

DO NOT STAPLE

Chapter 202, Wis. Stats.  
Subchapter II

# STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and  
Consumer Services

**E-Mail To:**  
DFICharitableOrgs@wi.gov



**Mail To:**  
PO Box 7879  
Madison, WI 53707-7879

**Call:** (608) 267-1711

## FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

**Fax:** (608) 267-6813

[www.wdfi.org](http://www.wdfi.org)

### ORGANIZATION INFORMATION - SECTION A

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses.

St. Croix Valley Sexual Assault Response Team

2. WI Charitable Organization Number:

7806

- 800

3. Federal Employer Identification Number:

39-1983516

4. Provide the name and contact information of the individual the Department should contact about this form:

|                                           |                          |                                       |              |
|-------------------------------------------|--------------------------|---------------------------------------|--------------|
| First Name:<br>Wendy                      |                          | Last Name:<br>Dernovsek               |              |
| Street Address:<br>1343 North Main Street |                          | City:<br>River Falls                  | State:<br>WI |
| Zip Code:<br>55402                        | Phone:<br>(715) 425-6443 | Email:<br>wendy@stcroixvalleysart.org |              |

5. Did your organization use a professional fund-raiser or fund-raising counsel during the fiscal year in Wisconsin?  Yes  No

If **YES**, provide contact information for each fund-raiser(s), fund raising counsel(s), or person. Attach additional pages, if necessary.

|                 |                   |                                                                                                                                                          |                                                   |
|-----------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Name:           |                   | Fund-Raiser:<br><input type="checkbox"/>                                                                                                                 | Fund-Raising Counsel:<br><input type="checkbox"/> |
| Street Address: |                   | City:                                                                                                                                                    | State:                                            |
| Zip:            | Telephone Number: | Does this fund-raiser/fund-raising counsel/person have custody of contributions at any time:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                   |

6. Has any of the information your organization previously submitted to the division changed? (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.)  Yes  No

If YES, attach an explanation and a copy of the amended document.

**FINANCIAL INFORMATION - SECTION B**

7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.

|   |    |    |    |      |      |
|---|----|----|----|------|------|
| 6 | mm | 30 | dd | 2021 | yyyy |
|---|----|----|----|------|------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |         |         |    |  |        |    |  |  |    |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---------|----|--|--------|----|--|--|----|--|--|--|--|
| <p>1. Contributions .....</p> <p>("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include:</p> <ul style="list-style-type: none"> <li>• Income from bingo or raffles conducted under ch. 563, Wis. Stats.</li> <li>• Government grants</li> <li>• Bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.)</li> </ul> | 1  | 117,167 |         |    |  |        |    |  |  |    |  |  |  |  |
| 2. Other Revenues .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2  | 455,879 |         |    |  |        |    |  |  |    |  |  |  |  |
| 3. Total Revenue (line 1 plus line 2) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3  | 573,046 |         |    |  |        |    |  |  |    |  |  |  |  |
| 4. Expenses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |         |         |    |  |        |    |  |  |    |  |  |  |  |
| <table border="1" style="display: inline-table; margin-left: 400px;"> <tr> <td style="width: 40px; text-align: center;">4a</td> <td style="width: 40px;"></td> <td style="width: 100px; text-align: right;">410,296</td> </tr> <tr> <td style="text-align: center;">4b</td> <td></td> <td style="text-align: right;">57,691</td> </tr> <tr> <td style="text-align: center;">4c</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4d</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a |         | 410,296 | 4b |  | 57,691 | 4c |  |  | 4d |  |  |  |  |
| 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 410,296 |         |    |  |        |    |  |  |    |  |  |  |  |
| 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 57,691  |         |    |  |        |    |  |  |    |  |  |  |  |
| 4c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |         |         |    |  |        |    |  |  |    |  |  |  |  |
| 4d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |         |         |    |  |        |    |  |  |    |  |  |  |  |
| e. Total Expenses .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4e | 467,987 |         |    |  |        |    |  |  |    |  |  |  |  |
| 5. Excess or Deficit (line 3 minus line 4e) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5  | 105,059 |         |    |  |        |    |  |  |    |  |  |  |  |
| 6. Net Assets at Beginning of Year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6  | 278,423 |         |    |  |        |    |  |  |    |  |  |  |  |
| 7. Other Changes in Net Assets or Fund Balances (See 990, part XI).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7  |         |         |    |  |        |    |  |  |    |  |  |  |  |
| 8. Net Assets at End of Year (Total of lines 5,6 &7) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8  | 383,482 |         |    |  |        |    |  |  |    |  |  |  |  |

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

R  
E  
Q  
U  
I  
R  
E  
D

- A. List of all officers, directors, trustees, and principal salaried employees** – The list must include each individual’s name, address, and title. Please note that “principal salaried employees” refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.** (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- C. IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990.**  
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #1943 or Form #308 instead.)

C  
H  
E  
C  
K

**D. Audited Financial Statements** if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.

**OR**

**Apply for Waiver of “D. Audited Financial Statements”** if (1.) the organization’s contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).

O  
N  
E

**E. Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

**OR**

**Apply for Waiver of “E. Reviewed Financial Statements”** if (1.) the organization’s contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).

A  
P  
P  
L  
I  
C  
A  
B  
L  
E

**CERTIFICATION - SECTION C**

*This document MUST be signed by the chief fiscal officer and another officer. Two different officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.*

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

AND

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**RETURN MATERIALS TO:**

Department of Financial Institutions  
Division of Corporate and Consumer Services

*Mailing Address:*  
PO Box 7879  
Madison, Wisconsin 53707-7879

Or

*E-mail:*  
[DFICharitableOrgs@wi.gov](mailto:DFICharitableOrgs@wi.gov)

Print

Clear Form

*Phone Number:*  
608-267-1711

**Notice:** Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

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.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>ST. CROIX VALLEY SART, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1343 NORTH MAIN STREET</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>RIVER FALLS, WI 54022</b><br><b>F</b> Name and address of principal officer: <b>SHARON BERGSHOLM</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>39-1983516</b><br><b>E</b> Telephone number<br><b>715-425-6443</b><br><b>G</b> Gross receipts \$ <b>578,339.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><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.STCROIXVALLEYSART.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>2001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>M</b> State of legal domicile: <b>WI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**Part I Summary**

|                                    |                |                                                                                                                                                                                  |                                                                  |                                |
|------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE COMMUNITY HEALTH AND SAFETY BY PROVIDING COMPREHENSIVE SERVICES AND RESOURCES THAT</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>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                | <b>3</b>                                                         | <b>12</b>                      |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                    | <b>4</b>                                                         | <b>12</b>                      |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2020 (Part V, line 2a)                                                                                                     | <b>5</b>                                                         | <b>20</b>                      |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)                                                                                                                               | <b>6</b>                                                         | <b>6</b>                       |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                             | <b>7a</b>                                                        | <b>0.</b>                      |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                                                           | <b>7b</b>                                                        | <b>0.</b>                      |
|                                    | <b>Revenue</b> | <b>8</b>                                                                                                                                                                         | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br>264,366.  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)                                                                                                                                     | 93,500.                                                          | 53,000.                        |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                    | 2,226.                                                           | 2,026.                         |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                         | -276.                                                            | -2,029.                        |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                               | 359,816.                                                         | 573,046.                       |
| <b>Expenses</b>                    |                | <b>13</b>                                                                                                                                                                        | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.                             |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                    | 0.                                                               | 0.                             |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                | 218,321.                                                         | 368,460.                       |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                    | 0.                                                               | 0.                             |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.                                                                                                                   |                                                                  |                                |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                     | 76,789.                                                          | 99,527.                        |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                        | 295,110.                                                         | 467,987.                       |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12                                                                                                                             | 64,706.                                                          | 105,059.                       |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)                                                                                                                                                   | <b>Beginning of Current Year</b><br>284,440.                     | <b>End of Year</b><br>388,012. |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)                                                                                                                                              | 6,017.                                                           | 4,530.                         |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                       | 278,423.                                                         | 383,482.                       |

**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<br><b>SHARON BERGSHOLM, CHAIR</b><br>Type or print name and title | Date<br>_____                                                            |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>ROZALYN Z. ALLYSON</b>                                | Preparer's signature<br>_____                                            |
|                               | Date<br><b>11/08/21</b>                                                                | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00234621</b> |
|                               | Firm's name ▶ <b>MAHONEY, ULBRICH, CHRISTIANSEN &amp; RUSS P.A.</b>                    | Firm's EIN ▶ <b>41-1647057</b>                                           |
|                               | Firm's address ▶ <b>10 RIVER PARK PLAZA, SUITE 800<br/>SAINT PAUL, MN 55107</b>        | Phone no. (651) 227-6695                                                 |

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: TO IMPROVE COMMUNITY HEALTH AND SAFETY BY PROVIDING COMPREHENSIVE SERVICES AND RESOURCES THAT RESPOND TO AND PREVENT INTERPERSONAL VIOLENCE.

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 \$ 410,296. including grants of \$ ) (Revenue \$ 53,000. ) IN 2020-2021, SART SUCCESSFULLY ACCOMPLISHED THE FOLLOWING: PROVIDED CARE THAT DOES NOT FURTHER HARM OR RE-TRAUMATIZE THE PATIENT. CONTINUATION OF ACCESS TO QUALITY DIRECT VICTIM SERVICES, 24 HOUR NURSING CARE AND MEDICAL FORENSIC EXAMINATIONS WITHIN 5 DAYS POST ASSAULT. ENCOURAGED COMPLIANCE OF TREATMENT PRESCRIBED; ASSESSED PATIENTS' EMOTIONAL STATUS AND SAFETY AND ASSISTED WITH ANY ONGOING ISSUES OR QUESTIONS POST EXAM. APPROPRIATELY REFERRED PATIENTS POST ASSAULT/POST EXAM MEDICAL AND/OR EMOTIONAL CARE. COLLABORATED WITH COMMUNITY VICTIM SERVICE PROFESSIONALS TO ENSURE PATIENTS RECEIVE COMPREHENSIVE SERVICES TO MEET THE NEEDS OF PATIENTS. PROVIDE LAW ENFORCEMENT AND DA'S WITH EXPERT EVIDENCE COLLECTION AND FORENSIC EXAMINATION FINDINGS FROM VICTIMS OR PERPETRATORS AND EXPERT TESTIMONY

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

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

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

4e Total program service expenses 410,296.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MICHAEL KNOLL<br>EXECUTIVE DIRECTOR | 20.00                                                                               |                                                                                                           |                       | X       |              |                              | 23,045. | 0.                                                                   | 0.                                                                        |                                                                                               |
| (2) ANN GUSTAFSON<br>DIRECTOR           | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (3) PAM BELLRICHARD<br>SECRETARY        | 1.00                                                                                | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (4) TANYA ARMSTRONG<br>DIRECTOR         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (5) KELSEY DERRICK<br>DIRECTOR          | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (6) DESIREE WIESEN-MARTIN<br>DIRECTOR   | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (7) TOM GUNDERSON<br>VICE CHAIR         | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (8) JEAN SMITH<br>TREASURER             | 1.00                                                                                | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (9) SHARON BERGSHOLM<br>CHAIR           | 1.00                                                                                | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (10) CHRIS LOOS<br>DIRECTOR             | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (11) PETER POTTS-SHUFELT<br>DIRECTOR    | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (12) ADAM GINGERY<br>DIRECTOR           | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| (13) CHELSEA ZIMMERMAN<br>DIRECTOR      | 1.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
|                                         |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                         |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                         |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                         |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                     |                                                                                                           |                       |         |              |                              | 23,045. | 0.                                                                   | 0.                                                                        |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              | 0.      | 0.                                                                   | 0.                                                                        |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              | 23,045. | 0.                                                                   | 0.                                                                        |                                                                                               |

**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 **0**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                          |     | 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? <i>If "Yes," complete Schedule J for such individual</i> |     | 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? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**

**Part VIII Statement of Revenue**

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

|                                                        |                                                                 |                                                                                                                                 |                      | (A)           | (B)                                | (C)                        | (D)                                                |  |
|--------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|------------------------------------|----------------------------|----------------------------------------------------|--|
|                                                        |                                                                 |                                                                                                                                 |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>                                                      | Federated campaigns .....                                                                                                       | <b>1a</b> 6,925.     |               |                                    |                            |                                                    |  |
|                                                        | <b>b</b>                                                        | Membership dues .....                                                                                                           | <b>1b</b>            |               |                                    |                            |                                                    |  |
|                                                        | <b>c</b>                                                        | Fundraising events .....                                                                                                        | <b>1c</b> 9,792.     |               |                                    |                            |                                                    |  |
|                                                        | <b>d</b>                                                        | Related organizations .....                                                                                                     | <b>1d</b>            |               |                                    |                            |                                                    |  |
|                                                        | <b>e</b>                                                        | Government grants (contributions) .....                                                                                         | <b>1e</b> 402,882.   |               |                                    |                            |                                                    |  |
|                                                        | <b>f</b>                                                        | All other contributions, gifts, grants, and similar amounts not included above ...                                              | <b>1f</b> 100,450.   |               |                                    |                            |                                                    |  |
|                                                        | <b>g</b>                                                        | Noncash contributions included in lines 1a-1f                                                                                   | <b>1g</b> \$         |               |                                    |                            |                                                    |  |
|                                                        | <b>h</b>                                                        | <b>Total.</b> Add lines 1a-1f .....                                                                                             | <b>▶</b> 520,049.    |               |                                    |                            |                                                    |  |
| Program Service Revenue                                | <b>2 a</b>                                                      | HOSPITALS FEE                                                                                                                   | Business Code 621400 | 53,000.       | 53,000.                            |                            |                                                    |  |
|                                                        | <b>b</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>c</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>d</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>e</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>f</b>                                                        | All other program service revenue .....                                                                                         |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>g</b>                                                        | <b>Total.</b> Add lines 2a-2f .....                                                                                             | <b>▶</b> 53,000.     |               |                                    |                            |                                                    |  |
| Other Revenue                                          | <b>3</b>                                                        | Investment income (including dividends, interest, and other similar amounts) .....                                              | <b>▶</b>             | 2,026.        |                                    |                            | 2,026.                                             |  |
|                                                        | <b>4</b>                                                        | Income from investment of tax-exempt bond proceeds .....                                                                        | <b>▶</b>             |               |                                    |                            |                                                    |  |
|                                                        | <b>5</b>                                                        | Royalties .....                                                                                                                 | <b>▶</b>             |               |                                    |                            |                                                    |  |
|                                                        | <b>6 a</b>                                                      | Gross rents .....                                                                                                               | (i) Real             | (ii) Personal |                                    |                            |                                                    |  |
|                                                        |                                                                 |                                                                                                                                 | <b>6a</b>            |               |                                    |                            |                                                    |  |
|                                                        |                                                                 |                                                                                                                                 | <b>6b</b>            |               |                                    |                            |                                                    |  |
|                                                        | <b>6c</b>                                                       | Rental income or (loss) .....                                                                                                   |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>d</b>                                                        | Net rental income or (loss) .....                                                                                               | <b>▶</b>             |               |                                    |                            |                                                    |  |
|                                                        | <b>7 a</b>                                                      | Gross amount from sales of assets other than inventory .....                                                                    | (i) Securities       | (ii) Other    |                                    |                            |                                                    |  |
|                                                        |                                                                 |                                                                                                                                 | <b>7a</b>            |               |                                    |                            |                                                    |  |
|                                                        |                                                                 |                                                                                                                                 | <b>7b</b>            |               |                                    |                            |                                                    |  |
|                                                        | <b>7c</b>                                                       | Less: cost or other basis and sales expenses .....                                                                              |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>d</b>                                                        | Net gain or (loss) .....                                                                                                        | <b>▶</b>             |               |                                    |                            |                                                    |  |
|                                                        | <b>8 a</b>                                                      | Gross income from fundraising events (not including \$ 9,792. of contributions reported on line 1c). See Part IV, line 18 ..... |                      |               |                                    |                            |                                                    |  |
| <b>8a</b>                                              |                                                                 |                                                                                                                                 | 3,264.               |               |                                    |                            |                                                    |  |
| <b>8b</b>                                              |                                                                 |                                                                                                                                 | 5,293.               |               |                                    |                            |                                                    |  |
| <b>b</b>                                               | Less: direct expenses .....                                     |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
| <b>c</b>                                               | Net income or (loss) from fundraising events .....              | <b>▶</b>                                                                                                                        | -2,029.              |               |                                    | -2,029.                    |                                                    |  |
| <b>9 a</b>                                             | Gross income from gaming activities. See Part IV, line 19 ..... |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        |                                                                 | <b>9a</b>                                                                                                                       |                      |               |                                    |                            |                                                    |  |
|                                                        |                                                                 | <b>9b</b>                                                                                                                       |                      |               |                                    |                            |                                                    |  |
| <b>b</b>                                               | Less: direct expenses .....                                     |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
| <b>c</b>                                               | Net income or (loss) from gaming activities .....               | <b>▶</b>                                                                                                                        |                      |               |                                    |                            |                                                    |  |
| <b>10 a</b>                                            | Gross sales of inventory, less returns and allowances .....     |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        |                                                                 | <b>10a</b>                                                                                                                      |                      |               |                                    |                            |                                                    |  |
|                                                        |                                                                 | <b>10b</b>                                                                                                                      |                      |               |                                    |                            |                                                    |  |
| <b>b</b>                                               | Less: cost of goods sold .....                                  |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
| <b>c</b>                                               | Net income or (loss) from sales of inventory .....              | <b>▶</b>                                                                                                                        |                      |               |                                    |                            |                                                    |  |
| Miscellaneous Revenue                                  | <b>11 a</b>                                                     |                                                                                                                                 | Business Code        |               |                                    |                            |                                                    |  |
|                                                        | <b>b</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>c</b>                                                        |                                                                                                                                 |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>d</b>                                                        | All other revenue .....                                                                                                         |                      |               |                                    |                            |                                                    |  |
|                                                        | <b>e</b>                                                        | <b>Total.</b> Add lines 11a-11d .....                                                                                           | <b>▶</b>             |               |                                    |                            |                                                    |  |
| <b>12</b>                                              | <b>Total revenue.</b> See instructions .....                    | <b>▶</b>                                                                                                                        | 573,046.             | 53,000.       | 0.                                 | -3.                        |                                                    |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                           |                       |                                 |                                        |                             |
| 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 .....                                                                                                                     | 11,087.               |                                 | 11,087.                                |                             |
| 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 .....                                                                                                                                                                     | 332,192.              | 292,828.                        | 39,364.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                 |                       |                                 |                                        |                             |
| 9 Other employee benefits .....                                                                                                                                                                      |                       |                                 |                                        |                             |
| 10 Payroll taxes .....                                                                                                                                                                               | 25,181.               | 21,480.                         | 3,701.                                 |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management .....                                                                                                                                                                                   |                       |                                 |                                        |                             |
| b Legal .....                                                                                                                                                                                        |                       |                                 |                                        |                             |
| c Accounting .....                                                                                                                                                                                   | 1,369.                |                                 | 1,369.                                 |                             |
| d Lobbying .....                                                                                                                                                                                     |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                            |                       |                                 |                                        |                             |
| f Investment management fees .....                                                                                                                                                                   |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)                                                                                            | 19,307.               | 19,307.                         |                                        |                             |
| 12 Advertising and promotion .....                                                                                                                                                                   |                       |                                 |                                        |                             |
| 13 Office expenses .....                                                                                                                                                                             | 15,306.               | 15,306.                         |                                        |                             |
| 14 Information technology .....                                                                                                                                                                      |                       |                                 |                                        |                             |
| 15 Royalties .....                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16 Occupancy .....                                                                                                                                                                                   | 29,113.               | 26,943.                         | 2,170.                                 |                             |
| 17 Travel .....                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings .....                                                                                                                                                      | 1,270.                | 1,270.                          |                                        |                             |
| 20 Interest .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21 Payments to affiliates .....                                                                                                                                                                      |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                   | 5,206.                | 5,206.                          |                                        |                             |
| 23 Insurance .....                                                                                                                                                                                   | 8,660.                | 8,660.                          |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| a <b>CLIENT SERVICES</b>                                                                                                                                                                             | 13,640.               | 13,640.                         |                                        |                             |
| b <b>OUTREACH</b>                                                                                                                                                                                    | 2,711.                | 2,711.                          |                                        |                             |
| c <b>PROGRAM SUPPLIES</b>                                                                                                                                                                            | 1,860.                | 1,860.                          |                                        |                             |
| d <b>TRAINING</b>                                                                                                                                                                                    | 1,085.                | 1,085.                          |                                        |                             |
| e All other expenses _____                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                         | 467,987.              | 410,296.                        | 57,691.                                | 0.                          |
| <b>26 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)<br>Beginning of year |           | (B)<br>End of year |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 4,219.                   | <b>1</b>  | 1,081.             |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 266,380.                 | <b>2</b>  | 363,306.           |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>  |                    |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        |                          | <b>4</b>  |                    |
|                                                                           | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>  |                    |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <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 .....                                                                                                                                                                           |                          | <b>9</b>  |                    |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 54,237.       |           |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 33,062.       | 11,391.   | <b>10c</b> 21,175. |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b> |                    |
|                                                                           | <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 .....                                                                                                                                                                             | 2,450.                   | <b>15</b> | 2,450.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 284,440.                                                                                                                                                                                                                       | <b>16</b>                | 388,012.  |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 6,017.                   | <b>17</b> | 4,530.             |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b> |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b> |                    |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b> |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b> |                    |
|                                                                           | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <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 .....                                          |                          | <b>25</b> |                    |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                     | 6,017.                   | <b>26</b> | 4,530.             |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |           |                    |
|                                                                           | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 278,423.                 | <b>27</b> | 383,482.           |
|                                                                           | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b> |                    |
|                                                                           | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |           |                    |
|                                                                           | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b> |                    |
|                                                                           | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b> |                    |
|                                                                           | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b> |                    |
|                                                                           | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 278,423.                 | <b>32</b> | 383,482.           |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 284,440.                                                                                                                                                                                                                       | <b>33</b>                | 388,012.  |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |          |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 573,046. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 467,987. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 105,059. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 278,423. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |          |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 383,482. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> |     | X  |
| <b>2c</b> |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

|                                                                                                   |                                                                                        |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Name of the organization</b><br><p style="text-align: center;">ST. CROIX VALLEY SART, INC.</p> | <b>Employer identification number</b><br><p style="text-align: center;">39-1983516</p> |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 273,827. | 254,174. | 314,693. | 264,366. | 520,049. | 1627109.  |
| <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 .....                                                                                                                                                                        | 273,827. | 254,174. | 314,693. | 264,366. | 520,049. | 1627109.  |
| <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) ..... |          |          |          |          |          | 375,216.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          | 1251893.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                     | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                | 273,827. | 254,174. | 314,693. | 264,366. | 520,049. | 1627109.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    | 677.     | 969.     | 1,795.   | 2,226.   | 2,026.   | 7,693.                   |
| <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                                                                                                                                                   |          |          |          |          |          | 1634802.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       | 229,500.                 |
| <b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | 76.58 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | 68.94 %                             |
| <b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                        |     |    |
| <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 line 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 lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described in line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <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>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                |     |    |
| <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 governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |     |    |
| <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 ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.                                                                                                       | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <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 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                       | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                       | <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)

| <b>Section D - Distributions</b> |                                                                                                                                                     | <b>Current Year</b> |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6                                                                                                | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount                                                                                                              | <b>10</b>           |

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

**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.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**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

**2020**

Name of the organization

ST. CROIX VALLEY SART, INC.

Employer identification number

39-1983516

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

|                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>ST. CROIX VALLEY SART, INC.</b> | Employer identification number<br><br><b>39-1983516</b> |
|----------------------------------------------------------------|---------------------------------------------------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>77,236.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>35,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>26,905.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>20,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <hr/> <hr/> <hr/>                 | \$ <u>15,064.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <hr/> <hr/> <hr/>                 | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>ST. CROIX VALLEY SART, INC.</b> | Employer identification number<br><br><b>39-1983516</b> |
|----------------------------------------------------------------|---------------------------------------------------------|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                                                                                                                                               | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------|
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____                                        | _____                |

|                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>ST. CROIX VALLEY SART, INC.</b> | Employer identification number<br><br><b>39-1983516</b> |
|----------------------------------------------------------------|---------------------------------------------------------|

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

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

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

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

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

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

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

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

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

SCHEDULE 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

2020

Open to Public Inspection

Name of the organization: ST. CROIX VALLEY SART, INC. Employer identification number: 39-1983516

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 regarding 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 sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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 sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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                     | 1,500.           | 1,500.         | 500.               |                      |                     |
| b Contributions                                  |                  |                | 1,000.             | 500.                 |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,500.           | 1,500.         | 1,500.             | 500.                 |                     |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      |                                 |                              |                |
| b Buildings                                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements                                                                               |                                      |                                 |                              |                |
| d Equipment                                                                                            | 54,237.                              |                                 | 33,062.                      | 21,175.        |
| e Other                                                                                                |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 21,175.        |

**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)                                                                         |                |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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





**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

**2020**

Open to Public  
Inspection

Name of the organization

ST. CROIX VALLEY SART, INC.

Employer identification number

39-1983516

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPOND TO AND PREVENT INTERPERSONAL VIOLENCE.

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

IN COURT. MAINTAINED STAFFING THAT IS ADEQUATE, WELL TRAINED, AND  
REFLECTIVE OF THE COMMUNITY. CONTINUED PROVIDING AVAILABILITY OF CORE  
MEDICAL FORENSIC NURSING CARE, CLIENT SUPPORT SERVICES, CRISIS  
HOTLINES, INFORMATION AND REFERRAL, SUPPORT GROUPS AND COUNSELING,  
EMERGENCY SHELTERS, AND LEGAL AND ECONOMIC ADVOCACY.

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

THE 990 IS REVIEWED AND SIGNED BY THE BOARD CHAIR AND THE TREASURER ONCE  
THE 990 IS COMPLETE AT THE END OF THE FISCAL YEAR.

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

THE BOARD REVIEWS AND MONITORS COMPLIANCE WITH THE POLICY ANNUALLY.

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

THE BOARD EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY AND DETERMINES  
COMPENSATION BASED ON THE AMOUNT OF FUNDS AVAILABLE.

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

ALL GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.