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Form **990**

Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4455 W LAWRENCE ST

City or town, state or province, country, and ZIP or foreign postal code
APPLETON, WI 54914

D Employer identification number
39-1548450

E Telephone number
(920) 830-1290

G Gross receipts $ 436,610,805

F Name and address of principal officer
CURT DETJEN
4455 W LAWRENCE ST
APPLETON, WI 54914

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFFOXVALLEY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SERVE A BROAD RANGE OF PHILANTHROPIC INTERESTS BENEFITING THE FOX VALLEY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	30
6	Total number of volunteers (estimate if necessary)	**6**	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	70,985

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	21,564,678	19,908,014
9	Program service revenue (Part VIII, line 2g)	378,563	357,142
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,905,830	3,001,715
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,849,071	23,266,871
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,468,140	15,873,230
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,766,179	1,902,591
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶391,937		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,908,358	2,110,414
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,142,677	19,886,235
19	Revenue less expenses Subtract line 18 from line 12	17,706,394	3,380,636
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	259,137,771	263,066,205
21	Total liabilities (Part X, line 26)	73,478,110	83,632,236
22	Net assets or fund balances Subtract line 21 from line 20	185,659,661	179,433,969

Part II Signature Block

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

Sign Here

******
Signature of officer — 2017-01-09 Date

JOHN HOGERTY DIRECTOR AND CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MIKE VANDEN HOGEN	MIKE VANDEN HOGEN			P00499282

Firm's name ▶ SCHENCK SC — Firm's EIN ▶ 39-1173131

Firm's address ▶ 200 E WASHINGTON ST PO BOX 1739
APPLETON, WI 549121739 — Phone no (920) 731-8111

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO RECEIVE AND MANAGE PHILANTHROPIC ASSETS, TO MAKE PRUDENT, SENSITIVE AND CREATIVE GRANTS AND TO EXERCISE LEADERSHIP IN IMPORTANT COMMUNITY PRIORITIES

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 16,968,076 including grants of $ 15,873,230) (Revenue $ 357,142)

GRANTS ARE AWARDED FROM CHARITABLE FUNDS ESTABLISHED BY INDIVIDUALS, FAMILIES, BUSINESSES AND ORGANIZATIONS REFLECTING THEIR WISHES FOR GIVING BACK IN WAYS THAT COLLECTIVELY STRENGTHEN OUR COMMUNITY FOR CURRENT AND FUTURE GENERATIONS THESE GRANTS MAKE A DIFFERENCE IN THE LIVES OF PEOPLE THROUGHOUT THE FOX VALLEY REGION IN THE AREAS OF ARTS AND CULTURE, EDUCATION, COMMUNITY IMPROVEMENT, HEALTH CARE, HUMAN SERVICES, THE ENVIRONMENT AND RELIGION OUR DISCRETIONARY GRANT PROGRAM INCLUDES THE FOLLOWING EFFORTS 1) HELP STRENGTHEN NONPROFIT ORGANIZATIONS, 2) PROVIDE COMMUNITY LEADERSHIP GRANTS TO SUPPORT AND ADVANCE KEY COMMUNITY INITIATIVES CONSISTENT WITH OUR GRANT PRIORITIES, 3) INCREASE ACCESS AND INCLUSION AND EDUCATING CHILDREN AND YOUTH IN THE AREAS OF ARTS AND CULTURE AND ENVIRONMENTAL SUSTAINABILITY, 4) AND RAISING AWARENESS OF COMMUNITY ISSUES TO HELP SPARK ACTION RESULTING IN POSITIVE CHANGE

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 16,968,076

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
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		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ TERRI TOWLE 4455 W LAWRENCE ST APPLETON, WI 54914 (920) 830-1290

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								757,471	0	91,378

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING 750 THIRD AVE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT CONSULTANT	170,491
BMO HARRIS PO BOX 1056 APPLETON, WI 549121056	INVESTMENT MGMT & CUSTODIAN	125,737
FORESTER DIVERSIFIED 2 SOUND VIEW DR THIRD FLOOR GREENWICH, CT 06830	INVESTMENT MANAGEMENT	103,906

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	186,248			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,721,766			
	g Noncash contributions included in lines 1a-1f $		6,247,356			
	h **Total.** Add lines 1a-1f ▶		19,908,014			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEE INCOME FROM AG	561000	196,344	196,344		
	b ADMINISTRATIVE FEE INCOME FROM SU	561000	160,798	160,798		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		357,142			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,245,476			3,245,476
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	413,100,173				
	b Less cost or other basis and sales expenses	413,343,934				
	c Gain or (loss)	-243,761				
	d Net gain or (loss) ▶		-243,761			-243,761
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See Instructions ▶		23,266,871	357,142	0	3,001,715

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,081,743	15,081,743		
2 Grants and other assistance to domestic individuals See Part IV, line 22	791,487	791,487		
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	888,640	175,241	533,281	180,118
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	632,727	410,410	165,047	57,270
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,240	11,268	7,254	1,718
9 Other employee benefits	252,759	130,898	96,594	25,267
10 Payroll taxes	108,225	43,609	49,928	14,688
11 Fees for services (non-employees)				
a Management				
b Legal	2,000		2,000	
c Accounting	54,260		54,260	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,465,235		1,465,235	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	103,081	98,786	4,295	
12 Advertising and promotion	82,089	17,581		64,508
13 Office expenses	55,972	28,910	20,407	6,655
14 Information technology	170,953	66,672	78,638	25,643
15 Royalties				
16 Occupancy	39,969	15,588	18,386	5,995
17 Travel	55,916	46,757	6,907	2,252
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,954	9,732	11,479	3,743
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,795	1,870	2,206	719
23 Insurance	21,604	8,426	9,937	3,241
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EDUCATION	29,586	29,098	368	120
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	19,886,235	16,968,076	2,526,222	391,937
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	748,662	2	1,960,567
	3	Pledges and grants receivable, net	1,476,840	3	3,373,775
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	99,617	9	108,198
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 537,736			
	b	Less accumulated depreciation — 10b: 479,373	38,781	10c	58,363
	11	Investments—publicly traded securities	17,800,711	11	11,898,168
	12	Investments—other securities See Part IV, line 11	238,275,717	12	244,939,600
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	697,443	15	727,534
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	259,137,771	16	263,066,205
Liabilities	17	Accounts payable and accrued expenses	381,737	17	499,839
	18	Grants payable	776,171	18	474,974
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	72,320,202	25	82,657,423
	26	**Total liabilities.** Add lines 17 through 25	73,478,110	26	83,632,236
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	182,752,327	27	174,867,975
	28	Temporarily restricted net assets	2,907,334	28	4,565,994
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	185,659,661	33	179,433,969
	34	Total liabilities and net assets/fund balances	259,137,771	34	263,066,205

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,266,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,886,235
3	Revenue less expenses Subtract line 2 from line 1	3	3,380,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,659,661
5	Net unrealized gains (losses) on investments	5	-9,688,698
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	82,370
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	179,433,969

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1548450

Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEN ADAMS DIRECTOR	0 50	X						0	0	0
KEITH DEPIES TREASURER & VICE CHAIR	0 50	X		X				0	0	0
JIM EAGON DIRECTOR & VICE CHAIR	0 50	X		X				0	0	0
TIM HIGGINS DIRECTOR	0 50	X						0	0	0
JOHN HOGERTY II DIRECTOR & VICE CHAIR	0 50	X		X				0	0	0
STEVE HOOYMAN DIRECTOR	0 50	X						0	0	0
MIKE LOKENSGARD DIRECTOR & VICE CHAIR	0 50	X		X				0	0	0
PAUL MUELLER DIRECTOR	0 50	X						0	0	0
KATHI SEIFERT DIRECTOR	0 50	X						0	0	0
JON STELLMACHER DIRECTOR	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARKALAN SMITH DIRECTOR & VICE CHAIR	0 50	X		X				0	0	0
RAQUEL STRAYER DIRECTOR	0 50	X						0	0	0
CATHIE TIERNEY SECRETARY & VICE CHAIR	0 50	X		X				0	0	0
DAVE VANDER ZANDEN DIRECTOR & VICE CHAIR	0 50	X		X				0	0	0
JEFF WERNER DIRECTOR	0 50	X						0	0	0
ALAN ZIERLER DIRECTOR & CHAIR	0 50	X		X				0	0	0
OMAR ATASSI MD DIRECTOR	0 50	X						0	0	0
RICK SHINKE DIRECTOR	0 50	X						0	0	0
KATHRYN SIEMAN DIRECTOR	0 50	X						0	0	0
ROBERT ENDRIES DIRECTOR	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER MARIAHAZY DIRECTOR	0 50	X						0	0	0
STEPHANIE VRABEC DIRECTOR	0 50	X						0	0	0
CURT DETJEN PRESIDENT/CEO	40 00			X				255,546	0	41,532
TERRI TOWLE VP FINANCE/ADMIN	40 00			X				137,708	0	11,964
MARTHA HEMWALL VP COMMUNITY ENGAGEMENT	40 00			X				113,396	0	12,528
TAMMY WILLIAMS VP MARKETING AND COMMUNICA	40 00			X				105,575	0	7,482
BOB ELLIS VP DEVELOPMENT & DONOR ENG	40 00			X				145,246	0	17,872

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	10,119,617	18,736,115	22,486,359	21,564,678	19,908,014	92,814,783
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,119,617	18,736,115	22,486,359	21,564,678	19,908,014	92,814,783
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)						16,512,911
6 **Public support.** Subtract line 5 from line 4						76,301,872

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	10,119,617	18,736,115	22,486,359	21,564,678	19,908,014	92,814,783
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,235,343	2,631,710	2,986,385	3,485,915	3,245,476	14,584,829
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						107,399,612

12 Gross receipts from related activities, etc (see instructions)	12	1,642,949

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	71 040 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	69 710 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
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)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) 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? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	377	555
2	Aggregate value of contributions to (during year)	9,842,387	11,170,655
3	Aggregate value of grants from (during year)	7,375,023	9,151,142
4	Aggregate value at end of year	64,990,470	90,405,049

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		537,736	479,373	58,363
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				58,363

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SECURITIES LENDING COLLATERAL	39,057,293	F
(B) EQUITIES	123,468,748	F
(C) FIXED INCOME	46,650,599	F
(D) HEDGE FUNDS	23,478,969	F
(E) REAL ASSETS	6,060,759	F
(F) PRIVATE EQUITY	815,679	F
(G) REAL ESTATE	5,407,553	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	244,939,600	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
FUNDS HELD FOR OTHERS	42,730,334
PAYABLE UNDER SECURITIES LENDING PROGRAM	39,064,722
CHARITABLE GIFT ANNUITY PAYABLE	862,367
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	82,657,423

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICAN AND THE CARIBBEAN	0	0	INVESTMENTS		24,169,110
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			24,169,110
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			24,169,110

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	COLUMN F INCLUDES $23,768,409 OF BOOK VALUE OF INVESTMENTS AND $400,701 OF INVESTMENT MANAGER FEES, WHICH ARE INCLUDED AS PART OF THE CURRENT YEAR INVESTMENT RETURNS ON THE CENTRAL AMERICAN AND THE CARIBBEAN REGION INVESTMENTS THE ORGANIZATION FOLLOWS THE ACCRUAL METHOD OF ACCOUNTING AND ITS INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE THE REPORTED AMOUNT OF INVESTMENTS AND FEES REPRESENTS THE COMMUNITY FOUNDATION OF THE FOX VALLEY REGION'S ALLOCATED PERCENTAGE OF THE INVESTMENTS THAT ARE LEGALLY OWNED BY THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC AND ALLOCATED TO CERTAIN SUPPORTING ORGANIZATIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 254

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 non-cash assistance
(1) POST SECONDARY SCHOLARSHIPS	343	791,487			

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

Return Reference	Explanation
PART I, LINE 2	MANY OF THE COMPETITIVE GRANTS AWARDED BY THE FOUNDATION REQUIRE A PROGRESS REPORT DURING THE GRANT PERIOD AND/OR A FINAL REPORT AT THE END OF THE GRANT PERIOD PROGRESS REPORTS ARE GENERALLY EXPECTED FOR MULTI-YEAR COMMITMENTS AS A WAY TO ASSESS THE WORK UNDERTAKEN TOWARD ACHIEVING ORIGINAL OBJECTIVES THE FINAL REPORT PROCESS HAS THREE PRIMARY OBJECTIVES ASSESSMENT OF WHAT'S BEEN LEARNED, IMPACT OF SUPPORT ON THE CORE MISSION, AND DEMONSTRATION OF ACCOUNTABILITY WHEN REVIEWING A GRANT APPLICATION FROM AN ORGANIZATION THAT HAS RECEIVED PRIOR FUNDING, GRANTS COMMITTEE MEMBERS AND FOUNDATION STAFF OFTEN CONSIDER THE CONTENT OF PRIOR REPORTS THE FOUNDATION WILL NOT CONSIDER APPLICATIONS FROM ORGANIZATIONS THAT HAVE OVERDUE REPORTS SOME OF THE GRANTS AWARDED THROUGH NON-COMPETITIVE PROCESSES WILL ALSO FOLLOW THIS FINAL REPORT PROCESS IF SUGGESTED BY THE DONOR, OTHERWISE, WE RELY ON THE DONOR'S ADVICE REGARDING THE USE OF GRANTED FUNDS AND DECISIONS TO CONTINUE TO FUND AN ORGANIZATION IN THE FUTURE

Additional Data

Software ID:
Software Version:
EIN: 39-1548450
Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISCONSIN HISTORICAL FOUNDATION 816 STATE STREET MADISON,WI 53791	39-0921093	501(C)3	5,500				SINGLE ORGANIZATION SUPPORT
AFRICAN HERITAGE INC P O BOX 2727 APPLETON,WI 549132727	39-1979470	501(C)3	25,000				CULTURAL & ETHNIC AWARENESS
BIRCH CREEK MUSIC PERFORMANCE ART CENTER 3821 COUNTY HIGHWAY E EGG HARBOR,WI 54209	36-3032002	501(C)3	5,400				ARTS EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MJSD-MENASHA JOINT SCHOOL DISTRICT 328 SIXTH STREET MENASHA,WI 549522768	39-6003366	GOVERNMENT	18,335				ARTS EDUCATION
PAPER INDUSTRY INTERNATIONAL HALL OF FAME 425 W WATER STREET APPLETON,WI 54911	39-1861890	501(C)3	5,700				ARTS EDUCATION
WEYAUWEGA ARTS ORGANIZATION P O BOX 50 WEYAUWEGA,WI 54983	87-0798025	501(C)3	13,300				FILM & VIDEO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF WISCONSIN PUBLIC TELEVISION INC 821 UNIVERSITY AVENUE MADISON,WI 537061497	23-7300462	501(C)3	41,765				TELEVISION
WISCONSIN PUBLIC RADIO ASSOCIATION INC PO BOX 697 RACINE,WI 53401	23-7363536	501(C)3	30,023				RADIO
BERGSTROM-MAHLER MUSEUM 165 N PARK AVE NEENAH,WI 54956	39-0958257	501(C)3	55,469				ART MUSEUMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOX CITIES BUILDING FOR THE ARTS 111 WEST COLLEGE AVENUE APPLETON,WI 54911	39-6056442	501(C)3	161,730				ART MUSEUMS
THE TROUT MUSEUM OF ART INC 111 WEST COLLEGE AVENUE APPLETON,WI 54911	81-1273001	501(C)3	93,155				ART MUSEUMS
THE BUILDING FOR KIDS 100 W COLLEGE AVE APPLETON,WI 549115706	39-1706260	501(C)3	22,534				CHILDREN'S MUSEUMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOX CITIES PERFORMING ARTS CENTER 400 W COLLEGE AVE APPLETON, WI 54911	39-1977839	501(C)3	300,394				PERFORMING ARTS CENTERS
MAKAROFF YOUTH BALLET 111 W COLLEGE AVE APPLETON, WI 54911	68-0652111	501(C)3	5,514				BALLET
ATTIC THEATRE INC PO BOX 41 APPLETON, WI 549120041	39-0993864	501(C)3	5,740				THEATER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JAZZ CORNER SOCIETY 829 ROOSEVELT STREET MENASHA,WI 54952	39-1909647	501(C)3	25,787				MUSIC
FOX VALLEY SYMPHONY ORCHESTRA ASSOCIATION 111 W COLLEGE AVE SUITE 550 APPLETON,WI 54911	39-1089489	501(C)3	76,008				SYMPHONY ORCHESTRAS
APPLETON BOYCHOIR INC 111 WEST COLLEGE AVENUE 400 APPLETON,WI 54911	39-1548340	501(C)3	5,800				SINGING & CHORAL GROUPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEWVOICES PO BOX 221 APPLETON,WI 549120221	93-0838178	501(C)3	8,200				SINGING & CHORAL GROUPS
WISCONSIN ACADEMY OF SCIENCES ARTS & LETTERS 1922 UNIVERSITY AVENUE MADISON,WI 537054099	39-1054856	501(C)3	15,000				HUMANITIES
FRIENDS OF HEARTHSTONE INC 625 W PROSPECT AVE APPLETON,WI 54911	39-1579731	501(C)3	21,524				HISTORICAL SOCIETIES & HISTORIC PRESERVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEENAH HISTORICAL SOCIETY PO BOX 343 NEENAH,WI 549570343	39-6075872	501(C)3	9,000				HISTORICAL SOCIETIES & HISTORIC PRESERVATION
OUTAGAMIE COUNTY HISTORICAL SOCIETY 330 E COLLEGE AVENUE APPLETON,WI 54911	39-1298304	501(C)3	119,074				HISTORICAL SOCIETIES & HISTORIC PRESERVATION
RAWHIDE BOYS RANCH E7475 RAWHIDE ROAD NEW LONDON,WI 549619987	39-1052471	501(C)3	72,478				HISTORICAL SOCIETIES & HISTORIC PRESERVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BSD-BRILLION SCHOOL DISTRICT 315 SOUTH MAIN STREET BRILLION,WI 54110	39-6001095	GOVERNMENT	8,921				EDUCATION
CATHOLIC FOUNDATION FOR THE DIOCESE OF GREEN BAY PO BOX 22128 GREEN BAY,WI 543052128	39-1924921	501(C)3	104,857				EDUCATION
CHPS-CHILTON PUBLIC SCHOOL DISTRICT 530 W MAIN ST CHILTON,WI 53014	39-6001369	GOVERNMENT	200,395				EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DYSLEXIA READING CONNECTION INC 2935 NORTH BALLARD ROAD 1 APPLETON,WI 54911	46-3735471	501(C)3	18,000				EDUCATION
NJSD-NEENAH JOINT SCHOOL DISTRICT 410 S COMMERCIAL STREET NEENAH,WI 54956	39-6003606	GOVERNMENT	11,400				EDUCATION
CAMBRIDGE IN AMERICA PO BOX 9123 NEW YORK,NY 100879123	52-6071299	501(C)3	10,000				SINGLE ORGANIZATION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKESHORE TECHNICAL COLLEGE FOUNDATION INC 1290 NORTH AVENUE CLEVELAND,WI 530151414	39-1269078	501(C)3	6,024				SINGLE ORGANIZATION SUPPORT
KENYA WORKS INC PO BOX 1572 APPLETON,WI 54912	05-0623727	501(C)3	51,000				FUND RAISING & FUND DISTRIBUTION
CHRISTIAN HOME AND BIBLE SCHOOL 301 WEST 13TH AVENUE MT DORA,FL 327579908	59-0855390	501(C)3	10,000				ELEMENTARY & SECONDARY SCHOOLS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY CATHOLIC SCHOOLS 1050 ZEPHYR DRIVE NEENAH, WI 54956	39-1656963	501(C)3	298,541				ELEMENTARY & SECONDARY SCHOOLS
KASD-KAUKAUNA AREA SCHOOL DISTRICT 1701 COUNTY ROAD CE KAUKAUNA, WI 54130	39-6002782	GOVERNMENT	14,738				PRIMARY & ELEMENTARY SCHOOLS
LCASD-LITTLE CHUTE AREA SCHOOL DISTRICT 325 MEULEMANS STREET - SUITE A LITTLE CHUTE, WI 54140	39-6003096	GOVERNMENT	7,636				PRIMARY & ELEMENTARY SCHOOLS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHSD-SHAWANO SCHOOL DISTRICT 218 COUNTY ROAD B SHAWANO,WI 54166	39-6007955	GOVERNMENT	7,887				PRIMARY & ELEMENTARY SCHOOLS
AASD-APPLETON AREA SCHOOL DISTRICT PO BOX 2019 APPLETON,WI 549132019	39-6000710	GOVERNMENT	39,589				SECONDARY & HIGH SCHOOLS
CELEBRATION LUTHERAN SCHOOL OF APPLETON 3100 EAST EVERGREEN DRIVE APPLETON,WI 54913	27-0493434	501(C)3	7,415				SECONDARY & HIGH SCHOOLS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCSD-SEYMOUR COMMUNITY SCHOOL DISTRICT 10 CIRCLE DRIVE SEYMOUR,WI 54165	39-6017417	GOVERNMENT	24,820				SECONDARY & HIGH SCHOOLS
LAWRENCE UNIVERSITY 711 EAST BOLDT WAY SPC 1847 APPLETON,WI 549115595	39-0806297	501(C)3	156,100				UNDERGRADUATE COLLEGES
LOYOLA UNIVERSITY OF CHICAGO 6525 NORTH SHERIDAN RD CHICAGO,IL 60626	36-1408475	501(C)3	10,000				UNIVERSITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVE MILWAUKEE,WI 53208	39-0806826	501(C)3	28,000				UNIVERSITIES
VALPARAISO UNIVERSITY 1100 CAMPUS DRIVE SOUTH VALPARAISO,IN 46383	35-0868125	501(C)3	10,600				UNIVERSITIES
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI,OH 452073181	31-0537516	501(C)3	5,670				UNIVERSITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOX VALLEY LITERACY COUNCIL INC 130 EAST FRANKLIN STREET APPLETON,WI 54911	39-1682277	501(C)3	44,571				ADULT EDUCATION
FRIENDS OF APPLETON PUBLIC LIBRARY 225 NORTH ONEIDA STREET APPLETON,WI 549114780	39-1550376	501(C)3	23,466				LIBRARIES
CHRIST CHILD ACADEMY 2722 HENRY STREET SHEBOYGAN,WI 53081	39-1557915	501(C)3	117,239				SCHOLARSHIPS & STUDENT FINANCIAL AID

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLABORATIVE ARTS PROJECT 21 INC 18 WEST 18TH STREET 6TH FLOOR NEW YORK,NY 10011	13-3735969	501(C)3	11,500				SCHOLARSHIPS & STUDENT FINANCIAL AID
FOX VALLEY CHRISTIAN ACADEMY 1450 OAKRIDGE RD PO BOX 799 NEENAH,WI 54956	39-1279433	501(C)3	5,500				SCHOLARSHIPS & STUDENT FINANCIAL AID
FOX VALLEY LUTHERAN HIGH SCHOOL 5300 NORTH MEADE STREET APPLETON,WI 549138383	39-0988994	501(C)3	10,595				SCHOLARSHIPS & STUDENT FINANCIAL AID

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOX VALLEY TECHNICAL COLLEGE FOUNDATION PO BOX 2277 APPLETON,WI 549122277	39-1264389	501(C)3	36,450				SCHOLARSHIPS & STUDENT FINANCIAL AID
HILLSDALE COLLEGE - BUSINESS OFFICE 33 EAST COLLEGE STREET HILLSDALE,MI 49242	38-1374230	501(C)3	15,191				SCHOLARSHIPS & STUDENT FINANCIAL AID
MADISON MEDIA INSTITUTE 2702 AGRICULTURE DRIVE MADISON,WI 53718	39-1139896	501(C)3	6,800				SCHOLARSHIPS & STUDENT FINANCIAL AID

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MCNALLY SMITH COLLEGE OF MUSIC 19 EXCHANGE STREET EAST SAINT PAUL,MN 55101	41-1540201	501(C)3	23,079				SCHOLARSHIPS & STUDENT FINANCIAL AID
SNOWDROP FOUNDATION-WISCONSIN CHAPTER 4910 NORTH FUJI DRIVE APPLETON,WI 54913	20-4478536	501(C)3	10,305				SCHOLARSHIPS & STUDENT FINANCIAL AID
ST ELIZABETH ANN SETON CATHOLIC SCHOOL 814 SUPERIOR AVENUE SHEBOYGAN,WI 53801	45-5179843	501(C)3	87,312				SCHOLARSHIPS & STUDENT FINANCIAL AID

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS XAVIER CATHOLIC SCHOOL SYSTEM 101 E NORTHLAND AVENUE APPLETON,WI 54911	75-2975177	501(C)3	238,794				SCHOLARSHIPS & STUDENT FINANCIAL AID
ST MARTIN LUTHERAN SCHOOL 100 S CLINTON AVE CLINTONVILLE,WI 54929	39-0825337	501(C)3	7,500				SCHOLARSHIPS & STUDENT FINANCIAL AID
ST MARY PARISH MENASHA 528 SECOND STREET MENASHA,WI 54952	39-0845602	501(C)3	25,000				SCHOLARSHIPS & STUDENT FINANCIAL AID

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

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ST THOMAS MORE PARISH 1810B NORTH MCDONALD STREET APPLETON,WI 54911	39-1027422	501(C)3	6,968				SCHOLARSHIPS & STUDENT FINANCIAL AID
WAUPACA COUNTY 811 HARDING STREET WAUPACA,WI 54981	39-6005758	GOVERNMENT	11,702				SCHOLARSHIPS & STUDENT FINANCIAL AID
WAUPACA HIGH SCHOOL SCHOLARSHIP FOUNDATION E2325 KING ROAD WAUPACA,WI 54981	39-1779223	501(C)3	45,000				SCHOLARSHIPS & STUDENT FINANCIAL AID

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WINONA STATE UNIVERSITY FOUNDATION PO BOX 5838 WINONA,MN 55987	23-7079002	501(C)3	25,000				SCHOLARSHIPS & STUDENT FINANCIAL AID
WSD-SCHOOL DISTRICT OF WAUPACA 515 SCHOOL STREET WAUPACA,WI 54981	39-1779223	GOVERNMENT	22,436				SCHOLARSHIPS & STUDENT FINANCIAL AID
TOMORROW'S CHILDREN P O BOX 192 WAUPACA,WI 54981	23-7271921	501(C)3	7,500				EDUCATION N E C

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UNITED NEGRO COLLEGE FUND INC 105 W ADAMS CHICAGO,IL 60603	13-1624241	501(C)3	107,016				EDUCATION N E C
ALDO LEOPOLD FOUNDATION INC PO BOX 77 BARABOO,WI 53913	39-1423225	501(C)3	11,000				NATURAL RESOURCES CONSERVATION & PROTECTION
FRIENDS OF MOSQUITO HILL N3880 ROGERS ROAD NEW LONDON,WI 54961	23-7169292	501(C)3	28,133				NATURAL RESOURCES CONSERVATION & PROTECTION

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GORDON BUBOLZ NATURE PRESERVE 4815 N LYNNDALE DRIVE GRAND CHUTE,WI 54913	23-7120877	501(C)3	37,558				NATURAL RESOURCES CONSERVATION & PROTECTION
HECKRODT WETLAND RESERVE 1305 PLANK ROAD MENASHA,WI 54952	39-1838222	501(C)3	322,396				WATER RESOURCES, WETLANDS CONSERVATION
NORTHEAST WISCONSIN LAND TRUST 14 TRI-PARK WAY BUILDING 1 APPLETON,WI 54914	39-1867891	501(C)3	15,600				LAND RESOURCES CONSERVATION

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GREEN BAY BOTANICAL GARDEN 2600 LARSEN ROAD GREEN BAY,WI 54307	39-1485020	501(C)3	9,500				BOTANICAL GARDENS & ARBORETA
CLPS-CLINTONVILLE PUBLIC SCHOOLS 45 WEST GREEN TREE ROAD CLINTONVILLE,WI 54929	39-6008413	GOVERNMENT	7,536				ENVIRONMENTAL EDUCATION
LEDGEVIEW NATURE CENTER PO BOX 54 CHILTON,WI 53014	39-1458805	501(C)3	28,479				ENVIRONMENTAL EDUCATION

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NAVARINO NATURE CENTER W5646 LINDSTEN ROAD SHIOCTON, WI 54170	39-1558573	501(C)3	6,511				ENVIRONMENTAL EDUCATION
THE NATURE CONSERVANCY 633 W MAIN STREET MADISON, WI 53703	53-0242652	501(C)3	7,169				ENVIRONMENT N E C
OSHKOSH AREA HUMANE SOCIETY INC 1925 SHELTER COURT OSHKOSH, WI 54901	39-1709813	501(C)3	5,939				SINGLE ORGANIZATION SUPPORT

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

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ANIMAL WELFARE LEAGUE 951 COUNTY ROAD G NEENAH,WI 54956	39-1030012	501(C)3	13,596				ANIMAL PROTECTION & WELFARE
EASTSHORE HUMANE ASSOCIATION INC P O BOX 320 CHILTON,WI 53014	39-1565423	501(C)3	12,150				ANIMAL PROTECTION & WELFARE
FOX VALLEY HUMANE ASSOCIATION N115 TWO MILE ROAD APPLETON,WI 54914	39-0992559	501(C)3	31,659				ANIMAL PROTECTION & WELFARE

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GREEN LAKE AREA ANIMAL SHELTER P O BOX 86 GREEN LAKE, WI 54941	39-1753695	501(C)3	6,000				ANIMAL PROTECTION & WELFARE
COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN 500 THIRD ST STE 310 WAUSAU, WI 54403	39-1577472	501(C)3	29,673				HEALTH CARE
THEDACARE INC PO BOX 8025 APPLETON, WI 549128025	39-1509362	501(C)3	325,781				ALLIANCES & ADVOCACY

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AKRON CHILDREN'S HOSPITAL FOUNDATION 1 PERKINS SQUARE AKRON,OH 44308	23-7114013	501(C)3	10,000				SINGLE ORGANIZATION SUPPORT
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION 325 NORTH COMMERCIAL STREET 200 NEENAH,WI 54956	39-1500075	501(C)3	81,400				SINGLE ORGANIZATION SUPPORT
ST ELIZABETH HOSPITAL FOUNDATION 1506 S ONEIDA ST APPLETON,WI 54915	39-1256677	501(C)3	114,953				SINGLE ORGANIZATION SUPPORT

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NATIONAL BREAST CANCER FOUNDATION INC 2600 NETWORK BLVD 300 FRISCO,TX 75034	75-2391148	501(C)3	19,572				FUND RAISING & FUND DISTRIBUTION
RICE MEMORIAL HOSPITAL 301 BECKER AVENUE SW WILMAR,MN 56201	41-1466869	501(C)3	7,500				HOSPITALS
MAYO CLINIC PO BOX 450 ALBERT LEA,MN 560079849	41-6011702	501(C)3	35,000				COMMUNITY HEALTH SYSTEMS

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

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PARTNERSHIP COMMUNITY HEALTH CENTER INC 5337 WEST GRAND MARKET APPLETON,WI 54913	20-2090446	501(C)3	35,431				COMMUNITY CLINICS
TRI-COUNTY COMMUNITY DENTAL CLINIC 9 TRI-PARK WAY APPLETON,WI 54914	47-0862462	501(C)3	83,046				COMMUNITY CLINICS
EXCEPTIONAL EQUESTRIANS 1120 ORLANDO DRIVE DEPERE,WI 54115	39-1959653	501(C)3	9,100				REHABILITATIVE CARE

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NEW HOPE CENTER PO BOX 189 CHILTON,WI 53014	39-1052724	501(C)3	41,439				REHABILITATIVE CARE
FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE 420 ROCKVILLE,MD 20850	11-3158401	501(C)3	64,986				HEALTH SUPPORT
GOLD CROSS AMBULANCE SERVICE 1055 WITTMAN DRIVE MENASHA,WI 54952	39-1702433	501(C)3	7,688				EMERGENCY MEDICAL SERVICES & TRANSPORT

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MAKE A WISH FOUNDATION OF WISCONSIN 100 W COLLEGE AVE 50E APPLETON,WI 54911	39-1543541	501(C)3	17,200				PATIENT & FAMILY SUPPORT
WINNEBAGO COUNTY PO BOX 2808 OSHKOSH,WI 549032808	39-6005760	GOVERNMENT	26,300				NURSING FACILITIES
VALLEY VNA HEALTH SYSTEMS 1535 LYON DRIVE NEENAH,WI 54956	39-1624803	501(C)3	27,543				HOME HEALTH CARE

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CLARITY CARE 424 WASHINGTON AVENUE OSHKOSH,WI 54901	39-1569283	501(C)3	8,500				HEALTH CARE N E C
APPLETON EDUCATION FOUNDATION 122 E COLLEGE AVE SUITE 1-B APPLETON,WI 54911	39-1866090	501(C)3	8,398				EDUCATION
NEW MENTAL HEALTH CONNECTION INC 1455 MIDWAY ROAD MENASHA,WI 54952	45-2657700	501(C)3	6,934				ALLIANCES & ADVOCACY

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STEP INDUSTRIES INC 1010 STROHMEYER DR NEENAH,WI 54956	39-1417716	501(C)3	34,568				SUBSTANCE ABUSE PREVENTION
MOORING PROGRAMS INC 607 W SEVENTH STREET APPLETON,WI 54911	39-1229161	501(C)3	6,000				SUBSTANCE ABUSE TREATMENT
TRINITY LUTHERAN CHURCH 206 EAST BADGER STREET WAUPACA,WI 54981	39-0960044	501(C)3	18,440				MENTAL HEALTH TREATMENT

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FRIENDSHIP PLACE 220 N COMMERCIAL ST NEENAH,WI 54956	39-2029900	501(C)3	8,000				COMMUNITY MENTAL HEALTH CENTERS
SEXUAL ASSAULT CRISIS CENTER 17 PARK PLACE 400 APPLETON,WI 54914	39-1309331	501(C)3	43,500				SEXUAL ASSAULT SERVICES
THE SAMARITAN COUNSELING CENTER OF THE FOX VALLEY INC 1478 KENWOOD DRIVE MENASHA,WI 54952	39-1214216	501(C)3	9,700				COUNSELING

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NAMI FOX VALLEY INC 211 E FRANKLIN ST STE B APPLETON,WI 54911	39-1545497	501(C)3	52,449				MENTAL HEALTH ASSOCIATIONS
CATALPA HEALTH 444 NORTH WESTHILL BLVD APPLETON,WI 54914	45-4681563	501(C)3	253,360				MANAGEMENT & TECHNICAL ASSISTANCE
AMERICAN CANCER SOCIETY-MIDWEST REGION 8317 ELDERBERRY ROAD MADISON,WI 53717	13-1788491	501(C)3	150,000				FUND RAISING & FUND DISTRIBUTION

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CEREBRAL PALSY - GREEN BAY 2801 S WEBSTER GREEN BAY, WI 54301	39-0901265	501(C)3	19,561				BIRTH DEFECTS & GENETIC DISEASES
AMERICAN CANCER SOCIETY 790 MARVELL LANE GREEN BAY, WI 54304	13-1788491	501(C)3	39,320				CANCER
SPIERINGS CANCER FOUNDATION INC 810 DEPOT STREET LITTLE CHUTE, WI 54140	26-4201357	501(C)3	6,000				CANCER

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UW FOUNDATION INC 1848 UNIVERSITY AVENUE MADISON,WI 53726	39-0743975	501(C)3	82,700				EYE DISEASES, BLINDNESS & VISION IMPAIRMENTS
AMERICAN HEART ASSOCIATION 2580 DAIRY DRIVE 300 MADISON,WI 53718	13-5613797	501(C)3	37,244				HEART AND CIRCULATORY SYSTEM
NATIONAL PARKINSON FOUNDATION INC 200 SE 1ST STREET STE 800 MIAMI,FL 33131	59-0968031	501(C)3	6,137				NERVE, MUSCLE & BONE DISEASES

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JUVENILE DIABETES RESEARCH FOUNDATION-NE WISCONSIN CHAPTER 1800 APPLETON ROAD SUITE 2 MENASHA,WI 549523727	23-1907729	501(C)3	9,000				SPECIFICALLY NAMED DISEASES
WISCONSIN PARKINSON ASSOCIATION 2819 W HIGHLAND AVENUE MILWAUKEE,WI 53208	39-1492810	501(C)3	16,019				NEUROLOGY & NEUROSCIENCE
CALUMET COUNTY 206 COURT STREET CHILTON,WI 53014	39-6005676	GOVERNMENT	17,807				CRIME PREVENTION

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BEST FRIENDS-CALUMET COUNTY PO BOX 101 CHILTON,WI 530140101	39-1289868	501(C)3	12,000				YOUTH VIOLENCE PREVENTION
CITY OF KAUKAUNA 201 WEST 2ND STREET KAUKAUNA,WI 54130	39-6005479	GOVERNMENT	73,506				LAW ENFORCEMENT
CITY OF TOMAH POLICE DEPARTMENT 805 SUPERIOR AVENUE TOMAH,WI 54660	39-6005633	GOVERNMENT	20,000				LAW ENFORCEMENT

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CASA LAKE COUNTY INC 700 FOREST EDGE DRIVE VERNON HILLS,IL 60061	36-3916143	501(C)3	32,687				CHILD ABUSE PREVENTION
REACH COUNSELING SERVICES INC 1509 SOUTH COMMERCIAL STREET NEENAH,WI 54956	39-1292277	501(C)3	21,500				SEXUAL ABUSE PREVENTION
CAP SERVICES 5499 HWY 10 E STE A STEVENS POINT,WI 54481	39-1080897	501(C)3	100,962				EMPLOYMENT PREPARATION & PROCUREMENT

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HARBOR HOUSE DOMESTIC ABUSE PROGRAMS 720 WEST FIFTH STREET APPLETON,WI 54914	39-1870927	501(C)3	24,588				EMPLOYMENT PREPARATION & PROCUREMENT
RIVERVIEW GARDENS 1101 SOUTH ONEIDA STREET APPLETON,WI 549151379	46-3208900	501(C)3	224,924				JOB TRAINING
GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN 1800 APPLETON ROAD MENASHA,WI 54952	39-1144913	501(C)3	83,825				GOODWILL INDUSTRIES

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FEEDING AMERICA EASTERN WISCONSIN - FOX VALLEY PO BOX 2393 APPLETON,WI 549122393	39-1384593	501(C)3	151,897				FOOD PROGRAMS
FEEDING AMERICA EASTERN WISCONSIN INC 1700 WEST FOND DU LAC AVENUE MILWAUKEE,WI 532051299	39-1384593	501(C)3	1,564,766				FOOD PROGRAMS
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA,IL 60134	36-3203648	501(C)3	127,445				FOOD PROGRAMS

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RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN INC 8948 W WATERTOWN PLANK RD WAUWATOSA,WI 53226	39-1433107	501(C)3	27,799				FOOD PROGRAMS
SECOND HARVEST OF SOUTHEASTERN WISCONSIN 2802 DAIRY DRIVE MADISON,WI 53718	39-1490691	501(C)3	18,000				FOOD PROGRAMS
ST JOSEPH FOOD PROGRAM 1465 A OPPORTUNITY WAY MENASHA,WI 54952	39-1822486	501(C)3	138,385				FOOD PROGRAMS

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CIRCLE URBAN MINISTRIES 118 NORTH CENTRAL AVENUE CHICAGO,IL 60644	36-3136997	501(C)3	57,986				FOOD BANKS & PANTRIES
FREEDOM FELLOWSHIP INC N4086 COUNTY ROAD C APPLETON,WI 54913	26-1137380	501(C)3	12,866				FOOD BANKS & PANTRIES
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO,IL 60632	36-2971864	501(C)3	86,586				FOOD BANKS & PANTRIES

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ST JOHN NEPOMUCENE PARISH 323 PINE STREET LITTLE CHUTE,WI 541401896	39-0816903	501(C)3	6,610				FOOD BANKS & PANTRIES
WAUPACA AREA FOOD PANTRY 800 CHURCHILL STREET WAUPACA,WI 54981	39-1718861	501(C)3	5,868				FOOD BANKS & PANTRIES
GREATER FOX CITIES AREA HABITAT FOR HUMANITY 921 MIDWAY ROAD MENASHA,WI 54952	39-1742974	501(C)3	324,323				HOUSING DEVELOPMENT

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HOUSING PARTNERSHIP OF THE FOX CITIES 605 EAST HANCOCK STREET APPLETON,WI 54911	39-1582471	501(C)3	111,563				HOUSING DEVELOPMENT
ST JOSEPH PARISH-APPLETON 404 W LAWRENCE ST APPLETON,WI 54911	39-0847630	501(C)3	232,297				HOUSING DEVELOPMENT
REBUILDING TOGETHER - FOX VALLEY 605 EAST HANCOCK STREET APPLETON,WI 54911	39-2013200	501(C)3	83,472				HOUSING REHABILITATION

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COTS PO BOX 1645 APPLETON,WI 549121645	39-1913179	501(C)3	181,553				TEMPORARY HOUSING
HOMELESS CONNECTIONS 400 N DIVISION STREET APPLETON,WI 54911	39-1447152	501(C)3	68,792				HOMELESS SHELTERS
CATHOLIC RELIEF SERVICES P O BOX 17145 BALTIMORE,MD 212971145	13-5563422	501(C)3	13,300				DISASTER PREPAREDNESS & RELIEF SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISCONSIN MANUFACTURERS & COMMERCE FOUNDATION P O BOX 352 MADISON,WI 537919210	39-1394068	501(C)3	25,000				SAFETY EDUCATION
BATES COLLEGE 2 ANDREWS ROAD LEWISTON,ME 04240	01-0211781	501(C)3	10,000				RECREATION & SPORTS
CITY OF NEENAH 211 WALNUT ST NEENAH,WI 54956	39-6005543	GOVERNMENT	7,000				RECREATION & SPORTS

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APPLETON ICE 1717 EAST WITZKE BLVD APPLETON,WI 54911	39-1872282	501(C)3	43,350				COMMUNITY RECREATIONAL CENTERS
OUTAGAMIE COUNTY 410 SOUTH WALNUT STREET APPLETON,WI 54911	39-6005724	GOVERNMENT	16,039				PARKS & PLAYGROUNDS
APPLETON LITTLE LEAGUE PO BOX 1033 APPLETON,WI 54912	39-9900006	501(C)3	15,000				BASEBALL & SOFTBALL

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KIMBERLY BASEBALL ORGANIZATION INC PO BOX 52 KIMBERLY,WI 54136	39-1791515	501(C)3	50,000				BASEBALL & SOFTBALL
YOUTH SPORTS INC PO BOX 33 MENASHA,WI 54952	39-6099805	501(C)3	6,200				BASEBALL & SOFTBALL
SPECIAL OLYMPICS OF WISCONSIN - FOX VALLEY AREA W5361 COUNTY KK SUITE D APPLETON,WI 54915	39-1176591	501(C)3	25,235				SPECIAL OLYMPICS

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

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BOYS AND GIRLS' BRIGADE 109 W COLUMBIAN AVE PO BOX 665 NEENAH, WI 549570665	39-0813396	501(C)3	13,280				YOUTH CENTERS & CLUBS
BOYS & GIRLS CLUB OF THE TRI-COUNTY AREA PO BOX 254 BERLIN, WI 54923	39-6120658	501(C)3	10,000				BOYS & GIRLS CLUBS
BOYS & GIRLS CLUBS OF THE FOX VALLEY 160 SOUTH BADGER AVENUE APPLETON, WI 54914	39-1225709	501(C)3	213,903				BOYS & GIRLS CLUBS

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BEST FRIENDS OF NEENAH-MENASHA 181 E NORTH WATER STE 225 NEENAH,WI 54956	39-1260017	501(C)3	6,398				ADULT & CHILD MATCHING PROGRAMS
FRIENDS OF HAITI PO BOX 1174 GREEN BAY,WI 54305	26-0076873	501(C)3	7,000				ADULT & CHILD MATCHING PROGRAMS
BIG BROTHERS BIG SISTERS OF THE FOX VALLEY REGION 3301C NORTH BALLARD ROAD APPLETON,WI 54911	39-6103907	501(C)3	25,287				BIG BROTHERS & BIG SISTERS

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BAY-LAKES COUNCIL BOY SCOUTS OF AMERICA 2555 NOTHERN ROAD PO BOX 267 APPLETON,WI 549120267	39-1184320	501(C)3	5,555				BOY SCOUTS OF AMERICA
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST 724 E SOUTH RIVER STREET APPLETON,WI 54915	39-0816821	501(C)3	65,028				BOY SCOUTS OF AMERICA
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES INC 4693 NORTH LYNNDALE DRIVE APPLETON,WI 54913	39-1016314	501(C)3	18,623				GIRL SCOUTS OF THE U S A

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BONDUEL BAT & BALL CLUB P O BOX 636 BONDUEL, WI 54107	20-3157436	501(C)3	7,332				YOUTH DEVELOPMENT PROGRAMS
JUNIOR ACHIEVEMENT OF WI INC 300 N APPLETON STREET APPLETON, WI 54911	39-0826295	501(C)3	15,000				YOUTH DEVELOPMENT - BUSINESS
LOAVES & FISHES OF THE FOX VALLEY PO BOX 1562 APPLETON, WI 54912	39-1974516	501(C)3	20,096				MANAGEMENT & TECHNICAL ASSISTANCE

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

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WISCONSIN PHILANTHROPY NETWORK 759 N MILWAUKEE STREET STE 515 MILWAUKEE,WI 53202	39-6236498	501(C)3	5,100				PROFESSIONAL SOCIETIES & ASSOCIATIONS
COMMUNITY HOSPICE FOUNDATION PO BOX 1534 APPLETON,WI 549121534	39-1511977	501(C)3	5,325				SINGLE ORGANIZATION SUPPORT
CATHOLIC CHARITIES DIOCESE OF VENICE INC 1000 PINEBROOK ROAD VENICE,FL 34285	59-2473176	501(C)3	20,000				HUMAN SERVICE ORGANIZATIONS

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

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FOX VALLEY MISSION GROUP INC 1906 HENDRICKS AVENUE KAUKAUNA,WI 54130	20-5754647	501(C)3	8,000				HUMAN SERVICE ORGANIZATIONS
OPUS BONO SACERDOTII PO BOX 663 OXFORD,MI 48371	03-0448257	501(C)3	20,000				HUMAN SERVICE ORGANIZATIONS
AMERICAN RED CROSS IN NORTHEAST WI 515 SOUTH WASHBURN STREET 201 OSHKOSH,WI 54903	53-0196605	501(C)3	21,235				AMERICAN RED CROSS

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AMERICAN RED CROSS-GREATER WAUPACA AREA 418 SCHOOL STREET WAUPACA,WI 54981	53-0196605	501(C)3	8,056				AMERICAN RED CROSS
SALVATION ARMY-APPLETON PO BOX 1605 APPLETON,WI 549121605	36-2167910	501(C)3	131,069				SALVATION ARMY
YMCA OF THE FOX CITIES 218 EAST LAWRENCE STREET APPLETON,WI 54911	39-0806191	501(C)3	290,476				YOUNG MENS OR WOMENS ASSOCIATIONS

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YMCA-DOOR COUNTY 1900 MICHIGAN ST STURGEON BAY,WI 54235	39-1738982	501(C)3	10,000				YOUNG MENS OR WOMENS ASSOCIATIONS
YOUTH GO 213 NICOLET BLVD NEENAH,WI 54956	39-1137233	501(C)3	23,500				CHILDREN & YOUTH SERVICES
CHILD CARE RESOURCE AND REFERRAL 1001 WEST KENNEDY AVENUE STE A KIMBERLY,WI 54136	39-1606155	501(C)3	13,442				CHILD DAY CARE

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

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CHRISTINE ANN DOMESTIC ABUSE SERVICES PO BOX 99 NEENAH,WI 549570099	39-1441770	501(C)3	14,164				FAMILY VIOLENCE SHELTERS
HARBOR HOUSE DOMESTIC ABUSE PROGRAM 720 WEST FIFTH STREET APPLETON,WI 54914	39-1870927	501(C)3	118,959				FAMILY VIOLENCE SHELTERS
BELLA PREGNANCY MEDICAL CLINIC 1484 WEST SOUTH PARK AVENUE OSKOSH,WI 54902	39-1783119	501(C)3	9,500				PREGNANCY CENTERS

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UNITED WAY FOX CITIES 1455 MIDWAY ROAD MENASHA,WI 54952	39-0912895	501(C)3	291,727				FINANCIAL COUNSELING
CITY OF APPLETON PO BOX 2519 APPLETON,WI 549122519	39-6005381	GOVERNMENT	18,887				TRANSPORTATION ASSISTANCE
LEAVEN INC 1475 OPPORTUNITY WAY MENASHA,WI 54952	39-1572168	501(C)3	159,418				EMERGENCY ASSISTANCE

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AGAPE OF APPLETON 7 TRI PARK WAY APPLETON,WI 54914	39-1210868	501(C)3	6,400				CENTERS TO SUPPORT INDEPENDENCE
CHAPS ACADEMY N5367 MAYFLOWER RD SHIOCTON,WI 54170	45-0530019	501(C)3	109,567				CENTERS TO SUPPORT INDEPENDENCE
SOAR FOX CITIES INC 211 EAST FRANKLIN ST APPLETON,WI 54911	75-3202931	501(C)3	52,438				CENTERS TO SUPPORT INDEPENDENCE

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VALLEY PACKAGING INDUSTRIES 2730 NORTH ROEMER ROAD APPLETON,WI 54911	39-0921632	501(C)3	57,000				CENTERS TO SUPPORT INDEPENDENCE
WASHINGTON COMMUNITY FOUNDATION INC PO BOX 68 WASHINGTON ISLAND,WI 54246	39-1568796	501(C)3	15,000				CENTERS TO SUPPORT INDEPENDENCE
WISCONSIBS 211 EAST FRANKLINE STREET C APPLETON,WI 54911	39-1942794	501(C)3	14,141				CENTERS TO SUPPORT INDEPENDENCE

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ST PAUL ELDER SERVICES INC 316 EAST 14TH STREET KAUKAUNA,WI 54130	39-1029149	501(C)3	20,950				SENIOR CENTERS
ST COLETTA OF WISCONSIN INC N4637 COUNTY HIGHWAY Y JEFFERSON,WI 53549	39-0816855	501(C)3	8,161				DEVELOPMENTALLY DISABLED CENTERS
FOX VALLEY WARMING SHELTER INC PO BOX 1261 APPLETON,WI 549121261	26-1887706	501(C)3	29,300				HOMELESS CENTERS

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COMMUNITY CLOTHES CLOSET 1465-B OPPORTUNITY WAY MENASHA,WI 54952	39-1394270	501(C)3	35,195				HUMAN SERVICES N E C
LUTHERAN SOCIAL SERVICES OF WI AND UPPER MICHIGAN 3003A NORTH RICHMOND STREET APPLETON,WI 54911	39-0816846	501(C)3	28,237				HUMAN SERVICES N E C
ST VINCENT DE PAUL SOCIETY OF SHEBOYGAN 4215 HWY 42 NORTH SHEBOYGAN,WI 53083	39-0833611	501(C)3	11,492				HUMAN SERVICES N E C

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COMMUNITY REAL ESTATE AND PERSONAL PROPERTY FOUNDATION INC 4455 W LAWRENCE STREET APPLETON, WI 54914	20-0875816	501(C)3	37,850				PHILANTHROPY
GREATER GREEN BAY COMMUNITY FOUNDATION 320 NORTH BROADWAY STREET 260 GREEN BAY, WI 54303	39-1699966	501(C)3	560,594				PHILANTHROPY
MIELKE FAMILY FOUNDATION INC 4455 W LAWRENCE STREET APPLETON, WI 54914	39-6074258	501(C)3	6,000				PHILANTHROPY

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OSHKOSH AREA COMMUNITY FOUNDATION 230 OHIO STREET 100 OSHKOSH,WI 54902	39-2034571	501(C)3	445,735				PHILANTHROPY
ROBERT AND PATRICIA ENDRIES FAMILY FOUNDATION LTD 4455 W LAWRENCE STREET APPLETON,WI 54914	20-3896774	501(C)3	570,000				PHILANTHROPY
WOMEN'S FUND FOR THE FOX VALLEY REGION INC 4455 W LAWRENCE STREET APPLETON,WI 54914	20-3096562	501(C)3	42,825				PHILANTHROPY

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ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON,IL 60201	36-3245072	501(C)3	9,497				SINGLE ORGANIZATION SUPPORT
WORLD VISION PO BOX 9716 DEPT W FEDERAL WAY,WA 980639716	95-1922279	501(C)3	7,000				INTERNATIONAL DEVELOPMENT
CITIZENS EQUAL RIGHTS FOUNDATION PO BOX 379 GRESHAM,WI 541280379	46-0450222	501(C)3	16,000				ALLIANCES & ADVOCACY

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EASTER SEALS WISCONSIN 101 NOB HILL ROAD SUITE 301 MADISON,WI 53713	39-0824877	501(C)3	7,568				DISABLED PERSONS RIGHTS
FOX VALLEY MOTHER & UNBORN BABY CARE INC 526 WEST WISCONSIN AVENUE APPLETON,WI 54911	39-1446370	501(C)3	13,244				RIGHT TO LIFE
OKLAHOMA CITY ECONOMIC DEVELOPMENT FOUNDATION INC 123 PARK AVENUE OKLAHOMA CITY,OK 73102	73-1123147	501(C)3	10,000				SINGLE ORGANIZATION SUPPORT

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APPLETON ROTARY FOUNDATION P O BOX 703 APPLETON,WI 54913	39-6053036	501(C)3	17,650				FUND RAISING & FUND DISTRIBUTION
FUTURE NEENAH INC 135 W WISCONSIN AVENUE NEENAH,WI 549563011	93-0843731	501(C)3	10,800				URBAN & COMMUNITY ECONOMIC DEVELOPMENT
FOX CITIES CHAMBER FOUNDATION 125 N SUPERIOR STREET APPLETON,WI 54911	39-1419431	501(C)3	8,473				CHAMBERS OF COMMERCE & BUSINESS LEAGUES

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HISPANIC CHAMBER OF COMMERCE OF WISCONSIN 1021 W NATIONAL AVE MILWAUKEE, WI 53204	39-1293583	501(C)3	7,500				CHAMBERS OF COMMERCE & BUSINESS LEAGUES
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY DOWNERS GROVE, IL 60515	36-3297360	501(C)3	25,000				FUND RAISING & FUND DISTRIBUTION
OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BLVD ST LOUIS, MO 63108	23-7102928	501(C)3	13,000				CORPORATE FOUNDATIONS

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DONALD DRIVER FOUNDATION 161 S 1ST STREET SUITE 320 MILWAUKEE,WI 53204	76-0678602	501(C)3	45,000				PUBLIC FOUNDATIONS
LIONS PRIDE ENDOWMENT FUND INC 3834 COUNTY ROAD A ROSHOLT,WI 54473	45-2035351	501(C)3	25,299				PUBLIC FOUNDATIONS
THEDACARE FAMILY OF FOUNDATIONS INC PO BOX 1222 APPLETON,WI 54912	39-1459276	501(C)3	76,243				PUBLIC FOUNDATIONS

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LAKESHORE COMMUNITY FOUNDATION 915 MEMORIAL DRIVE MANITOWOC,WI 54220	27-0978059	501(C)3	84,134				COMMUNITY FOUNDATIONS
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK,FL 33073	59-2174510	501(C)3	22,233				PHILANTHROPY, CHARITY & VOLUNTARISM PROMOTION
FOX-WOLF WATERSHED ALLIANCE P O BOX 1861 APPLETON,WI 549121861	39-1701585	501(C)3	24,900				SCIENCE & TECHNOLOGY N E C

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FOX VALLEY VETERANS COUNCIL INC 2 N SYSTEMS DRIVE APPLETON,WI 54914	27-1009699	501(C)3	15,516				MILITARY & VETERANS ORGANIZATIONS
OLD GLORY HONOR FLIGHT INC 4650 WEST SPENCER STREET APPLETON,WI 54914	27-0642712	501(C)3	8,300				MILITARY & VETERANS ORGANIZATIONS
BREAD FOR THE WORLD INSTITUTE 425 3RD ST SW SUITE 1200 WASHINGTON,DC 20024	51-0175510	501(C)3	15,000				PUBLIC & SOCIETAL BENEFIT N E C

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APPLETON ALLIANCE CHURCH 2693 W GRAND CHUTE BOULEVARD APPLETON,WI 54913	39-1345185	501(C)3	17,400				RELIGION-RELATED
COMMUNITY CHURCH 3701 NORTH GILLETT STREET APPLETON,WI 54914	39-1712990	501(C)3	38,556				RELIGION-RELATED
FAITH LUTHERAN CHURCH 601 EAST GLENDALE AVENUE APPLETON,WI 54911	39-1027724	501(C)3	30,000				RELIGION-RELATED

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FIRST UNITED METHODIST CHURCH NEENAHMENASHA 108 W DOTY AVE NEENAH,WI 54956	39-1034287	501(C)3	5,200				RELIGION-RELATED
FIRST UNITED METHODIST CHURCH OF APPLETON 325 EAST FRANKLIN STREET APPLETON,WI 549115476	39-0943395	501(C)3	8,341				RELIGION-RELATED
HOLY CROSS PARISH 309 DESNOYER STREET KAUKAUNA,WI 54130	39-0807048	501(C)3	31,573				RELIGION-RELATED

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HOLY FAMILY PARISH 1100 W RYAN ST BRILLION,WI 54110	39-0806809	501(C)3	6,000				RELIGION-RELATED
MOUNT TABOR CENTER 522 SECOND STREET MENASHA,WI 54952	39-1536251	501(C)3	34,177				RELIGION-RELATED
NAZARETH LUTHERAN CHURCH 7401 UNIVERSITY AVENUE CEDAR FALLS,IA 50613	23-7260976	501(C)3	25,000				RELIGION-RELATED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOHN UNITED CHURCH OF CHRIST 1130 W MARQUETTE ST APPLETON,WI 54911	39-0901169	501(C)3	5,637				RELIGION-RELATED
ST MARGARET-MARY OF NEENAH 439 WASHINGTON AVENUE NEENAH,WI 54956	39-0807228	501(C)3	11,950				RELIGION-RELATED
ST MARK'S EVANGELICAL CHURCH 140 S GREEN BAY RD NEENAH,WI 54956	39-1413603	501(C)3	10,307				RELIGION-RELATED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY PARISH- APPLETON 312 S STATE ST APPLETON,WI 54911	39-0810526	501(C)3	8,824				RELIGION-RELATED
ST PETER LUTHERAN CHURCH N2740 FRENCH ROAD APPLETON,WI 54913	39-1019692	501(C)3	122,500				RELIGION-RELATED
ST THOMAS EPISCOPAL CHURCH 226 WASHINGTON STREET MENASHA,WI 54952	39-0816875	501(C)3	8,910				RELIGION-RELATED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY BAPTIST CHURCH 3600 N CHIPPEWA STREET APPLETON,WI 54911	39-1400709	501(C)3	10,000				RELIGION-RELATED
WOODLAND COMMUNITY CHURCH 9607 EAST STATE ROAD 70 BRADENTON,FL 34202	65-0012576	501(C)3	10,000				RELIGION-RELATED
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO,FL 328628222	95-6006173	501(C)3	5,986				CHRISTIANITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVANGELICAL LUTHERAN CHURCH IN AMERICA 8765 W HIGGINS RD CHICAGO,IL 60631	41-1568278	501(C)3	7,415				CHRISTIANITY
ZION UNITED METHODIST CHURCH N8893 CHURCH STREET FOREST JUNCTION,WI 54123	39-0884784	501(C)3	13,500				CHRISTIANITY
CORNERSTONE CHURCH 357 BROAD STREET MENASHA,WI 54952	39-1434560	501(C)3	49,425				PROTESTANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHEPHERD OF THE LAKES LUTHERAN CHURCH 153 COUNTY ROAD QQ WAUPACA,WI 54981	39-1298221	501(C)3	5,250				PROTESTANT
ST JOHN SACRED HEART PARISH N369 MILITARY ROAD SHERWOOD,WI 54169	39-0865494	501(C)3	16,500				ROMAN CATHOLIC
ST PATRICK CATHOLIC CHURCH 324 NICOLET BLVD MENASHA,WI 54952	39-0967024	501(C)3	26,367				ROMAN CATHOLIC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PAUL CATHOLIC CHURCH 410 WALLACE STREET COMBINED LOCKS,WI 54113	39-0989794	501(C)3	26,350				ROMAN CATHOLIC
ST PIUS X PARISH 500 W MARQUETTE APPLETON,WI 54911	39-0935474	501(C)3	10,645				ROMAN CATHOLIC
AMERICAN FAMILY ASSOCIATION INC PO BOX 2440 TUPELO,MS 38803	64-0607275	501(C)3	57,986				RELIGIOUS RADIO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON,WI 537077895	36-2171714	501(C)3	20,000				RELIGION-RELATED N E C
VILLAGE OF HORTONVILLE PO BOX 99 HORTONVILLE,WI 549440099	39-6006289	501(C)3	12,886				COMMUNITY IMPROVEMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CURT DETJEN PRESIDENT/CEO	(i)	241,771	0	13,775	26,775	14,757	297,078	0
	(ii)	0	0	0	0	0	0	0
2 BOB ELLIS VP DEVELOPMENT & DONOR ENG	(i)	145,246	0	0	0	17,872	163,118	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I - QUESTION 4B	CURT DETJEN IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE AMOUNT RECOGNIZED RATABLY OVER THE COURSE OF THE SERVICE PERIOD WAS $26,775 FOR 2015

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	77	6,247,356	AVE HIGH/LOW @ DATE GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference	Explanation
PART I, COLUMN (B)	COL B REPORTS THE NUMBER OF CONTRIBUTORS IN TOTAL, THERE WERE 102 DONATIONS OF STOCK FROM 77 CONTRIBUTORS
PART I, LINE 32B	DONATIONS OF REAL PROPERTY ARE MADE THROUGH THE COMMUNITY REAL ESTATE AND PERSONAL PROPERTY FOUNDATION, INC (A RELATED ORGANIZATION) THAT SELLS THE PROPERTY AND TRANSFERS THE CASH PROCEEDS TO THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JOHN HOGERTY II, KATHI SEIFERT, AND CATHIE TIERNEY HAVE A BUSINESS RELATIONSHIP

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CHAIRPERSON OF THE AUDIT AND BUDGET COMMITTEE/TREASURER AND THE VICE PRESIDENT OF FINANCE WILL REVIEW FOR REASONABLENESS AND APPROVE THE FILING OF THE FORM 990 AND THE WISCONSIN ANNUAL REPORT ON AN ANNUAL BASIS THE ENTIRE AUDIT AND BUDGET COMMITTEE WILL REVIEW AND APPROVE FOR FILING ANNUALLY THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE DESCRIBING THEIR RELATIONSHIPS AND THEIR FAMILY RELATIONSHIPS WITH OTHER ENTITIES DOING BUSINESS WITH THE COMMUNITY FOUNDATION AND ALL RELATED ORGAINIZATIONS IF VOTES ARE TAKEN RELATING TO ANY OF THESE ENTITIES, BOARD MEMBERS WITH DISCLOSED RELATIONSHIPS ARE AUTOMATICALLY TREATED AS HAVING ABSTAINED FROM THE VOTING A COMMUNITY FOUNDATION GRANTING COMMITTEE CAN NOT APPROVE A GRANT TO AN ORGANIZATION THAT EMPLOYS A FAMILY MEMBER OF ANY ONE ON THE GRANTING COMMITTEE

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GRANT RETURNS 82,370

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
39-1548450

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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 country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1548450
Name: COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WILLIAM J AND BARBARA A SCHMIDT FAMILY FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 39-1869271	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
MIELKE FAMILY FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 39-6074258	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
DOUG AND CARLA SALMON FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 82-0566250	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
APPLETON EDUCATION FOUNDATION INC 122 E COLLEGE AVE SUITE 1-B APPLETON, WI 54911 39-1866090	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
COMMUNITY REAL ESTATE AND PERSONAL PROPERTY FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 20-0875816	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
MYRA M AND ROBERT L VANDEHEY FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 39-1649245	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
WOMEN'S FUND FOR THE FOX VALLEY REGION INC 4455 W LAWRENCE ST APPLETON, WI 54914 20-3096562	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
ROBERT AND PATRICIA ENDRIES FAMILY FOUNDATION LTD 4455 W LAWRENCE ST APPLETON, WI 54914 20-3896774	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No
THE BOLDT FAMILY FOUNDATION INC 4455 W LAWRENCE ST APPLETON, WI 54914 81-2176525	SUPPORT THE ACTIVITIES OF THE COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION	WI	501(C)(3)	11-1	CFFVR INC		No