

## Filing Instructions

**Prepared for:**

ST. CROIX VALLEY FOUNDATION  
516 SECOND STREET No. 214  
HUDSON, WI 54016

**Prepared by:**

Akins Henke and Company  
600 Inwood Avenue North, Suite 160  
Oakdale, MN 55128

2017 FORM 990

**Electronic Filing:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

DRAFT

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. CROIX VALLEY FOUNDATION</b>		<b>D</b> Employer identification number <b>41-1817315</b>	
	Doing business as		<b>E</b> Telephone number <b>(715) 386-9490</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>15,083,041.</b>	
	<b>516 SECOND STREET</b>	<b>214</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	City or town, state or province, country, and ZIP or foreign postal code <b>HUDSON, WI 54016</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>HEATHER LOGELIN</b> <b>516 SECOND STREET, SUITE 214, HUDSON, WI 54</b>		<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.SCVFOUNDATION.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>MN</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>180</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,609,788.</b>	<b>3,579,919.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>248,718.</b>	<b>273,564.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,007,166.</b>	<b>1,346,617.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,094.</b>	<b>18,266.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,886,766.</b>	<b>5,218,366.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,795,700.</b>	<b>1,575,329.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>392,702.</b>	<b>449,503.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>126,535.</b>	<b>178,350.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>270,471.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>977,135.</b>	<b>810,405.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,292,072.</b>	<b>3,013,587.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>8,594,694.</b>	<b>2,204,779.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>58,913,615.</b>	<b>64,812,735.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,158,370.</b>	<b>28,728,990.</b>
		<b>32,755,245.</b>	<b>36,083,745.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>HEATHER LOGELIN, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GEORGIA AKINS</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00950359</b>
	Firm's name ▶ <b>AKINS HENKE AND COMPANY</b>	Firm's EIN ▶ <b>46-3220328</b>	Phone no. <b>651-636-3806</b>		
	Firm's address ▶ <b>600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128</b>				

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 [X]

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 [X] No

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

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

4a (Code: ) (Expenses \$ 604,309. including grants of \$ ) (Revenue \$ 9,528. ) SPECIAL COMMUNITY PROJECTS: IN KEEPING WITH THE FOUNDATION'S MISSION, FOUNDATION STAFF MEMBERS 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 FREINDLTY COMMUNITIES.

4b (Code: ) (Expenses \$ 185,318. including grants of \$ ) (Revenue \$ 264,036. ) FUND MANAGEMENT: THESE ACTIVITIES INCLUDE WORKING WITH DONORS, AGENCIES AND AFFILIATED FUNDS WHO ALREADY HAVE ESTABLISHED FUNDS WITH THE FOUNDATION AND INCLUDE TECHNICAL ASSISTANCE AND TRAINING AND EDUCATION AS WELL AS ACCOUNTING ACTIVITIES. THERE WERE APPROXIMATELY 480 FUNDS MANAGED IN FISCAL YEAR 2018.

4c (Code: ) (Expenses \$ 1,607,384. including grants of \$ 1,575,329. ) (Revenue \$ ) GRANTS TO ART, EDUCATION, HUMAN SERVICES, ENVIRONMENTAL, RELIGIOUS, HEALTH AND OTHER CHARITABLE ORGANIZATIONS. APPROXIMATLEY 725 GRANTS WERE GIVEN IN FISCAL YEAR 2018.

4d Other program services (Describe in Schedule O.) (Expenses \$ 34,270. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,431,281.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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 **WI, MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **EMILY LOWNSBURY - (715) 386-9490**  
**516 SECOND STREET, HUDSON, WI 54016**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) ANDY KASS BOARD MEMBER	2.00	X					0.	0.	0.	
(2) ANDY KUBIAK BOARD MEMBER	2.00	X					0.	0.	0.	
(3) BUCK MALICK BOARD MEMBER	2.00	X					0.	0.	0.	
(4) CHARLIE WIKELIUS BOARD MEMBER	2.00	X					0.	0.	0.	
(5) DENNIS DUERST BOARD MEMBER	2.00	X					0.	0.	0.	
(6) DOUG GEISLER BOARD MEMBER	2.00	X					0.	0.	0.	
(7) DWIGHT CUMMINS BOARD MEMBER	2.00	X					0.	0.	0.	
(8) GARY KELSEY BOARD MEMBER	2.00	X					0.	0.	0.	
(9) HEATHER MCABEE BOARD MEMBER	2.00	X					0.	0.	0.	
(10) JEANNE WALZ (7/1/17 TO 5/8/18) BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JIM ELLIS BOARD MEMBER	2.00	X					0.	0.	0.	
(12) JUDY FREUND BOARD MEMBER	2.00	X					0.	0.	0.	
(13) KATRINA LARSEN BOARD MEMBER	2.00	X					0.	0.	0.	
(14) LINDA SKOGLUND BOARD MEMBER	2.00	X					0.	0.	0.	
(15) MARSHA SHOTLEY BOARD MEMBER	2.00	X					0.	0.	0.	
(16) MATT THUESON BOARD MEMBER	2.00	X					0.	0.	0.	
(17) MIKE PEPIN BOARD MEMBER	2.00	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 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			
(18) ROD ROMMEL (7/1/17 TO 7/31/17) BOARD MEMBER	2.00	X						0.	0.	0.
(19) STEVE SCHROEDER CHAIR	2.00	X		X				0.	0.	0.
(20) SUE GERLACH VICE CHAIR	2.00	X		X				0.	0.	0.
(21) SUZANN BROWN (7/1/17 TO 7/31/17) BOARD MEMBER	2.00	X						0.	0.	0.
(22) TODD GILLINGHAM BOARD MEMBER	2.00	X						0.	0.	0.
(23) JANE HETLAND STEVENSON (7/1/17 TO 5/15/18) EXECUTIVE DIRECTOR	40.00			X			122,053.	0.	9,341.	
(24) HEATHER LOGELIN EXECUTIVE DIRECTOR	40.00			X			0.	0.	0.	
<b>1b Sub-total</b>							122,053.	0.	9,341.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							122,053.	0.	9,341.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
MGI, INC., 2925 DEAN PARKWAY SUITE 300, MINNEAPOLIS, MN 55415	FUNDRAISING CONSULTANT	144,000.

**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 **1**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,579,919.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		646,529.				
	<b>h Total.</b> Add lines 1a-1f		3,579,919.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE CHARGES	<b>Business Code</b>	525990	264,036.	264,036.		
	<b>b</b> CONVERSATIONS OF THE VALLEY		900099	9,528.	9,528.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			273,564.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			874,710.		874,710.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	18,266.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	18,266.				
	<b>d</b> Net rental income or (loss)			18,266.		18,266.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	10,336,582.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	9,864,675.				
		<b>c</b> Gain or (loss)	471,907.				
	<b>d</b> Net gain or (loss)			471,907.		471,907.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			5,218,366.	273,564.	0.	1,364,883.	

**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	1,575,329.	1,575,329.		
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	125,153.	35,675.	34,471.	55,007.
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	264,198.	153,292.	91,481.	19,425.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,563.	7,346.	4,281.	936.
9 Other employee benefits	16,866.	13,315.	1,859.	1,692.
10 Payroll taxes	30,723.	15,111.	9,987.	5,625.
11 Fees for services (non-employees):				
a Management				
b Legal	3,129.		3,129.	
c Accounting	11,835.		11,835.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	178,350.			178,350.
f Investment management fees	168,164.	75,330.	92,834.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,738.	3,594.	4,144.	
12 Advertising and promotion	11,747.	7,863.	2,311.	1,573.
13 Office expenses	20,974.	10,894.	9,044.	1,036.
14 Information technology				
15 Royalties				
16 Occupancy	63,493.	34,721.	25,370.	3,402.
17 Travel	5,031.	3,935.	116.	980.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,867.	12,096.	2,623.	148.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,554.	1,405.	1,011.	138.
23 Insurance	5,420.	2,981.	2,147.	292.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FUND PROJECT EXPENSES</b>	450,305.	450,305.		
b <b>EQUIPMENT RENTAL AND MA</b>	34,637.	19,053.	13,717.	1,867.
c <b>CONVERSATIONS OF THE VA</b>	9,036.	9,036.		
d <b>DUES AND SUBSCRIPTIONS</b>	1,475.		1,475.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,013,587.	2,431,281.	311,835.	270,471.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>1</b> Cash - non-interest-bearing .....	96,934.	<b>1</b>	63,913.	
	<b>2</b> Savings and temporary cash investments .....	499,344.	<b>2</b>	502,848.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	193,159.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	3,781.	<b>9</b>	20,782.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 79,951.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 64,926.	4,129.	<b>10c</b> 15,025.	
	<b>11</b> Investments - publicly traded securities .....	58,309,427.	<b>11</b>	64,017,008.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	58,913,615.	<b>16</b>	64,812,735.		
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	90,186.	<b>17</b>	50,623.	
	<b>18</b> Grants payable .....	37,500.	<b>18</b>	0.	
	<b>19</b> Deferred revenue .....	5,909.	<b>19</b>	0.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	26,024,775.	<b>21</b>	28,666,275.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	0.	<b>25</b>	12,092.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,158,370.	<b>26</b>	28,728,990.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	599,104.	<b>27</b>	430,571.	
	<b>28</b> Temporarily restricted net assets .....	7,094,769.	<b>28</b>	8,537,216.	
	<b>29</b> Permanently restricted net assets .....	25,061,372.	<b>29</b>	27,115,958.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	32,755,245.	<b>33</b>	36,083,745.	
<b>34</b> Total liabilities and net assets/fund balances .....	58,913,615.	<b>34</b>	64,812,735.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,218,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,013,587.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,204,779.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,755,245.
5	Net unrealized gains (losses) on investments	5	1,123,721.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,083,745.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 in 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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2716876.	2470039.	3971910.	11609788.	3579919.	24348532.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2716876.	2470039.	3971910.	11609788.	3579919.	24348532.
<b>5</b> 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) .....						2376992.
<b>6 Public support.</b> Subtract line 5 from line 4.						21971540.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	2716876.	2470039.	3971910.	11609788.	3579919.	24348532.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	391,379.	490,385.	627,609.	559,548.	892,976.	2961897.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						27310429.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,186,062.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.45 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	83.80 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

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

Horizontal lines for supplemental information input.

DRAFT

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization  <b>ST. CROIX VALLEY FOUNDATION</b>	Employer identification number  <b>41-1817315</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>77,313.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>102,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>100,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>147,543.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>ST. CROIX VALLEY FOUNDATION</b>	<b>Employer identification number</b>  <b>41-1817315</b>
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**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	_____ _____ _____	\$ 100,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 102,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 172,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ST. CROIX VALLEY FOUNDATION</b>	Employer identification number  <b>41-1817315</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	500 SHARES USB _____ _____	\$ 27,313.	12/20/17
4	SHARES OF VARIOUS PUBLICALLY TRADED STOCKS _____ _____	\$ 144,543.	09/27/17
7	605 SHARES OF XLV _____ _____	\$ 50,230.	12/29/17
9	SHARES OF VARIOUS PUBLICALLY TRADED STOCKS _____ _____	\$ 102,000.	12/27/17
10	100 SHARES UNH _____ _____	\$ 22,501.	04/06/18
	_____ _____ _____	\$ _____	_____

Name of organization  <b>ST. CROIX VALLEY FOUNDATION</b>	Employer identification number  <b>41-1817315</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for types of easements, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields for reporting.

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	28,854,156.	18,461,913.	18,056,856.	17,423,498.	14,658,284.
b Contributions	2,054,586.	9,100,412.	1,542,236.	854,770.	1,061,644.
c Net investment earnings, gains, and losses	2,378,988.	2,406,813.	80,442.	730,473.	2,524,009.
d Grants or scholarships	614,290.	656,029.	1,014,494.	680,435.	580,828.
e Other expenditures for facilities and programs					
f Administrative expenses	424,661.	458,953.	203,127.	271,450.	239,611.
g End of year balance	32,248,779.	28,854,156.	18,461,913.	18,056,856.	17,423,498.

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

- a Board designated or quasi-endowment  85 %
- b Permanent endowment  15.07 %
- c Temporarily restricted endowment  84.08 %

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		79,951.	64,926.	15,025.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,025.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	12,092.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,092.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,342,087.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,123,721.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,123,721.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,218,366.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,218,366.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,013,587.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,013,587.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,013,587.

**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:**

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:**

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, LINE 2:**

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SEC

**Part XIII** Supplemental Information (continued)

501(C)(3) OF THE INTERNAL REVENUE CODE. U.S. GAAP REQUIRES MANAGEMENT TO 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 NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2018 AND 2017, 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MGI, INC.

(I) ADDRESS OF FUNDRAISER:

2925 DEAN PARKWAY SUITE 300, MINNEAPOLIS, MN 55415

**PART I, LINE 2B, COLUMN (V):**

**\$144,000 PAID FOR CONSULTING FEES AND \$34,350 REIMBURSEMENT FOR PRINTING AND MEETING EXPENSES RELATED TO THE CAMPAIGN.**

**Part IV** Supplemental Information *(continued)*

DRAFT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARTREACH ST. CROIX 224 4TH STREET NORTH STILLWATER, MN 55082	41-1758837	501(C)(3)	5,000.	0.			STCROIXSPASH.ORG
BAYFIELD COUNTY LAND & WATER CONSERVATION DEPARTMENT - P.O. BOX 126 - WASHBURN, WI 54891	39-6005670	501(C)(3)	6,500.	0.			SUPPORT FOR OPERATION OF STREAM FLOW AND TEMPERATURE MONITORING GAGE ON THE NAMEKAGON
BLUES ON THE CHIPPEWA, INC. PO BOX 125 DURAND, WI 54736	26-2517984	501(C)(3)	15,000.	0.			FUNDING FOR BLUES FESTIVAL AND RELATED CHARITABLE PURPOSES
CAN DO CANINES 9440 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	41-1594165	501(C)(3)	5,000.	0.			TO PROVIDE SERVICE DOGS TO PEOPLE WITH DISABILITIES
CAN DO CANINES 9440 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	41-1594165	501(C)(3)	1,000.	0.			ASSISTANCE DOGS FOR HEARING LOSS
CANVAS HEALTH 5650 MEMORIAL AVENUE NORTH OAK PARK HEIGHTS, MN 55082	41-0955577	501(C)(3)	13,350.	0.			CHILD PSYCHIATRY PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **86.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST LUTHERAN CHURCH 150 5TH STREET MARINE, MN 55047	41-1294832	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
CITY OF AMERY 118 CENTER STREET AMERY, WI 54001	39-6005378	501(C)(3)	10,000.	0.			COMMUNITY WATER RECREATION STUDY
COR RETREAT INC. PO BOX 1000 HUDSON, WI 54016	45-3977601	501(C)(3)	25,000.	0.			GENERAL OPERATING - FOOD RECOVERY
CRU PO BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	19,500.	0.			FOR NEAL NEWHOF/THE CHILDREN'S STUDIO IN AZERBAIJAN
CYSTIC FIBROSIS FOUNDATION, NEBRASKA CHAPTER - 2827 S. 88TH ST. - OMAHA, NE 68124	47-0527737	501(C)(3)	5,000.	0.			GENERAL FUND
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022	39-0860349	501(C)(3)	4,064.	0.			GENERAL OPERATING
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022	39-0860349	501(C)(3)	2,000.	0.			GENERAL FUND/ALWAYS LOVED
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022	39-0860349	501(C)(3)	3,500.	0.			GENERAL FUND
FAIRVIEW FOUNDATION 1690 UNIVERSITY AVE. W., SUITE 250 ST. PAUL, MN 55104	41-1602044	501(C)(3)	25,000.	0.			TO HELP FUND THERAPEUTIC AND RECREATIONAL OUTREACH PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082	41-6045574	501(C)(3)	13,350.	0.			PROGRAMS TO HELP WOMEN AND CHILDREN WHO EXPERIENCE ABUSE
FIRST LUTHERAN CHURCH 218 COUNTY RD. K NEW RICHMOND, WI 54017	39-1039815	501(C)(3)	9,175.	0.			NEW BUILDING FUND
FIRST LUTHERAN CHURCH 218 COUNTY RD. K NEW RICHMOND, WI 54017	39-1039815	501(C)(3)	4,000.	0.			\$1,000 TO THE MARY & JOSEPH FUND, AND \$3,000 TO FIRST LUTHERAN GENERAL GIVING
FIRST PRESBYTERIAN CHURCH 1901 VINE STREET HUDSON, WI 54016	93-0846997	501(C)(3)	23,971.	0.			CAPITAL CAMPAIGN
FIRST PRESBYTERIAN CHURCH 1901 VINE STREET HUDSON, WI 54016	93-0846997	501(C)(3)	3,775.	0.			GENERAL OPERATIONS
FIRST PRESBYTERIAN CHURCH 1901 VINE STREET HUDSON, WI 54016	93-0846997	501(C)(3)	3,850.	0.			GENERAL OPERATIONS
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	5,000.	0.			SUPPORT HUNGER INITIATIVE
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	500.	0.			HAPPY KIDS BACKPACK PROGRAM - VOUCHERS FOR FRESH PRODUCE
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	10,000.	0.			FOR THE PURCHASE OF FOOD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	750.	0.			FOR PURCHASING FOOD FOR THE HOLIDAYS
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	525.	0.			FEED THE HUNGRY
FIVE LOAVES FOOD & CLOTHING CENTER, INC. - PO BOX 222 - NEW RICHMOND, WI 54017	39-1565734	501(C)(3)	645.	0.			PROCEEDS FROM SALE OF STOCK FOR BENEFIT OF FIVE LOAVES
FRIENDS OF CREX 102 EAST CREX AVENUE GRANTSBURG, WI 54840	39-1524915	501(C)(3)	12,000.	0.			MESS HALL FUND
FRIENDS OF CREX 102 EAST CREX AVENUE GRANTSBURG, WI 54840	39-1524915	501(C)(3)	2,000.	0.			MESS HALL FUND
GRACE PLACE - SALVATION ARMY 505 W. 8TH ST. NEW RICHMOND, WI 54017	36-2167910	501(C)(3)	664.	0.			GENERAL OPERATING
GRACE PLACE - SALVATION ARMY 505 W. 8TH ST. NEW RICHMOND, WI 54017	36-2167910	501(C)(3)	1,000.	0.			GENERAL OPERATIONS
GRACE PLACE - SALVATION ARMY 505 W. 8TH ST. NEW RICHMOND, WI 54017	36-2167910	501(C)(3)	500.	0.			SUPPORT HOMELESS INDIVIDUALS AND FAMILIES AT GRACE PLACE
GRACE PLACE - SALVATION ARMY 505 W. 8TH ST. NEW RICHMOND, WI 54017	36-2167910	501(C)(3)	1,500.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE - SALVATION ARMY 505 W. 8TH ST. NEW RICHMOND, WI 54017	36-2167910	501(C)(3)	5,000.	0.			WHERE NEEDED MOST
HOPE LUTHERAN CHURCH 3337 KINGSBARN AVENUE RIVER FALLS, WI 54022	72-1603482	501(C)(3)	5,794.	0.			DONOR DESIGNATED
HUDSON DOG OWNER'S ASSOCIATION PO BOX 1236 HUDSON, WI 54016	81-3876368	501(C)(3)	5,000.	0.			SPARK GRANT WINNER - CREATE COMMUNITY DOG PARK
HUDSON HOSPITAL FOUNDATION 405 STAGELINE RD. HUDSON, WI 54016	39-1279567	501(C)(3)	500.	0.			GENERAL OPERATING
HUDSON HOSPITAL FOUNDATION 405 STAGELINE RD. HUDSON, WI 54016	39-1279567	501(C)(3)	1,000.	0.			UNRESTRICTED
HUDSON HOSPITAL FOUNDATION 405 STAGELINE RD. HUDSON, WI 54016	39-1279567	501(C)(3)	500.	0.			ENDOWMENT FUND
HUDSON HOSPITAL FOUNDATION 405 STAGELINE RD. HUDSON, WI 54016	39-1279567	501(C)(3)	3,000.	0.			GENERAL OPERATING
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	6,000.	0.			GENERAL OPERATING
MUSIC SAINT CROIX 522 WEST OAK STREET STILLWATER, MN 55082	41-1927697	501(C)(3)	5,000.	0.			CARNIVAL OF THE ANIMALS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST PASSAGE LIMITED 7417 N BASS LAKE RD WEBSTER, WI 54893	39-1311448	501(C)(3)	2,500.	0.			SPREADING ROOTS: CONNECTING TO NUTRITION AND HEALTH THROUGH THE NATURAL WORLD OF ORGANIC
NORTHWEST PASSAGE LIMITED 7417 N BASS LAKE RD WEBSTER, WI 54893	39-1311449	501(C)(3)	3,000.	0.			SCHAEFER CABIN ARTIST IN RESIDENCE PROGRAM
PARKINSON'S FOUNDATION MINNESOTA 8085 WAYZATA BLVD., SUITE 100 GOLDEN VALLEY, MN 55426	13-1866796	501(C)(3)	25,000.	0.			TO HELP FUND PARKINSON'S FOUNDATION - MN RESPITE CARE GRANT PROGRAM
PARKINSON'S FOUNDATION MINNESOTA 8085 WAYZATA BLVD., SUITE 100 GOLDEN VALLEY, MN 55426	13-1866796	501(C)(3)	25,000.	0.			TO HELP FUND A 4-PART SERIES OF EDUCATIONAL SYMPOSIUMS THROUGHOUT 2018 DEVELOPED TO EDUCATE
SIREN SCHOOL DISTRICT 24022 4TH AVE. SIREN, WI 54872	39-6008581	501(C)(3)	5,000.	0.			SIREN FULL BAND PROJECT
SPRING RUN CHARITABLE FOUNDATION 9136 SPRING RUN BLVD. BONITA SPRINGS, FL 34135	26-3813716	501(C)(3)	5,000.	0.			GENERAL OPERATING
ST. ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501(C)(3)	9,000.	0.			GENERAL OPERATING OR SPECIAL PROJECTS
ST. ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501(C)(3)	7,500.	0.			GENERAL OPERATING OR A SPECIFIC PROJECT
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	500.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	9,100.	0.			FUNDING FOR LITTER BAGS \$4,100; 50TH ANNIVERSARY PENS \$500; CAMP NAMEKAGON RV SPOT \$800; RESOURCE
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	37,500.	0.			GENERAL OPERATING SUPPORT FOR YEAR 2018
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	37,500.	0.			GENERAL OPERATING SUPPORT FOR CALENDAR YEAR 2017
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	500.	0.			SPONSORSHIP OF "THE ENDURING GIFT" DOCUMENTARY
ST. CROIX RIVER ASSOCIATION 230 SOUTH WASHINGTON ST., UNIT #1 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	2,570.	0.			DONEE'S DISCRETION
ST. CROIX VALLEY AREA LEARNING CENTER - 5701 STILLWATER BOULEVARD N. - STILLWATER, MN 55082	41-6008519	501(C)(3)	8,375.	0.			FUNDING FOR MENTAL HEALTH SERVICES, STUDENT SUPPORT GROUPS, CONNECTIONS OF STUDENTS TO CHEMICAL
ST. MARY'S CATHOLIC CHURCH 423 5TH ST. S. STILLWATER, MN 55082	41-0782871	501(C)(3)	5,000.	0.			PARISH OPERATING EXPENSES
STILLWATER PUBLIC LIBRARY 224 THIRD ST. N. STILLWATER, MN 55082	41-6005566	501(C)(3)	9,705.	0.			DONOR DESIGNATED
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	500.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	500.	0.			GENERAL OPERATING
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	500.	0.			ENDOWMENT FUND
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	550.	0.			2017 ANNUAL FUND DRIVE
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	400.	0.			GENERAL OPERATING
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	1,000.	0.			GENERAL OPERATING
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	1,500.	0.			GENERAL OPERATING
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	2,000.	0.			SHARING OUR FUTURE
THE RETREAT 1221 WAYZATA BLVD. EAST WAYZATA, MN 55391	41-1701950	501(C)(3)	30,000.	0.			CAPITAL CAMPAIGN
THE SALVATION ARMY 2445 PRIOR AVE. N. ROSEVILLE, MN 55113	41-0698597	501(C)(3)	1,000.	0.			GENERAL FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 2445 PRIOR AVE. N. ROSEVILLE, MN 55113	41-0698597	501(C)(3)	1,000.	0.			USE AT AGENCY DISCRETION
THE SALVATION ARMY 2445 PRIOR AVE. N. ROSEVILLE, MN 55113	41-0698597	501(C)(3)	5,000.	0.			GENERAL OPERATING
TRINITY LUTHERAN CHURCH 115 NORTH FOURTH STREET STILLWATER, MN 55082	41-0757885	501(C)(3)	15,000.	0.			GENERAL OPERATING
TRINITY LUTHERAN CHURCH 115 NORTH FOURTH STREET STILLWATER, MN 55082	41-0757885	501(C)(3)	250.	0.			GENERAL OPERATING
UNITED WAY OF WASHINGTON COUNTY - EAST - 1825 CURVE CREST BLVD. - STILLWATER, MN 55082	41-0855267	501(C)(3)	12,000.	0.			GENERAL OPERATING
UNITED WAY OF WASHINGTON COUNTY - EAST - 1825 CURVE CREST BLVD. - STILLWATER, MN 55082	41-0855267	501(C)(3)	2,500.	0.			GENERAL FUND
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	6,000.	0.			GENERAL OPERATING
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	1,493.	0.			DONOR DESIGNATED
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	7,900.	0.			MENTAL HEALTH FIRST AID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	5,000.	0.			TO BE USED AS MATCHING FUNDS FOR NEW AND INCREASED GIFTS TO THE JOHN COUGHLIN FOOD
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	7,000.	0.			GIVEBIG ST. CROIX VALLEY
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	3,320.	0.			DONOR DESIGNATED
UNITED WAY ST. CROIX VALLEY 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	500.	0.			GENERAL OPERATING
UNITED WAY ST. CROIX VALLEY, INC 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	500.	0.			SPONSORSHIP OF THE FAMILY FRIENDLY RIVER RUN/WALK 5K
UNITED WAY ST. CROIX VALLEY, INC 201 SECOND STREET SOUTH, SUITE #300 HUDSON, WI 54016	39-1372545	501(C)(3)	4,855.	0.			FARMERS FIGHTING HUNGER - NOURISHING OUR COMMUNITIES
UNIVERSITY OF ILLINOIS, ROGER ADAMS FUND - PO BOX 3429 - CHAPAIN, IL 61801	37-6006007	501(C)(3)	6,000.	0.			GENERAL OPERATING
YOUNG LIFE STUDENT LEADERSHIP PROGRAM #1537 - 423 CITRUS AVE. - NOKOMIS, FL 34275	84-0385934	501(C)(3)	5,000.	0.			GENERAL OPERATING AND SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

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.

**PART II, LINE 1, COLUMN (H):**

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

BAYFIELD COUNTY LAND & WATER CONSERVATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR OPERATION OF STREAM FLOW AND TEMPERATURE MONITORING GAGE ON THE NAMEKAGON RIVER AT LEONARDS, WI

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWEST PASSAGE LIMITED

(H) PURPOSE OF GRANT OR ASSISTANCE: SPREADING ROOTS: CONNECTING TO NUTRITION AND HEALTH THROUGH THE NATURAL WORLD OF ORGANIC GARDENING

NAME OF ORGANIZATION OR GOVERNMENT: PARKINSON'S FOUNDATION MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FUND A 4-PART SERIES OF EDUCATIONAL SYMPOSIUMS THROUGHOUT 2018 DEVELOPED TO EDUCATE PARKINSON'S DISEASE PATIENT CAREGIVERS IN MN AND WESTERN WI

NAME OF ORGANIZATION OR GOVERNMENT: ST. CROIX RIVER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR LITTER BAGS \$4,100; 50TH ANNIVERSARY PENS \$500; CAMP NAMEKAGON RV SPOT \$800; RESOURCE MANAGEMENT PLANNING SESSION \$3,700

NAME OF ORGANIZATION OR GOVERNMENT: ST. CROIX VALLEY AREA LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR MENTAL HEALTH SERVICES, STUDENT SUPPORT GROUPS, CONNECTIONS OF STUDENTS TO CHEMICAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY ST. CROIX VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED AS MATCHING FUNDS FOR NEW AND INCREASED GIFTS TO THE JOHN COUGHLIN FOOD RESOURCE CENTER

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **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	60	646,529.	AVG 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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 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? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2017



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

SCHEDULE M, LINE 32B:

ALL STOCK DONATIONS ARE RECEIVED IN AN 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 MARKETED BY THE LOCAL AFFILIATE BOARD MEMBERS DESIGNEE.

DRAFT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 III, LINE 1, DESCRIPTION OF ORGANIZATION 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 III, LINE 4D, OTHER PROGRAM SERVICES:**

PHILANTHROPIC SERVICES: THESE ACTIVITIES INCLUDE WORKING WITH DONOR  
PROSPECTS, WITH PROFESSIONAL FINANCIAL ADVISORS AND AGENCIES WHO WANT

Name of the organization ST. CROIX VALLEY FOUNDATION	Employer identification number 41-1817315
---	--

TO ESTABLISH A FUND WITH THE FOUNDATION.

EXPENSES \$ 34,270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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, SECTION B, LINE 12C:

THE POLICY IS REVEIWD 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.

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

THE FOUNDATION BOARD PERIODICALLY REVIEWS THE JOB DESCRIPTION OF THE PRESIDENT AND EVALUATES HIS/HER PERFORMANCE ON A REGULAR BASIS.

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 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

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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 DIRECTORS, WHICHEVER IS LATER).

THE DOCUMENTATION WILL INCLUDE:

- THE TERMS OF THE TRANSACTION AND THE DATE IT WAS APPROVED.
- THE MEMBERS 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 ON THE COMPENSATION PACKAGE.

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

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **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
SCVF HOLDINGS, LLC. - 46-4871208 516 2ND STREET SUITE 214 HUDSON, WI 54016	TO ACCEPT AND SELL DONATIONS OF REAL PROPERTY FOR THE FOUNDATION	WISCONSIN		36,931.	ST. CROIX VALLEY FOUNDATION

**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

**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) 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	

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

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

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

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

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

**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 VII** Supplemental Information.

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

		Enter filer's identifying number
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>ST. CROIX VALLEY FOUNDATION</b>	Employer identification number (EIN) or  <b>41-1817315</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>516 SECOND STREET, NO. 214</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HUDSON, WI 54016</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**EMILY LOWNSBURY**

• The books are in the care of ▶ **516 SECOND STREEET - HUDSON, WI 54016**  
 Telephone No. ▶ **(715) 386-9490** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.