

ST. CROIX VALLEY FOUNDATION

2020 990 Tax Filing
Public Inspection Copy

June 30, 2021



600 INWOOD AVENUE NORTH
SUITE 160
OAKDALE, MN 55128
TEL: (651) 636-3806
FAX: (651) 636-1136
www.akinshenke.com

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/
terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

ST. CROIX VALLEY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

516 SECOND STREET, SUITE 214

Room/suite

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

HUDSON

WI 54016

D Employer identification number

41-1817315

E Telephone number

715-386-9490

G Gross receipts \$ 24,542,569

F Name and address of principal officer:

HEATHER LOGELIN

516 SECOND STREET, SUITE 214

HUDSON

WI 54016

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () t (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: u WWW.SCVFOUNDATION.ORG

H(c) Group exemption number u

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other u

L Year of formation: 1995

M State of legal domicile: MN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:		
		SEE SCHEDULE O		
	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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	9	
	6	Total number of volunteers (estimate if necessary)	180	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
	8	Contributions and grants (Part VIII, line 1h)	5,583,427	5,995,330
	9	Program service revenue (Part VIII, line 2g)	208,533	229,985
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,053,119	2,030,035
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,462	-304
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,843,617	8,255,046
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,808,983	3,103,454
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	583,971
16a		Professional fundraising fees (Part IX, column (A), line 11e)	72,000	0
b		Total fundraising expenses (Part IX, column (D), line 25) u 56,954		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	499,002	418,391
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,963,956	4,117,026
19		Revenue less expenses. Subtract line 18 from line 12	1,879,661	4,138,020
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	70,035,301
	21	Total liabilities (Part X, line 26)	27,813,897	35,234,755
	22	Net assets or fund balances. Subtract line 21 from line 20	42,221,404	57,009,957

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	Date			
	HEATHER LOGELIN	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	GEORGIA AKINS	GEORGIA AKINS			P00950359
	Firm's name	AKINS HENKE AND COMPANY	Firm's EIN	46-3220328	
	Firm's address	600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128	Phone no.	651-636-3806	

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:

SEE SCHEDULE O

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 \$ **3,181,039** including grants of \$ **3,103,454**) (Revenue \$)
GRANTS TO ART, EDUCATION, HUMAN SERVICES, ENVIRONMENTAL, RELIGIOUS, HEALTH AND OTHER CHARITABLE ORGANIZATIONS. APROXIMATELY 1,040 GRANTS WERE GIVEN IN FISCAL YEAR 2021.

4b (Code:) (Expenses \$ **279,464** including grants of \$) (Revenue \$)
SPECIAL COMMUNITY PROJECTS: IN KEEPING WITH THE FOUNDATION'S MISSION, FOUNDATION STAFF MEMEBERS PARTNER WITH OTHER ORGANIZATIONS ESPECIALLY OUR AFFILIATE FOUNDATIONS, TO DIRECTLY ADDRESS CHANGING COMMUNITY CONCERNS. THIS INCLUDES: 1) FOSTERING COMMUNITY DIALOGUE AROUND LOCAL ISSUES-THROUGH REGIONAL FORUMS AND "CONVERSATIONS OF THE VALLEY", A MONTHLY PUBLIC AFFAIRS LUNCHEON; 2) PROMOTING NON PROFIT PERFORMANCE THROUGH WORKSHOPS AND GRANTS 3) WORKING WITH OUR AFFILIATES TO STRENGTHEN THEIR MANAGEMENT, GOVERNANCE AND FUNDRAISING CAPACITY; AND 4) BUILDING DEMENTIA FRIENDLY COMMUNITIES.

4c (Code:) (Expenses \$ **78,662** including grants of \$) (Revenue \$ **229,985**)
FUND MANAGEMENT AND PHILANTHROPIC SERIVCES: THESE ACTIVITIES INCLUDE WORKING WITH DONORS, AGENCIES AND AFFILIATED FUNDS WHO ALREADY HAVE ESTABLISHED FUNDS WITH THE FOUNDATION AND INCLUDE TECHNICAL ASSISTANCE, TRAINING AND EDUCATION AS WELL AS ACCOUNTING ACTIVITIES. THERE WERE APPROXIMATELY 490 FUNDS MANAGED IN FISCAL YEAR 2021. THESE ACTIVITIES INCLUDE WORKING WITH DONOR PROSPECTS, WITH PROFESSIONAL FINANCIAL ADVISORS AND AGENCIES WHO WANT TO ESTABLISH A FUND WITH THE FOUNDATION.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses u **3,539,165**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	17
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	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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	X
b	If "Yes," enter the name of the foreign country u 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u WI, MN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**

EMILY LOWNSBURY
HUDSON

516 SECOND STREET, SUITE 214

WI 54016

715-386-9490

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ 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			
(1) HEATHER LOGELIN	40.00									
PRESIDENT	0.00			X				111,693	0	16,006
(2) KATRINA LARSEN	10.00									
CHAIR	0.00	X		X				0	0	0
(3) JIM ELLIS	10.00									
VICE CHAIR/SECRETARY	0.00	X		X				0	0	0
(4) DENNIS DUERST	2.00									
TREASURER	0.00	X		X				0	0	0
(5) SUE GERLACH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) STEVE SCHROEDER	2.00									
BOARD MEMBER	0.00	X						0	0	0
(7) MATT THUESEN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(8) JUDY FREUND	2.00									
BOARD MEMBER	0.00	X						0	0	0
(9) GARY KELSEY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) MIKE PEPIN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) BUCK MALICK	2.00									
BOARD MEMBER	0.00	X						0	0	0

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			
(12) MARSHA SHOTLEY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) CHARLIE WIKELIUS	2.00									
BOARD MEMBER	0.00	X						0	0	0
(14) MICHELLE BRED AHL	2.00									
BOARD MEMBER	0.00	X						0	0	0
(15) JESSICA EHRLICHMANN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(16) DAN HOOLIHAN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(17) SCOTT SODERBERG	2.00									
BOARD MEMBER	0.00	X						0	0	0
(18) MARY ELLEN VIETOR	2.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								111,693		16,006
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								111,693		16,006

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 **u 1**

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of RevenueCheck 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	7,414				
	d Related organizations	1d					
	e Government grants (contributions)	1e	82,200				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,905,716				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,303,140				
	h Total. Add lines 1a-1f	u	5,995,330				
Program Service Revenue	2a ADMINISTRATIVE CHARGES	Business Code 525990		229,985	229,985		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	229,985				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u		923,613			923,613
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	16,965,647	425,000		
	b Less: cost or other basis and sales exps.	7b		15,793,544	490,681		
	c Gain or (loss)	7c		1,172,103	-65,681		
	d Net gain or (loss)	u		1,106,422			1,106,422
	8a Gross income from fundraising events (not including \$ 7,414 of contributions reported on line 1c). See Part IV, line 18	8a		2,994			
	b Less: direct expenses	8b		3,298			
	c Net income or (loss) from fundraising events	u		-304			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions	u		8,255,046	229,985	0	2,030,035

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	3,103,454	3,103,454		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,356	64,859	68,960	18,537
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	348,168	137,093	189,122	21,953
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,171	8,027	8,947	197
9 Other employee benefits	39,543	14,368	21,765	3,410
10 Payroll taxes	37,943	15,284	19,634	3,025
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,772		12,772	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	108,894		108,894	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,225		2,225	
12 Advertising and promotion	13,494	6,456	1,173	5,865
13 Office expenses	11,522	4,291	6,949	282
14 Information technology				
15 Royalties				
16 Occupancy	53,430	19,237	32,714	1,479
17 Travel	953	707	112	134
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,728	4,076	504	148
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,103	3,277	5,574	252
23 Insurance	5,550	1,998	3,398	154
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND PROJECT EXPENSES	126,680	126,680		
b EQUIPMENT RENTAL	47,703	17,175	29,208	1,320
c DUES AND SUBSCRIPTIONS	15,970	9,862	5,910	198
d FACILITIES	3,046		3,046	
e All other expenses	2,321	2,321		
25 Total functional expenses. Add lines 1 through 24e	4,117,026	3,539,165	520,907	56,954
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 SheetCheck 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	49,446	1	25,350
	2 Savings and temporary cash investments	294,043	2	291,698
	3 Pledges and grants receivable, net	685,810	3	836,197
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,397	9	10,801
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,449		
	b Less: accumulated depreciation	10b 70,556		
	11 Investments—publicly traded securities	12,373	10c 25,893	
	12 Investments—other securities. See Part IV, line 11	68,622,581	11	90,570,233
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
15 Other assets. See Part IV, line 11	353,651	15	484,540	
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,035,301	16	92,244,712	
Liabilities	17 Accounts payable and accrued expenses	76,232	17	79,962
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	27,647,609	21	35,149,339
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	82,200	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	7,856	25	5,454
	26 Total liabilities. Add lines 17 through 25	27,813,897	26	35,234,755
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here u ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		631,324	27	935,206
28 Net assets with donor restrictions		41,590,080	28	56,074,751
Organizations that do not follow FASB ASC 958, check here u ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		42,221,404	32	57,009,957
33 Total liabilities and net assets/fund balances		70,035,301	33	92,244,712

Part XI Reconciliation of Net AssetsCheck 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	8,255,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,117,026
3	Revenue less expenses. Subtract line 2 from line 1	3	4,138,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,221,404
5	Net unrealized gains (losses) on investments	5	10,519,644
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	130,889
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,009,957

Part XII Financial Statements and ReportingCheck 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? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,609,788	3,579,919	6,432,204	5,583,427	5,995,330	33,200,668
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	11,609,788	3,579,919	6,432,204	5,583,427	5,995,330	33,200,668
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)						5,509,331
6 Public support. Subtract line 5 from line 4						27,691,337

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,609,788	3,579,919	6,432,204	5,583,427	5,995,330	33,200,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	559,548	892,976	1,397,205	925,170	923,613	4,698,512
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						37,899,180
12 Gross receipts from related activities, etc. (see instructions)					12	1,188,927

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	73.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.75 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
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 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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—provide details in Part VI)		
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

ST. CROIX VALLEY FOUNDATION

41-1817315

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 225,881	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		\$ 340,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 227,393	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		\$ 200,782	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 500,750	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,137	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 124,905	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		\$ 633,200	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
10		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 473,000	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	250 SHARES TTD	\$ 225,881	12/11/20
3	VARIOUS SHARES OF PUBLIC STOCKS	\$ 227,393	03/30/21
4	1,695 SH USB, 765 SH AAPL	\$ 200,782	05/20/21
8	400 SHARES QQQ	\$ 124,905	04/21/21
9	10,000 SHARES INTC	\$ 633,200	03/31/21
11	LAND	\$ 473,000	03/12/21

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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	155	96
2 Aggregate value of contributions to (during year)	2,681,843	1,618,371
3 Aggregate value of grants from (during year)	1,012,279	768,465
4 Aggregate value at end of year	14,734,181	23,705,145
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 (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 u

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

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 u

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
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 on Part XIII ☒

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,674,453	35,772,179	31,289,377	27,921,744	18,461,913
b Contributions	2,781,941	2,178,967	4,721,927	2,004,559	8,168,000
c Net investment earnings, gains, and losses	11,934,428	214,114	1,209,672	2,309,366	2,406,813
d Grants or scholarships	1,396,551	1,072,629	1,054,937	614,290	656,029
e Other expenditures for facilities and programs					
f Administrative expenses	471,658	418,178	393,860	332,002	458,953
g End of year balance	49,522,613	36,674,453	35,772,179	31,289,377	27,921,744

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

- a Board designated or quasi-endowment **0.64 %**
 b Permanent endowment **71.15 %**
 c Term endowment **28.21 %**

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:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)	☒	☐
3a(ii)	☐	☒
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		96,449	70,556	25,893
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **25,893**

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	5,454
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 5,454

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

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	18,796,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,519,644
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	130,889
e	Add lines 2a through 2d	2e	10,650,533
3	Subtract line 2e from line 1	3	8,146,152
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	108,894
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,894
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,255,046

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	4,008,132
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	4,008,132
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	108,894
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,894
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,117,026

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE FOUNDATION HAS ESTABLISHED A LIABILITY FOR FUNDS FROM DONORS WHICH THE FOUNDATION IS AN AGENT. THE FOUNDATION HAS AGREEMENTS WITH ALL ORGANIZATIONS IN WHICH IT IS ACTING AS AN AGENT.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED TO PROVIDE PROGRAM SUPPORT SUCH AS ARTS, MUSIC, AND SCIENCE AS WELL AS GENERAL OPERATIONS.

PART X - FIN 48 FOOTNOTE

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. U.S. GAAP REQUIRES MANAGEMENT TO

Part XIII Supplemental Information *(continued)*

EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYTZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHANGE IN VALUE OF TRUST \$ 130,889

**SCHEDULE I
(Form 990)**

Department of the Treasury
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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERY FFA 555 MINNEAPOLIS AVENUE AMERY WI 54005	39-6000675	501(C)	6,028				ANNUAL DISTRIBUTION
(2)	ARTREACH ST. CROIX 224 4TH STREET NORTH STILLWATER MN 55082	41-1758837	501(C)	8,500				GENERAL OPERATING
(3)	ASSISTANCE & RESOURCE CENTER INC. PO BOX 223 RIVER FALLS WI 54021	26-4035369	501(C)	10,000				GENERAL OPERATING
(4)	BAYFIELD COUNTY LAND & WATER CONS. P.O. BOX 126 WASHBURN WI 54891	39-6005670	501(C)	7,100				MONITORING GAGE
(5)	BAYPORT PUBLIC LIBRARY 582 NORTH 4TH STREET BAYPORT MN 55003	41-6004958	501(C)	10,000				CAPITAL CAMPAIGN
(6)	BETHEL LUTHERAN CHURCH 920 THIRD ST. HUDSON WI 54016	39-0963084	501(C)	24,900				GENERAL OPERATING
(7)	BLUES ON THE CHIPPEWA, INC. PO BOX 125 DURAND WI 54736	26-2517984	501(C)	10,000				COVID SUPPORT
(8)	CAN DO CANINES 9440 SCIENCE CENTER DRIVE NEW HOPE MN 55428	41-1594165	501(C)	5,500				GENERAL OPERATING
(9)	CANVAS HEALTH 7066 STILLWATER BOULEVARD NO. OAKDALE MN 55128	41-0955577	501(C)	16,672				GENERAL OPERATING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u **91**
- 3 Enter total number of other organizations listed in the line 1 table u

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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(1)	CARPENTER ST. CROIX VALLEY NATURE 12805 ST. CROIX TRAIL SOUTH HASTINGS MN 55033	23-7275337	501(C)	16,500				GENERAL, CENTER
(2)	CENTER FOR INDEPENDENT LIVING 2920 SCHNEIDER AVE SE MENOMONIE WI 54751	39-1758740	501(C)	8,000				GENERAL OPERATING
(3)	CIMARRON COMMUNITY FARM, LLC 2633 DUPONT AVE S UNIT 3 MINNEAPOLIS MN 55408	85-3820931	501(C)	47,346				STAFFING
(4)	CITY OF NEW RICHMOND 156 EAST FIRST ST. NEW RICHMOND WI 54017	39-6005554	501(C)	13,000				DISC GOLF
(5)	COMMONBOND COMMUNITIES 1080 MONTREAL AVE ST. PAUL MN 55116	41-1260469	501(C)	10,500				GENERAL OPERATING
(6)	COMMUNITY ACTION PATERNSHIP OF RAM 450 SYNDICATE ST N SUITE #325 ST. PAUL MN 55104	41-0883443	501(C)	25,000				GENERAL OPERATING
(7)	COMMUNITY REFERRAL AGENCY, INC. PO BOX 365 MILLTOWN WI 54858	39-1368945	501(C)	29,000				GENERAL/HEALTH
(8)	COMMUNITY THREAD 2300 WEST ORLEANS STREET STILLWATER MN 55082	41-0967271	501(C)	11,600				GENERAL/BUS LOOP
(9)	COR RETREAT INC. PO BOX 1000 HUDSON WI 54016	45-3977601	501(C)	45,000				GENERAL OPERATING

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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(1)	COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY MN 55422	41-1952989	501(C)	24,000				GENERAL/MEISNER FUND
(2)	COURAGE KENNY REHABILITATION INST. 1460 CURVE CREST BLVD STILLWATER MN 55082	41-1952989	501(C)	139,554				GENERAL OPERATING
(3)	DIVERSIFIED SERVICES INCORPORATED 7649 TOWER ROAD SIREN WI 54801	39-1606453	501(C)	13,200				GENERAL OPERATING
(4)	ENDEAVORS ADULT DEVELOPMENT CENTER 101 150TH ST. BALSAM LAKE WI 54810	39-1101553	501(C)	10,000				GENERAL OPERATING
(5)	FAMILY RESOURCE CENTER ST. CROIX VALLEY 857 MAIN STREET BALDWIN WI 54002	39-1943404	501(C)	14,650				GENERAL, HOME VISITS
(6)	FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER MN 55082	41-6045574	501(C)	26,963				MENTAL HEALTH
(7)	FIRST COVENANT CHURCH 1374 N. MAIN ST. RIVER FALLS WI 54022	39-1419735	501(C)	6,000				GENERAL FUND
(8)	FIRST PRESBYTERIAN CHURCH 1901 VINE STREET HUDSON WI 54016	93-0846997	501(C)	8,350				GENERAL OPERATING
(9)	GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS MN 55404	41-1973442	501(C)	25,000				REBUILD BUSINESSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

SCHEDULE I
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(1)	HILL - MURRAY SCHOOL 2625 LARPEN TEUR AVE EAST MAPLEWOOD MN 55109	41-0829754	501(C)	30,000				SCHOLARSHIP
(2)	HOPE FOR THE JOURNEY HOME 8260 FOURTH ST. NORTH OAKDALE MN 55128	41-0807574	501(C)	6,000				BASIC NEEDS
(3)	HOPE LUTHERAN CHURCH 3337 KINGSBARN AVENUE RIVER FALLS WI 54022	72-1603482	501(C)	5,855				ANNUAL
(4)	HUDSON HOSPITAL FOUNDATION 405 STAGELINE ROAD HUDSON WI 54016	39-1279567	501(C)	5,650				ADDITION, HEALTH
(5)	HUGO GOOD NEIGHBORS FOOD SHELF 15106 FRANCESCA AVENUE N. HUGO MN 55038	26-4627293	501(C)	10,000				BASIC NEEDS
(6)	INTERFAITH CAREGIVERS OF BURNETT CO 7596 HAYDEN LAKE ROAD DANBURY WI 54830	39-1928404	501(C)	8,000				BASIC NEEDS
(7)	INTERFAITH CAREGIVERS OF POLK CO PO BOX 833 SAINT CROIX FALLS WI 54024	39-1837906	501(C)	16,804				GENERAL/HEALTH
(8)	LAKES AND PINES COMMUNITY ACTION CO 1700 MAPLE AVE. EAST MORA MN 55051	41-0900982	501(C)	25,000				BASIC NEEDS
(9)	LAKEVIEW HEALTH FOUNDATION 927 CHURCHILL STREET STILLWATER MN 55082	41-1386635	501(C)	139,554				GENERAL OPERATING

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Schedule I (Form 990) (2020)

**SCHEDULE I
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Department of the Treasury
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MOUNT CALVARY 301 COUNTY ROAD 19 EXCELSIOR MN 55331	41-0870777	501(C)	12,000				CAPITAL/GENERAL
(2)	MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY MA 01075	04-2103578	501(C)	6,000				GENERAL OPERATING
(3)	MT. ZION LUTHERAN CHURCH 505 13TH ST. HUDSON WI 54016	39-1457890	501(C)	13,900				CAPITAL/GENERAL
(4)	NEWTRAX, INC. 3700 HWY61 N WHITE BEAR LAKE MN 55110	27-4476087	501(C)	26,125				BASIC NEEDS
(5)	NORTH END COMMUNITY FOUNDATION 1160 WOODBRIDGE ST. PAUL MN 55117	84-3707473	501(C)	15,636				OPERATING/GRANTS
(6)	NORTH WOODS AND WATERS PO BOX 212 TAYLOR FALLS MN 55084	82-1801174	501(C)	10,621				FUND
(7)	NORTHERN STAR COUNCIL/BSA 6202 BLOOMINGTON ROAD FORT SNELLING MN 55111	20-3000282	501(C)	17,000				GENERAL/FOS
(8)	OPERATION HELP 901 4TH ST., SUITE 214 HUDSON WI 54016	39-1711703	501(C)	29,582				CLIENT ASSISTANCE
(9)	ORDWAY CENTER FOR THE PERFORMING ARTS 345 WASHINGTON ST ST. PAUL MN 55102	41-1428998	501(C)	6,000				GENERAL OPERATING

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(1)	OUR NEIGHBORS' PLACE 122 WEST JOHNSON ST. RIVER FALLS WI 54022	35-2383155	501(C)	13,655				OUTREACH/GENERAL
(2)	PARKINSON'S FOUNDATION 8085 WAYZATA BLVD., SUITE 100 GOLDEN VALLEY MN 55426	13-1866796	501(C)	25,000				FREE KITS
(3)	PRAYING PELICAN MISSIONS 8011 34TH AVE. S., SUITE 333 BLOOMINGTON MN 55425	30-0222202	501(C)	60,000				CONSTRUCTION
(4)	PRESBYTERIAN HOMES FOUNDATION 2845 HAMLINE AVE. N. ROSEVILLE MN 55113	41-1465334	501(C)	5,200				GENERAL SUPPORT
(5)	RESPECTACLE 1719 TOWER DRIVE STILLWATER MN 55082	45-2427833	501(C)	8,102				GENERAL OPERATING
(6)	RISE 8406 SUNSET ROAD NE SPRING LAKE PARK MN 55432	41-0972476	501(C)	8,000				MENTAL HEALTH
(7)	SALVATION ARMY GRACE PLACE 505 W. 8TH ST. NEW RICHMOND WI 54017	36-2167910	501(C)	24,570				GENERAL/HEALTH
(8)	SALVATION ARMY OF BURNETT COUNTY 7764 W. MAIN ST. SIREN WI 54872	36-2167910	501(C)	10,000				BASIC NEEDS
(9)	SALVATION ARMY PIERCE COUNTY EXT 627 N. GROVE ST. RIVER FALLS WI 54022	36-2167910	501(C)	10,000				BASIC NEEDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	SALVATION ARMY SERENITY HOME 560 5TH STREET PO BOX 129 CLEAR LAKE WI 54005	36-2167910	501(C)	10,000				BASIC NEEDS
(2)	SALVATION ARMY, TWIN CITIES ADMIN 2445 PRIOR AVE. ROSEVILLE MN 55113	41-0698597	501(C)	27,000				GENERAL OPERATING
(3)	SENITIZO 2344 FOOTHILLS DR. S. GOLDEN CO 80401	82-1555063	501(C)	6,572				GENERAL OPERATING
(4)	ST. ANDREW'S COMMUNITY RESOURCE CTR 900 STILLWATER ROAD MAHTOMEDI MN 55115	41-0880458	501(C)	17,000				BASIC NEEDS
(5)	ST. ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI MN 55115	41-0880458	501(C)	29,500				HOPE LIVES CAMPAIGN
(6)	ST. CROIX FAMILY RESOURCE CENTER PO BOX 73 BAYPORT MN 55003	47-5032696	501(C)	10,000				GENERAL/HEALTH
(7)	ST. CROIX FESTIVAL THEATRE P.O. BOX 801 ST. CROIX FALLS WI 54024	39-1663518	501(C)	8,712				GENERAL OPERATING
(8)	ST. CROIX VALLEY HABITAT FOR HUMANITY 749 RYAN DRIVE HUDSON HUDSON WI 54016	39-1857467	501(C)	15,000				BASIC NEEDS
(9)	ST. JOHN'S UNITED CHURCH OF CHRIST PO BOX 14 LA POINTE WI 54850	23-7165228	501(C)	12,000				GENERAL/FOOD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. JOHN'S UNITED CHURCH OF CHRIST PO BOX 14 LA POINTE WI 54850	23-7165228	501(C)	7,000				GENERAL/WOODS HALL
(2)	ST. LUKE'S EPISCOPAL CHURCH 4557 COLFAX AVE. S. MINNEAPOLIS MN 55419	41-0724047	501(C)	6,500				GENERAL/HAITI
(3)	ST. MARY'S HEALTH CLINICS 1884 RANDOLPH AVE. ST. PAUL MN 55105	41-1760632	501(C)	11,200				BASIC NEEDS
(4)	ST. PATRICK CATHOLIC CHURCH 1500 VINE STREET HUDSON WI 54016	39-0806399	501(C)	6,000				CAPITAL/GENERAL
(5)	STEGER WILDNERNESS CENTER FOR INNOV 3373 CEDAR LAKE RD. PO BOX 785 ELY MN 55731	46-4129997	501(C)	12,000				GENERAL OPERATING
(6)	STILLWATER AREA PUBLIC SCHOOLS 834 1875 S. GREELEY ST. STILLWATER MN 55082	41-6008519	501(C)	16,371				HOUSING
(7)	STILLWATER PUBLIC LIBRARY 224 THIRD ST. N. STILLWATER MN 55082	41-6005566	501(C)	10,329				GENERAL OPERATING
(8)	STORYARK 640 MAIN STREET N., #34 STILLWATER MN 55082	81-3780329	501(C)	6,500				STORYARK FESTIVAL
(9)	STRUTHER'S PARKINSON'S CARE NETWORK 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY MN 55427	41-0132080	501(C)	15,000				TRAINING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2020)

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	T.H.U.G LIFE MINISTRY 424 CHURCH HILL ROAD SOMERSET WI 54025	46-1405282	501(C)	6,100				BASIC NEEDS
(2)	THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON WI 54016	39-1360778	501(C)	15,250				GENERAL/ENDOWMENT
(3)	THE ZEPHYR THEATRE 601 N. MAIN ST. STILLWATER MN 55082	81-1157243	501(C)	10,050				GENERAL/HEALTH
(4)	TOWN OF ALDEN CHARITABLE FUND 183 155TH STREET STAR PRAIRIE WI 54026	39-6005771	501(C)	6,028				ANNUAL
(5)	TRIO WOLF CREEK DISTANCE LEARNING CHARTER 29678 KARMEL AVE. CHISAGO CITY MN 55013	03-0447156	501(C)	5,051				LEARNING/HEALTH
(6)	TUBMAN 1725 MONASTERY WAY MAPLEWOOD MN 55109	41-1240048	501(C)	20,000				WASHINGTON COUNTY
(7)	TURNINGPOINT FOR VICTIMS 117 NORTH MAIN ST. RIVER FALLS WI 54022	39-1322995	501(C)	23,950				GENERAL/FAMILY NEEDS
(8)	UNITED WAY OF WASHINGTON COUNTY E 1825 CURVE CREST BLVD. STILLWATER MN 55082	41-0855267	501(C)	41,369				GENERAL OPERATING
(9)	UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON WI 54016	39-1372545	501(C)	51,923				MENTAL HEALTH/ANNUAL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF ILLINOIS FOUNDATION PO BOX 3429 CHAMPAIGN IL 61826	37-6006007	501(C)	6,000				GENERAL OPERATING
(2)	UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE ST. PAUL MN 55105	41-0693970	501(C)	70,053				SCHOLARSHIP
(3)	VALLEY FRIENDSHIP CLUB 5620 MEMORIAL AVE. N., SUITE C STILLWATER MN 55082	27-2362329	501(C)	6,000				SOCIAL OPPORUNITIES
(4)	VALLEY OUTREACH 1911 CURVE CREST BLVD. W. STILLWATER MN 55082	41-1452973	501(C)	12,265				GENERAL OPERATING
(5)	WEST CAP 525 2ND ST. P O BOX 308 GLEENWOOD WI 54013	39-1076125	501(C)	54,850				GENERAL/HEALTH
(6)	WESTERN WISCONSIN HEALTH FOUNDATION 1100 BERGSLIEN ST. BALDWIN WI 54002	39-0808526	501(C)	12,000				GENERAL/WE CARE
(7)	WILD RIVERS CONSERVANCY 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS WI 54024	26-3025933	501(C)	77,925				GENERAL OPERATING
(8)	WILD RIVERS HABITAT FOR HUMANITY 1357 N. RIVER STREET SIREN WI 54801	39-1863020	501(C)	20,000				BASIC NEEDS
(9)	WORKFORCE RESOURCE, INC. 401 TECHNOLOGY DRIVE MENOMONIE WI 54751	39-1455735	501(C)	9,950				GENERAL/HEALTH

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

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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YMCA HUDSON 2211 VINE ST. HUDSON WI 54016	45-2563299	501(C)	55,607				GENERAL OPERATING
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2020)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

STAFF PERFORMS DUE DILIGENCE TO CONFIRM THAT GRANT RECIPIENTS ARE 501(C)(3)

ORGANIZATIONS. THEY ARE REVIEWED BY THE GRANTS ADMINISTRATOR, THE

PRESIDENT AND THE ACCOUNTANT. WITH COMPETITIVE GRANTS, FINAL REPORTS ARE

REQUIRED FROM THE RECIPIENTS TO EXPLAIN HOW THE GRANT FUNDS WERE SPENT AND

THE RESULTS ACHIEVED WITH THE GRANTS. STAFF FOLLOW UP WITH ALL COMPETITIVE

GRANT RECIPIENTS TO GET THESE REPORTS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open To Public
Inspection**

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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	34	1,830,140	AVERAGE HIGH/LOW PRICE
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	X	1	473,000	FAIR VALUE/APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (.....)				
26 Other u (.....)				
27 Other u (.....)				
28 Other u (.....)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	X	
----	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
-----	----------	--

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

--	--	--

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

Schedule M (Form 990) 2020

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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

ALL STOCK DONATIONS ARE RECEIVED IN A FOUNDATION INVESTMENT ACCOUNT

ADMINISTERED BY A THIRD PARTY. ALL STOCK DONATIONS ARE SOLD UPON RECEIPT.

GIFTS OF REAL PROPERTY ARE MADE TO SCVF HOLDINGS, LLC (A DISREGARDED ENTITY OF THE FOUNDATION) AND MARKETING BY THE LOCAL AFFILIATE BOARD MEMBERS

DESIGNEE.

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION OF THE ST. CROIX VALLEY COMMUNITY FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE ST. CROIX VALLEY BY: ENCOURAGING CHARITABLE GIVING IN THE VALLEY, CONNECTING PEOPLE AND PROGRAMS, AND ENCOURAGING COLLABORATION.

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE ST. CROIX VALLEY COMMUNITY FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE ST. CROIX VALLEY BY: ENCOURAGING CHARITABLE GIVING IN THE VALLEY - BUILDING PERMANENT FUNDS THAT WILL PROVIDE RESOURCES FOR THE NEEDS OF TODAY AND TOMORROW. CONNECTING PEOPLE AND PROGRAMS - BRINGING TOGETHER PEOPLES CHARITABLE INTERESTS AND THE FUNDING NEEDS TO PROGRAMS AND ORGANIZATIONS. ENCOURAGING COLLABORATION - FORMING PARTNERSHIPS AND PROVIDING SERVANT LEADERSHIP THROUGH PROGRAMS THAT ENHANCE THE QUALITY OF LIFE IN OUR REGION'S DISTINCT COMMUNITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 RETURN IS PRESENTED TO THE BOARD OF DIRECTORS AND OUR TREASURER. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE POLICY IS REVEIWED AND DISCUSSED ANNUALLY BEFORE THE BOARD MEMBERS SIGN THE CONFLICT OF INTEREST FORM AND DISCLOSE ANY CONFLICTS THEY MAY HAVE. CONFLICTS, IF ANY, ARE MONITORED BY MANAGEMENT THROUGHOUT THE YEAR.

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE FOUNDATION BOARD PERIODICALLY REVIEWS THE JOB DESCRIPTION OF THE
PRESIDENT AND EVALUATES HIS/HER PERFORMANCE ON A REGULAR BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF THE PRESIDENT IS SET AND APPROVED BY THE FULL BOARD, THE
EXECUTIVE OR THE AUDIT COMMITTEE.

NO BOARD OR COMMITTEE MEMBERS WILL TAKE PART IN SETTING THE COMPENSATION OF
THE PRESIDENT IF THEY HAVE ANY CONFLICT OF INTEREST. THE PRESIDENT WILL
NOT BE PRESENT DURING THE DISCUSSION OF THE COMPENSATION.

THE RESPONSIBLE COMMITTEE WILL REPORT FULLY TO THE ENTIRE BOARD.

THE EXCESS BENEFIT TRANSACTION RULES (I.E. BASING THE DECISION ON
COMPARABLE DATA READILY AVAILABLE TO THE BOARD COMMITTEE AND RECORDING THE
PROCESS AND DECISIONS IN THE MINUTES), CREATE A PRESUMPTION OF
REASONABLENESS FOR COMPENSATION.

THE RESPONSIBLE COMMITTEE MAY USE COMPENSATION SURVEYS BY INDEPENDENT
CONSULTANTS, COMPENSATION PACKAGES OFFERED AT SIMILARLY SIZED FOUNDATIONS,
AND WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF
THE PRESIDENT.

THE RESPONSIBLE COMMITTEE WILL DOCUMENT THE BASIS FOR ITS DETERMINATIONS OF
THE COMPENSATION PACKAGE, WITH THE IMPLEMENTATION OF THE DETERMINATION
(WITHIN 60 DAYS OF THE DECISION, OR THE NEXT MEETING OF THE FULL BOARD OF

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

DIRECTORS, WHICHEVER IS LATER).

THE DOCUMENTATION WILL INCLUDE:

-THE TERMS OF THE TRANSACTIONS AND THE DATE IT WAS APPROVED.

-THE MEMEBERS OF THE COMMITTEE WHO DISCUSSED THE COMPENSATION AND THE NAMES OF THE MEMBERS WHO APPROVED IT.

-THE COMPARABILITY DATA USED, AND HOW IT WAS OBTAINED.

-THE ACTION TAKEN TO CONSIDER THOSE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION OF THE COMPENSATION PACKAGE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN VALUE OF TRUST \$ 130,889

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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
(1) SCVF HOLDINGS, LLC 516 2ND STREET SUITE 214 HUDSON WI 54016 46-4871208	PART VII	WI	407,319	13,818	PART VII
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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) Dispro- portionate alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

SCHEDULE R - ADDITIONAL INFORMATION

SCHEDULE R, PART I (B) - PRIMARY ACTIVITY - TO ACCEPT AND SELL DONATIONS OF
REAL PROPERTY FOR THE FOUNDATION

SCHEDULE R, PART I (F) - DIRECT CONTROLLING ENTITY - ST. CROIX VALLEY
FOUNDATION