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	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)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	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
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 EAU CLAIRE COMMUNITY FOUNDATION

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 s 501(c)(3 orgs.? Yes N	(f) Share of total income	(h Dispro tion: allocati Yes) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22