CarlsonSV, LLP
505 Hwy 169 N, Suite 100
Plymouth, MN 55441

Family Resource Center
St Croix Valley, Inc.
PO BOX 2087
Baldwin, WI 54002

CarlsonSV, LLP
505 Hwy 169 N, Suite 100
Plymouth, MN 55441
763-542-9633

September 1, 2026

CONFIDENTIAL

Family Resource Center
St Croix Valley, Inc.
PO BOX 2087
Baldwin, WI 54002

Dear Family Resource Center:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)
Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/2025 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CarlsonSV, LLP
505 Hwy 169 N, Suite 100
Plymouth, MN 55441

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Your Form 990-T for the tax year ended 12/31/2025 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file*

Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CarlsonSV, LLP
505 Hwy 169 N, Suite 100
Plymouth, MN 55441

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE for Form 990-T has been received by this office.**

Minnesota Charitable Organization Filing Instructions

The filing fee for the tax year ended 12/31/2025 is $25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 39-1943404, for the year ended 12/31/2025" on the check. Mail the return by November 16, 2026 to:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Tax professionals, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding the privacy of client information. Our firm has been, and continues to be, bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information that is either provided by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law for both current and former clients. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

CarlsonSV, LLP

Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning , and ending

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

39-1943404

Net Asset / Fund Balance at Beginning of Year				3,011,004
Revenue				
Contributions		977,942		
Program service revenue		121,099		
Investment income		50,288		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	51,828			
Direct expenses	36,323			
Net income		15,505		
Other income		-2,472		
Total revenue			1,162,362	
Expenses				
Program services		848,081		
Management and general		248,134		
Fundraising		93,924		
Total expenses			1,190,139	
Excess / (deficit)				-27,777
Changes				51,277
Net Asset / Fund Balance at End of Year				3,034,504

Reconciliation of Revenue

Total revenue per financial statements	1,235,480
Less:	
Unrealized gains	35,585
Donated services	9,200
Recoveries	
Other	32,636
Plus:	
Investment expenses	4,303
Other	
Total revenue per return	1,162,362

Reconciliation of Expenses

Total expenses per financial statements	1,211,980
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	32,636
Plus:	
Investment expenses	
Other	10,795
Total expenses per return	1,190,139

Balance Sheet

	Beginning	Ending	Differences
Assets	3,072,958	3,101,242	
Liabilities	61,954	66,738	
Net assets	3,011,004	3,034,504	23,500

Miscellaneous Information

Amended return	
Return / extended due date	11/16/26
Failure to file penalty	

Form 990-T Return Summary

For calendar year 2025, or tax year beginning , and ending

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

39-1943404

Income & Losses (Form 990-T, Sch A)	# of Schedules 1		
Income from all activities			
Losses from all activities	-3,252		
Unrelated business taxable income from all trades			
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	1,000		
Section 199A Deduction (Trusts Only)			
Total adjustments		(1,000)	
Unrelated business taxable income			
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			
Other tax: __ Proxy __ AMT_ Facilities			
Tax Due			
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			
Net tax due			
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			
Balance due			
Total overpayment			
Overpayment applied to next year's tax			
Refund			

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return

Return / extended due date 11/16/26

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

Taxpayer Identification Number

39-1943404

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	130,055	329,616	199,561
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	791,490	648,326	-143,164
	4. Program service revenue	4.	840,162	121,099	-719,063
	5. Investment income	5.	36,548	50,288	13,740
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	33,621	15,505	-18,116
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	5,977	-2,472	-8,449
	12. **Total revenue.** Add lines 1 through 11	12.	1,837,853	1,162,362	-675,491
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	61,047	74,437	13,390
	16. Salaries, other compensation, and employee benefits	16.	686,059	748,786	62,727
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	168,204	49,388	-118,816
	19. Occupancy, rent, utilities, and maintenance	19.	28,643	41,669	13,026
	20. Depreciation and Depletion	20.	47,900	47,604	-296
	21. Other expenses	21.	241,407	228,255	-13,152
	22. **Total expenses.** Add lines 13 through 21	22.	1,233,260	1,190,139	-43,121
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	604,593	-27,777	-632,370
Other Information	24. Total exempt revenue	24.	1,837,853	1,162,362	-675,491
	25. Total unrelated revenue	25.	3,856	-3,252	-7,108
	26. Total excludable revenue	26.	912,452	187,672	-724,780
	27. Total assets	27.	3,072,958	3,101,242	28,284
	28. Total liabilities	28.	61,954	66,738	4,784
	29. Retained earnings	29.	3,011,004	3,034,504	23,500
	30. Number of voting members of governing body	30.	13	14	
	31. Number of independent voting members of governing body	31.	13	14	
	32. Number of employees	32.	19	17	
	33. Number of volunteers	33.	28	30	

Form **990T**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

Taxpayer Identification Number

39-1943404

			2024	2025	Differences
Business Taxable Income	**1.** Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades	2.			
	3. Charitable contributions	3.			
	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.			
	6. Net operating loss (pre-2018)	6.			
	7. Specific deduction	7.	1,000	1,000	
	8. Unrelated business taxable income.	8.			
Tax & Credits	**9.** Income tax (corporate or trust)	9.			
	10. Proxy tax	10.			
	11. Other taxes	11.			
	12. Total taxes	12.			
	13. Other credits	13.			
	14. General business credit	14.			
	15. Credit for prior year minimum tax	15.			
	16. Total credits	16.			
	17. Net tax after credits	17.			
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.			
Due/Refund	**20.** Prior year overpayment and estimated tax payments	20.			
	21. Payment made with extension	21.			
	22. Backup withholding and foreign withholding	22.			
	23. Other payments	23.			
	24. Total payments	24.			
	25. Balance due/(Overpayment)	25.			
	26. Overpayment applied to next year	26.			
	27. Penalties	27.			
	28. Total due/(Refund)	28.			
	29. Activity Losses NOL (Post-2017)	29.	-2,983	-3,252	-269

Form **990**

Tax Return History

2025

Name **FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.**

Employer Identification Number **39-1943404**

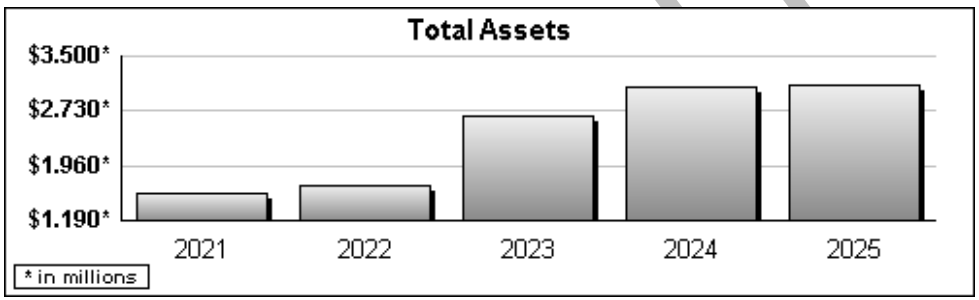
	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	384,912	383,073	796,867	921,545	977,942	
Membership dues						
Program service revenue	703,205	667,600	938,868	840,162	121,099	
Capital gain or loss		-8,209	-490			
Investment income	813	5,141	19,998	36,548	50,288	
Fundraising revenue (income/loss)	6,568	39,050	43,824	33,621	15,505	
Gaming revenue (income/loss)						
Other revenue	100,116	5,895	11,342	5,977	-2,472	
Total revenue	1,195,614	1,092,550	1,810,409	1,837,853	1,162,362	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				61,047	74,437	
Other compensation	627,038	683,229	777,934	686,059	748,786	
Professional fees	61,010	53,837	42,340	168,204	49,388	
Occupancy costs	33,237	28,876	40,280	28,643	41,669	
Depreciation and depletion	9,801	9,375	11,411	47,900	47,604	
Other expenses	145,872	193,050	297,799	241,407	228,255	
Total expenses	876,958	968,367	1,169,764	1,233,260	1,190,139	
Excess or (Deficit)	318,656	124,183	640,645	604,593	-27,777	
Total exempt revenue	1,195,614	1,092,550	1,810,409	1,837,853	1,162,362	
Total unrelated revenue				3,856	-3,252	
Total excludable revenue	810,702	709,477	1,013,542	912,452	187,672	
Total Assets	1,580,171	1,686,675	2,660,251	3,072,958	3,101,242	
Total Liabilities	45,414	66,795	370,348	61,954	66,738	
Net Fund Balances	1,534,757	1,619,880	2,289,903	3,011,004	3,034,504	

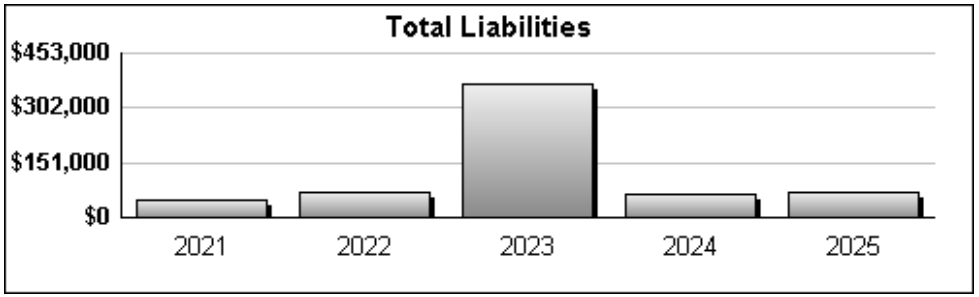
Form **990T** | **Tax Return History** | **2025**

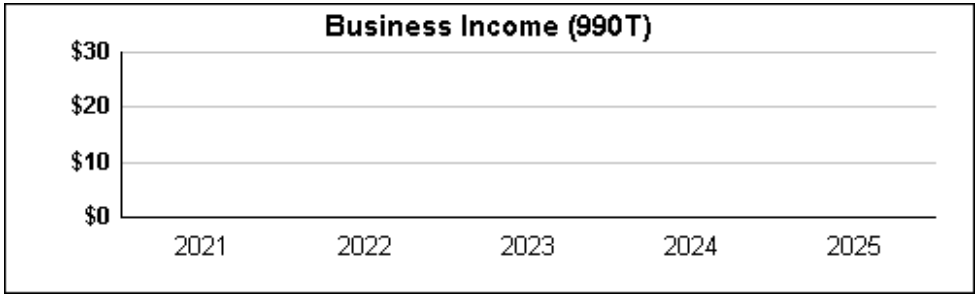
Name: **FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.**

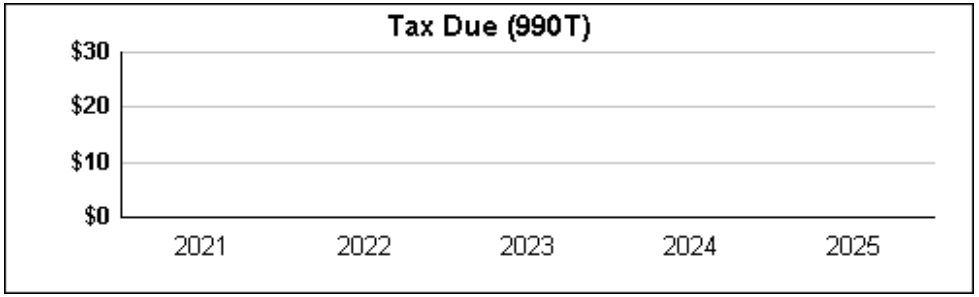
Employer Identification Number: **39-1943404**

	2021	2022	2023	2024	2025	2026
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						









Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

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

C Name of organization: **FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.**

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 2087** Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **BALDWIN WI 54002**

D Employer identification number: **39-1943404**

E Telephone number: **715-684-4440**

G Gross receipts $: **1,205,793**

F Name and address of principal officer:
EILIDH PEDERSON
1100 BERGSLIEN ROAD
BALDWIN WI 54002

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

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

J Website: **WWW.FRCSCV.ORG**

H(c) Group exemption number

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

L Year of formation: **1998**

M State of legal domicile: **WI**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO STRENGTHEN CHILDREN, FAMILIES AND COMMUNITIES BY OFFERING EDUCATION, SUPPORT AND RESOURCES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	17
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,252
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	921,545	977,942
9 Program service revenue (Part VIII, line 2g)	840,162	121,099
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,548	50,288
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,598	13,033
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,837,853	1,162,362

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	747,106	823,223
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) **93,924**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	486,154	366,916
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,233,260	1,190,139
19 Revenue less expenses. Subtract line 18 from line 12	604,593	-27,777

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,072,958	3,101,242
21 Total liabilities (Part X, line 26)	61,954	66,738
22 Net assets or fund balances. Subtract line 21 from line 20	3,011,004	3,034,504

Part II Signature Block

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

Sign Here

Signature of officer Date

TARA BUECHNER TREASURER

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MATT GUYER, CPA	MATT GUYER, CPA	09/01/26		P00386499

Firm's name: **CARLSONSV, LLP** Firm's EIN: **41-1562398**

Firm's address: **505 HWY 169 N, SUITE 100 PLYMOUTH, MN 55441** Phone no. **763-542-9633**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2025)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO STRENGTHEN CHILDREN, FAMILIES AND COMMUNITIES BY OFFERING EDUCATION, RESOURCES, AND SUPPORT.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ **848,081** including grants of $) (Revenue $ **121,099**)

SEE SCHEDULE O

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

N/A

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

N/A

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

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

4e Total program service expenses **848,081**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**17**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		**17**		
	If "Yes," complete Form 6069.				

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

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

BRYANT CORRIGAN **PO BOX 2087**

BALDWIN **WI 54002** **715-684-4440**

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **EILIDH PEDERSON**	1.00									
PRESIDENT	0.00	X		X				0	0	0
(2) **BARRY CAIN**	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) **EMMA O'CONNELL**	1.00									
SECRETARY	0.00	X		X				0	0	0
(4) **TARA BUECHNER**	1.00									
TREASURER	0.00	X		X				0	0	0
(5) **REBECCA STYLES**	0.50									
DIRECTOR	0.00	X						0	0	0
(6) **RYAN CARI**	0.50									
DIRECTOR	0.00	X						0	0	0
(7) **TONY GOULD**	0.50									
DIRECTOR	0.00	X						0	0	0
(8) **DONNA HAYES**	0.50									
DIRECTOR	0.00	X						0	0	0
(9) **ABBY KLATT**	0.50									
DIRECTOR	0.00	X						0	0	0
(10) **MARK TYLER**	0.50									
DIRECTOR	0.00	X						0	0	0
(11) **AMBER MORGAN**	0.50									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JENNIFER POLITT										
(12)	0.50									
DIRECTOR	0.00	X						0	0	0
(13) SHARON REYZER										
(13)	0.50									
DIRECTOR	0.00	X						0	0	0
(14) SARAH TYLER-PETERSON										
(14)	0.50									
DIRECTOR	0.00	X						0	0	0
(15) JENNIFER JONES										
(15)	40.00									
BUSINESS MANAGER	0.00			X				71,058	0	2,858
(16) BRYANT CORRIGAN										
(16)	40.00									
BUSINESS MANAGER	0.00			X				3,379	0	1
(17)										
(18)										
(19)										
1b **Subtotal**								74,437		2,859
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								74,437		2,859

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
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	41,180				
	d Related organizations	1d					
	e Government grants (contributions)	1e	648,326				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	288,436				
	g Noncash contributions included in lines 1a-1f	1g	$ 9,155				
	h **Total.** Add lines 1a–1f			977,942			
Program Service Revenue		Business Code					
	2a **COUNTIES CONTRACT SERVICES**	611710		61,117	61,117		
	b **PROGRAM SERVICE REVENUE**	611710		59,982	59,982		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			121,099			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			50,288			50,288
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	3,856					
	b Less: rental expenses 6b	7,108					
	c Rental inc. or (loss) 6c	-3,252					
	d Net rental income or (loss)			-3,252		-3,252	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 41,180 of contributions reported on line 1c). See Part IV, line 18	8a	51,828				
	b Less: direct expenses	8b	36,323				
	c Net income or (loss) from fundraising events			15,505			15,505
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a **OTHER REVENUE**			780			780
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			780			
	12 **Total revenue.** See instructions			1,162,362	121,099	-3,252	66,573

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	74,437	26,666	45,382	2,389
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	638,333	527,766	87,139	23,428
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,859	22,461	5,920	478
9 Other employee benefits	27,963	21,833	4,924	1,206
10 Payroll taxes	53,631	41,178	10,354	2,099
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,283	1,875	22,909	2,499
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 Schedule O.)	22,105	6,818	15,107	180
12 Advertising and promotion	54,466		47	54,419
13 Office expenses	84,243	73,205	8,648	2,390
14 Information technology				
15 Royalties				
16 Occupancy	41,669	16,929	24,704	36
17 Travel	51,628	50,639		989
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,068	11,068		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,604	36,859	10,745	
23 Insurance	12,255		12,255	
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 M/G OTHER EXPENSES	14,595	10,784		3,811
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,190,139	848,081	248,134	93,924
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	147,022	1	70,750
	2	Savings and temporary cash investments	1,248,197	2	1,388,675
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	82,068	4	53,130
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,837	9	9,379
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,390,032			
	b	Less: accumulated depreciation — 10b: 116,789	1,322,389	10c	1,273,243
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	266,445	15	306,065
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,072,958	16	3,101,242
Liabilities	17	Accounts payable and accrued expenses	59,648	17	66,274
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,306	25	464
	26	**Total liabilities.** Add lines 17 through 25	61,954	26	66,738
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,008,670	27	3,034,504
	28	Net assets with donor restrictions	2,334	28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,011,004	32	3,034,504
	33	Total liabilities and net assets/fund balances	3,072,958	33	3,101,242

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,162,362
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,190,139
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,011,004
5	Net unrealized gains (losses) on investments	5	35,585
6	Donated services and use of facilities	6	9,200
7	Investment expenses	7	-4,303
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,795
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,034,504

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

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* **for instructions and the latest information.**

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.

Employer identification number 39-1943404

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).)

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 on 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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	360,748	383,073	796,867	921,545	977,942	3,440,175
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	360,748	383,073	796,867	921,545	977,942	3,440,175
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,226,460
6 Public support. Subtract line 5 from line 4						2,213,715

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	360,748	383,073	796,867	921,545	977,942	3,440,175
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	813	5,141	19,998	36,548	50,288	112,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	127,330	66,006	70,610	50,905	51,828	366,679
11 **Total support.** Add lines 7 through 10						3,919,642
12 Gross receipts from related activities, etc. (see instructions)					12	3,270,932

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	56.48 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	15	44.61 %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** 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 — 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

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

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

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

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

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	**$ 314,851**

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.

Employer identification number
39-1943404

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization
FAMILY RESOURCE CENTER

Employer identification number
39-1943404

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED AND KATHERINE ANDERSEN FDN 100 4TH AVENUE N ST PAUL MN 55003	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	HUGH J ANDERSEN FOUNDATION 342 FIFTH AVENUE N ST PAUL MN 55003	$ 64,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ST CROIX VALLEY COMMUNITY FOUNDATION 1830 HANLEY RD STE 200 HUDSON WI 54016	$ 40,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	WI DEPT OF CHILDREN AND FAMILIES 201 W WASHINGTON AVE PO BOX 8916 MADISON WI 53703-8916	$ 584,907	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.

Employer identification number
39-1943404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in 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	**264,140**	**235,688**	**203,258**	**245,068**	**214,287**
b Contributions	**3,398**			**850**	**4,136**
c Net investment earnings, gains, and losses	**42,366**	**32,332**	**35,765**	**-42,830**	**30,163**
d Grants or scholarships					
e Other expenditures for facilities and programs				**3,232**	
f Administrative expenses	**-4,303**	**-3,880**	**-3,335**	**-3,062**	**-3,518**
g End of year balance	**305,601**	**264,140**	**235,688**	**203,258**	**245,068**

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 **100.00** %

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

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

		Yes	No
(i) Unrelated organizations?	**3a(i)**	X	
(ii) Related organizations?	**3a(ii)**		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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		**1,298,020**	**85,335**	**1,212,685**
c Leasehold improvements				
d Equipment		**13,127**	**7,799**	**5,328**
e Other		**78,885**	**23,655**	**55,230**
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**1,273,243**

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

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

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

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)	BRIGHT FUTURES FUND	305,601
(2)	RIGHT OF USE ASSET	464
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		306,065

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)	ST OPERATING LEASE LIABILITY	464
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		464

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 X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,235,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	35,585		
b	Donated services and use of facilities	2b	9,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	32,636		
e	Add lines 2a through 2d			2e	77,421
3	Subtract line 2e from line 1			3	1,158,059
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,303		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	4,303
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,162,362

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,211,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	32,636		
e	Add lines 2a through 2d			2e	32,636
3	Subtract line 2e from line 1			3	1,179,344
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	10,795		
c	Add lines 4a and 4b			4c	10,795
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,190,139

Part XIII Supplemental Information

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

PART X - LINE 2 - FIN 48 FOOTNOTE
FAMILY RESOURCE CENTER ST. CROIX VALLEY IS ORGANIZED AS A WISCONSIN NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER IRC SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

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

RFTS FUNDRAISING EXPENSES	$ 25,528
RENTAL EXPENSES	$ 7,108

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RFTS FUNDRAISING EXPENSES	$ 25,528
RENTAL EXPENSES	$ 7,108

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER COST OF DIRECT BENEFITS TO DONORS	**$ 10,795**

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.**

Employer identification number **39-1943404**

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 REACHING FOR TH (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	93,008			93,008
	2 Less: Contributions	41,180			41,180
	3 Gross income (line 1 minus line 2)	51,828			51,828
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,795			10,795
	8 Entertainment				
	9 Other direct expenses	25,528			25,528
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,323
	11 Net income summary. Subtract line 10 from line 3, column (d)				15,505

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

SCHEDULE O (Form 990) (Rev. December 2024)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	Open to Public Inspection

Name of the organization	Employer identification number
FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.	39-1943404

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

FAMILY RESOURCE CENTER ST. CROIX VALLEY (FRCSCV) IS A REGIONAL COMMUNITY NONPROFIT WITH PROGRAMS DESIGNED TO STRENGTHEN AND EMPOWER PARENTS BY PROMOTING OPTIMAL CHILD DEVELOPMENT, SOCIAL CONNECTIONS, AND POSITIVE PARENT RELATIONSHIPS DURING THE CRITICAL EARLY YEARS. FOUNDED IN 1998, FRCSCV SERVED FAMILIES WITH PRENATAL AND PRESCHOOL CHILDREN IN PIERCE, POLK, AND ST. CROIX COUNTIES. FRCSCV IS AN AFFILIATE OF PARENTS AS TEACHERS, LONG-TERM HOME VISITING MODEL DESIGNED TO SERVE FAMILIES WITH TWICE-MONTHLY HOME VISITS FOR TWO YEARS. FRCSCV OFFERS A CONTINUUM OF EVIDENCE-BASED AND EVIDENCE INFORMED PROGRAMS. IN ADDITION TO HOME VISITING, FRCSCV CONDUCTED HOSPITAL WELCOME BABY VISITS TO PARENTS OF NEWBORNS AND OFFERED GROUP CONNECTIONS INCLUDING BABY & ME, PLAY & LEARN, PARENT CAFÉ'S, EARLY CHILDHOOD EDUCATION FAMILIES AND SCHOOLS TOGETHER (ECE FAST), FIVE FOR FAMILIES, TRIPLE P (POSITIVE PARENTING PROGRAM) DISCUSSION GROUPS, SEMINARS AND WORKSHOPS, RECOVERING TOGETHER CAFÉ'S, AND MANY SPECIAL EVENTS.

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

DIRECTORS REVIEW THE TAX RETURNS FOR ACCURACY BEFORE SIGNING THE TAX RETURNS AND RELEASING TO THE APPROPRIATE TAXING AUTHORITIES.

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

ANNUALLY THE BOARD OF DIRECTORS AND MANAGEMENT REVIEW THE CONFLICT OF INTEREST POLICY AND UPDATES AND/OR ENFORCES ANY POTENTIAL CONFLICTS WITH ITS EMPLOYEES AND BOARD OF DIRECTORS. THE BOARD MEMBERS ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ANNUALLY THE BOARD OF DIRECTORS REVIEWS AND APPROVES ITS MANAGEMENT'S COMPENSATION PACKAGE FOR VALIDITY AND COMPARABILITY TO INDUSTRY TRENDS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ANNUALLY THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EMPLOYEE COMPENSATION PACKAGES FOR VALIDITY AND COMPARABILITY TO INDUSTRY TRENDS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND OTHER FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.

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

RFTS FUNDRAISING EXPENSES	$	25,528
RENTAL EXPENSES	$	7,108
RFTS FUNDRAISING EXPENSES	$	-25,528
RENTAL EXPENSES	$	-7,108
COST OF DIRECT BENEFITS TO DONORS	$	10,795
TOTAL	$	10,795

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning . . . . . , **and ending** . . . . . .

Go to *www.irs.gov/Form990T* **for instructions and the latest information.**

Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section

☒ 501(**C**)(**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

D Employer identification number

39-1943404

Number and street. If a P.O. box, see instructions.

PO BOX 2087

Room or suite no.

E Group exemption number (see instructions)

City or town	State or province	Country	ZIP or foreign postal code
BALDWIN	**WI**		**54002**

C Book value of all assets at end of year **3,101,242**

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ **Yes** ☒ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **BRYANT CORRIGAN** Telephone number **715-684-4440**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	**0**
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	**0**
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	**0**
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	**1,000**
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	**1,000**
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	**0**

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	**0**
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	**0**
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	**0**

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	**0**

For Paperwork Reduction Act Notice, see instructions.
DAA

Form **990-T** (2025)

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			**5a**	
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			**5b**	
6a	Payments: Preceding year's overpayment credited to the current year	**6a**			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	**6b**			
c	Tax deposited with Form 8868	**6c**			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	**6d**			
e	Backup withholding (see instructions)	**6e**			
f	Credit for small employer health insurance premiums (attach Form 8941)	**6f**			
g	Elective payment election amount from Form 3800	**6g**			
h	Payment from Form 2439	**6h**			
i	Credit from Form 4136	**6i**			
j	Other (see instructions)	**6j**			
k	Section 1062 applicable net tax liability. Enter amount from Form 1062, line 14	**6k**			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			**7**	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			**8**	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			**9**	**0**
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			**10**	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			**11**	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		**X**
2	During the tax year, did the organization receive a distribution from or was it the grantor of or transferor to a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		**X**
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | **TREASURER** Title

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

Paid Preparer Use Only

Enter preparer's name **MATT GUYER, CPA**	Preparer's signature **MATT GUYER, CPA**	Date **09/01/26**	Check ☒ if self-employed	PTIN **P00386499**
Firm's name **CARLSONSV, LLP**			Firm's EIN **41-1562398**	
Firm's address **505 HWY 169 N, SUITE 100 PLYMOUTH, MN 55441**			Phone no. **763-542-9633**	

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* **for instructions and the latest information.**
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
FAMILY RESOURCE CENTER

B Employer identification number
39-1943404

C Unrelated business activity code (see instructions) **900099**

D Sequence: **1** of **1**

E Describe the unrelated trade or business **RENTAL - BARBERSHOP**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ **c** Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	3,856	7,108	-3,252
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	3,856	7,108	-3,252

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7	1,542		
8	Less depreciation claimed in Part III and elsewhere on return	8a	1,542	8b	0
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-3,252
17	Deduction for net operating loss. See instructions			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-3,252

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes	☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ **855 MAIN ST BALDWIN WI 54002**

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**3,856**			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	**3,856**			

3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	**3,856**
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) — A: **7,108**	
5	**Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	**7,108**

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8	**Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	
9	Allocable deductions. Multiply line 3c by line 6 — A:	
10	**Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	
11	**Total dividends — received deductions** included in line 10	

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.	**INDIRECT DEPRECIATION**	**39-1943404**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	49,146

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	50-year property			50 yrs.	MM	S/L	
i	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
j	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C— Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	
e	50-year			50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	**49,146**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Form **990-T**

Schedule A Loss Carryover Calculation

Description **RENTAL - BARBERSHOP**

2025

Name
FAMILY RESOURCE CENTER

Taxpayer Identification Number
39-1943404

Unincorporated Business Income Tax Code: **900099** Activity: **OTHER UNRELATED BUSINESS ACTIVIT**

Each activity may carryforward losses after 2018

1	Activity income	1	**-3,252**
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	**-3,252**
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. **Enter here and on Line 17 of Form 990-T, Sch A, Part II**	6	
7	Remaining losses to be carried forward to 2026 (Subtract Line 6 from line 4)	7	
8	If line 3 is less than zero, enter that amount here as a positive number	8	**3,252**
9	Total loss carried forward to 2026 (Add lines 7 and 8)	9	**3,252**

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2024, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	**E1**	
E2	Prior year activity losses included on Schedule A, LIne 17	**E2**	

Rental - Barbershop

Schedule A (990T), Part IV, Line 4 - Rent Expense Information

Description	Deduction
BARBERSHOP	$
ACCOUNTING FEES	3,031
INSURANCE	171
CLEANING & MAINTENANCE	89
TAXES	475
DEPRECIATION	1,542
WAGES	1,800
TOTAL	$ 7,108

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
22	Phone & Voicemail System	5/24/2018	4,327				4,327	5	MO	S/L	4,327	0
26	Building	4/20/2022	221,176				221,176	39	MO	S/L	15,123	5,671
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089				54,089	15	MO	S/L	8,414	3,606
28	11 Home Visiting Parent Educator Worksta	9/25/2023	26,051				26,051	7	MO	S/L	4,652	3,721
29	2 MCH Parent Educator Workstations	9/25/2023	6,315				6,315	7	MO	S/L	1,128	902
30	Building Remodel	1/10/2024	947,491				947,491	39	MO	S/L	24,295	24,294
31	Video Equipment - Remodel	1/10/2024	5,920				5,920	5	MO	S/L	1,184	1,184
32	Parking Lot - Remodel	1/10/2024	15,000				15,000	15	MO	S/L	1,000	1,000
33	Fixtures/Furniture - Remodel	1/10/2024	42,009				42,009	7	MO	S/L	6,001	6,002
34	IKEA Furniture for Office Building	2/07/2024	2,711				2,711	7	MO	S/L	355	387
35	Refrigerator & Range for Breakroom	1/26/2024	2,880				2,880	5	MO	S/L	528	576
36	Storage Building - Baldwin	10/15/2024	60,264				60,264	39	MO	S/L	386	1,546
37	Break Room Table & Chairs	1/05/2024	405				405	7	MO	S/L	58	58
38	Office Desks	1/10/2024	774				774	7	MO	S/L	111	110
39	Copy Room Furniture	1/19/2024	620				620	7	MO	S/L	81	89
	Total Other Depreciation		1,390,032				1,390,032				67,643	49,146
	Total ACRS and Other Depreciation		1,390,032				1,390,032				67,643	49,146
	Grand Totals		1,390,032				1,390,032				67,643	49,146
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		1,390,032				1,390,032				67,643	49,146

WI Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
Other Depreciation:								
22	Phone & Voicemail System	5/24/2018	4,327	4,327	4,327	0	0	0
26	Building	4/20/2022	221,176	221,176	15,123	5,671	5,671	0
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089	54,089	8,414	3,606	3,606	0
28	11 Home Visiting Parent Educator Worksta	9/25/2023	26,051	26,051	4,652	3,721	3,721	0
29	2 MCH Parent Educator Workstations	9/25/2023	6,315	6,315	1,128	902	902	0
30	Building Remodel	1/10/2024	947,491	947,491	24,295	24,294	24,294	0
31	Video Equipment - Remodel	1/10/2024	5,920	5,920	846	845	1,184	339
32	Parking Lot - Remodel	1/10/2024	15,000	15,000	1,000	1,000	1,000	0
33	Fixtures/Furniture - Remodel	1/10/2024	42,009	42,009	6,001	6,002	6,002	0
34	IKEA Furniture for Office Building	2/07/2024	2,711	2,711	355	387	387	0
35	Refrigerator & Range for Breakroom	1/26/2024	2,880	2,880	528	576	576	0
36	Storage Building - Baldwin	10/15/2024	60,264	60,264	386	1,546	1,546	0
37	Break Room Table & Chairs	1/05/2024	405	405	58	58	58	0
38	Office Desks	1/10/2024	774	774	111	110	110	0
39	Copy Room Furniture	1/19/2024	620	620	81	89	89	0
	Total Other Depreciation		1,390,032	1,390,032	67,305	48,807	49,146	339
	Total ACRS and Other Depreciation		1,390,032	1,390,032	67,305	48,807	49,146	339
	Grand Totals		1,390,032	1,390,032	67,305	48,807	49,146	339
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		1,390,032	1,390,032	67,305	48,807	49,146	339

MN Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
Other Depreciation:								
22	Phone & Voicemail System	5/24/2018	4,327	4,327	4,327	0	0	0
26	Building	4/20/2022	221,176	221,176	15,123	5,671	5,671	0
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089	54,089	8,414	3,606	3,606	0
28	11 Home Visiting Parent Educator Worksta	9/25/2023	26,051	26,051	4,652	3,721	3,721	0
29	2 MCH Parent Educator Workstations	9/25/2023	6,315	6,315	1,128	902	902	0
30	Building Remodel	1/10/2024	947,491	947,491	24,295	24,294	24,294	0
31	Video Equipment - Remodel	1/10/2024	5,920	5,920	846	845	1,184	339
32	Parking Lot - Remodel	1/10/2024	15,000	15,000	1,000	1,000	1,000	0
33	Fixtures/Furniture - Remodel	1/10/2024	42,009	42,009	6,001	6,002	6,002	0
34	IKEA Furniture for Office Building	2/07/2024	2,711	2,711	355	387	387	0
35	Refrigerator & Range for Breakroom	1/26/2024	2,880	2,880	528	576	576	0
36	Storage Building - Baldwin	10/15/2024	60,264	60,264	386	1,546	1,546	0
37	Break Room Table & Chairs	1/05/2024	405	405	58	58	58	0
38	Office Desks	1/10/2024	774	774	111	110	110	0
39	Copy Room Furniture	1/19/2024	620	620	81	89	89	0
	Total Other Depreciation		1,390,032	1,390,032	67,305	48,807	49,146	339
	Total ACRS and Other Depreciation		1,390,032	1,390,032	67,305	48,807	49,146	339
	Grand Totals		1,390,032	1,390,032	67,305	48,807	49,146	339
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		1,390,032	1,390,032	67,305	48,807	49,146	339

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
22	Phone & Voicemail System	5/24/2018	0				0	0	HY		0	0
26	Building	4/20/2022	0				0	0	HY		0	0
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	0				0	0	HY		0	0
28	11 Home Visiting Parent Educator Worksta	9/25/2023	0				0	0	HY		0	0
29	2 MCH Parent Educator Workstations	9/25/2023	0				0	0	HY		0	0
30	Building Remodel	1/10/2024	0				0	0	HY		0	0
31	Video Equipment - Remodel	1/10/2024	0				0	0	HY		0	0
32	Parking Lot - Remodel	1/10/2024	0				0	0	HY		0	0
33	Fixtures/Furniture - Remodel	1/10/2024	0				0	0	HY		0	0
34	IKEA Furniture for Office Building	2/07/2024	0				0	0	HY		0	0
35	Refrigerator & Range for Breakroom	1/26/2024	0				0	0	HY		0	0
36	Storage Building - Baldwin	10/15/2024	0				0	0	HY		0	0
37	Break Room Table & Chairs	1/05/2024	0				0	0	HY		0	0
38	Office Desks	1/10/2024	0				0	0	HY		0	0
39	Copy Room Furniture	1/19/2024	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

Future Depreciation Report FYE: 12/31/2026

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
22	Phone & Voicemail System	5/24/2018	4,327	0	0
26	Building	4/20/2022	221,176	5,672	0
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089	3,606	0
28	11 Home Visiting Parent Educator Workstations	9/25/2023	26,051	3,722	0
29	2 MCH Parent Educator Workstations	9/25/2023	6,315	902	0
30	Building Remodel	1/10/2024	947,491	24,295	0
31	Video Equipment - Remodel	1/10/2024	5,920	1,184	0
32	Parking Lot - Remodel	1/10/2024	15,000	1,000	0
33	Fixtures/Furniture - Remodel	1/10/2024	42,009	6,001	0
34	IKEA Furniture for Office Building	2/07/2024	2,711	388	0
35	Refrigerator & Range for Breakroom	1/26/2024	2,880	576	0
36	Storage Building - Baldwin	10/15/2024	60,264	1,545	0
37	Break Room Table & Chairs	1/05/2024	405	58	0
38	Office Desks	1/10/2024	774	111	0
39	Copy Room Furniture	1/19/2024	620	88	0
	Total Other Depreciation		1,390,032	49,148	0
	Total ACRS and Other Depreciation		1,390,032	49,148	0
	Grand Totals		1,390,032	49,148	0

WI Future Depreciation Report FYE: 12/31/2026

Form 990, Page 1

Asset	Description	Date In Service	Cost	WI
Other Depreciation:				
22	Phone & Voicemail System	5/24/2018	4,327	0
26	Building	4/20/2022	221,176	5,672
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089	3,606
28	11 Home Visiting Parent Educator Workstations	9/25/2023	26,051	3,722
29	2 MCH Parent Educator Workstations	9/25/2023	6,315	902
30	Building Remodel	1/10/2024	947,491	24,295
31	Video Equipment - Remodel	1/10/2024	5,920	846
32	Parking Lot - Remodel	1/10/2024	15,000	1,000
33	Fixtures/Furniture - Remodel	1/10/2024	42,009	6,001
34	IKEA Furniture for Office Building	2/07/2024	2,711	388
35	Refrigerator & Range for Breakroom	1/26/2024	2,880	576
36	Storage Building - Baldwin	10/15/2024	60,264	1,545
37	Break Room Table & Chairs	1/05/2024	405	58
38	Office Desks	1/10/2024	774	111
39	Copy Room Furniture	1/19/2024	620	88
	Total Other Depreciation		1,390,032	48,810
	Total ACRS and Other Depreciation		1,390,032	48,810
	Grand Totals		1,390,032	48,810

MN Future Depreciation Report FYE: 12/31/2026

REACHING FOR THE STARS

Asset	Description	Date In Service	Cost	MN
Other Depreciation:				
22	Phone & Voicemail System	5/24/2018	4,327	0
26	Building	4/20/2022	221,176	5,672
27	Roof - Fibertite 45mil Membrane Flat Roof	9/14/2022	54,089	3,606
28	11 Home Visiting Parent Educator Workstations	9/25/2023	26,051	3,722
29	2 MCH Parent Educator Workstations	9/25/2023	6,315	902
30	Building Remodel	1/10/2024	947,491	24,295
31	Video Equipment - Remodel	1/10/2024	5,920	846
32	Parking Lot - Remodel	1/10/2024	15,000	1,000
33	Fixtures/Furniture - Remodel	1/10/2024	42,009	6,001
34	IKEA Furniture for Office Building	2/07/2024	2,711	388
35	Refrigerator & Range for Breakroom	1/26/2024	2,880	576
36	Storage Building - Baldwin	10/15/2024	60,264	1,545
37	Break Room Table & Chairs	1/05/2024	405	58
38	Office Desks	1/10/2024	774	111
39	Copy Room Furniture	1/19/2024	620	88
	Total Other Depreciation		1,390,032	48,810
	Total ACRS and Other Depreciation		1,390,032	48,810
	Grand Totals		1,390,032	48,810

Form **990-T**	**Business Income Activity Summary**	**2025**

Name
FAMILY RESOURCE CENTER

Taxpayer Identification Number
39-1943404

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	**N/A**	**A.**
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		**B.**
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		**C.**
D. Pre-2018 Applied (Sum of B and C)		**D.**
E. Pre-2018 Remaining (Line A minus Line D)		**E.**
F. Pre-2018 Net Operating Losses Expiring this Year		**F.**
G. Pre-2018 Net Operating Losses Carried Forward		**G.**

	Unrelated Business Income Activity with Income	Code		Net Income	Allocated Pre2018 NOL
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
11.			11.		
12.			12.		
13.			13.		
14.			14.		
15.	All other revenue		15.		
16.	Total taxable income		16.		

Business Activity Losses

	Unrelated Business Income Activity with Losses	Code		Current Year Loss
1.	**RENTAL - BARBERSHOP**	**900099**	1.	**-3,252**
2.			2.	
3.			3.	
4.			4.	
5.	All other activities		5.	
6.	Totals		6.	**-3,252**

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
TAXABLE INTEREST						
	$ 43,506		14			
TOTAL	$ 43,506					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
SCV FOUNDATION DIVIDENDS						
	$ 6,782		14			
SCV FOUNDATION INTEREST INC						
			14			
TOTAL	$ 6,782					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOT / PS OTHER FEES	$ 22,105	$ 6,818	$ 15,107	$ 180
TOTAL	$ 22,105	$ 6,818	$ 15,107	$ 180

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	$ 648,326
OTHER SUPPORT - NONCASH	9,155
OTHER SUPPORT - CASH	279,281
REACHING FOR THE STARS	
CASH CONTRIBUTION	41,180
TOTAL	$ 977,942

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
FRED AND KATHERINE ANDERSEN FDN	$ 675,000	$ 596,607
HUGH J ANDERSEN FOUNDATION	379,000	300,607
OTTO BREMER FOUNDATION	400,000	321,607
TOM & PATTY DOAR FOUNDATION, INC	20,000	
RITA & BILL LAWSON	86,032	7,639
OEM FABRICATORS INC	47,000	
ROYAL CREDIT UNION	75,000	
BESSEMER TRUST	10,000	
BURNETT DAIRY COOPERATIVE		
CINDY JENSEN	5,000	
MARK & JACKIE TYLER	5,000	
TOTAL	$ 1,702,032	$ 1,226,460

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
TAXABLE INTEREST	$ 43,506
SCV FOUNDATION DIVIDENDS	6,782
SCV FOUNDATION INTEREST INC	
TOTAL	$ 50,288

Schedule A, Part II, Line 9(e)

Description	Amount
OTHER REVENUE	$ 780
BARBERSHOP	-3,252
LESS: DEDUCTIONS	-1,000
TOTAL	$ -3,472

Schedule A, Part II, Line 10(e)

Description	Amount
REACHING FOR THE STARS	$ 51,828
TOTAL	$ 51,828

Schedule A, Part II, Line 12 - Current year

Description	Amount
COUNTIES CONTRACT SERVICES	$ 61,117
PROGRAM SERVICE REVENUE	59,982
ROUNDING	
TOTAL	$ 121,099

REACHING FOR THE STARS

Other Direct Fundraising or Gaming Expenses

Description	Amount
RFTS OTHER EXPENSES	$ 25,528
TOTAL	$ 25,528

Savings - BOY

Description	Amount
SAVINGS & TEMPORARY INVEST	$ 1,248,197
TOTAL	$ 1,248,197

Savings - EOY

Description	Amount
SAVINGS AND TEMPORARY INVEST	$ 1,388,675
TOTAL	$ 1,388,675

Minnesota Return Summary

For calendar year 2025, or taxable period beginning , and ending

FAMILY RESOURCE CENTER
ST CROIX VALLEY, INC.

39-1943404

Income		
Federal taxable income		
Additions		
Subtractions		
Income subject to apportionment		
Income apportionment factor		
Minnesota taxable net income		
Net operating loss		
Deductions		
Taxable income		
Tax Computation		
Regular tax		
Proxy tax		
Credits against tax		
Nongame wildlife fund donation		
Total tax		
Payments / Refundable Credits / Penalties		
Payments / refundable credits		
Failure to file penalty		
Failure to pay penalty		
Late filing interest		
M15NP penalty		
Total payments / penalties		
Overpayment credited to next year's estimated tax		
Refund		
Tax due		

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return	
Return / extended due date	

Charitable Organization

Total revenue	
Total expenses	
Total Assets	
Total liabilities	
Filing fee	25
Late filing fee	
Total	25

Amended return	
Return / extended due date	11/16/26

Mail To:
Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Website Address:
www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2

SECTION A: Organization Information

Legal Name of Organization FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.

Federal EIN: 39-1943404

Fiscal Year-End: 12/31/2025
mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

Mailing Address:	**Physical Address:**
BRYANT CORRIGAN Contact Person	BRYANT CORRIGAN Contact Person
PO BOX 2087 Street Address	857 MAIN STREET Street Address
BALDWIN WI 54002 City, State, and Zip Code	BALDWIN WI 54002 City, State, and Zip Code
715-684-4440 Phone Number	715-684-4440 Phone Number
BCORRIGAN@FRCSCV.ORG Email Address	BCORRIGAN@FRCSCV.ORG Email Address

1. Organization's website: WWW.FRCSCV.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former

☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

FAMILY RESOURCE CENTER ST CROIX VALLEY INC

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No

5. Total amount of contributions the organization received from Minnesota donors: $ 168,146

6. Has the organization's tax-exempt status with the IRS changed?
☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
☐ Yes ☒ No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser — Compensation

Street Address — City, State, and Zip Code

10. Is the organization a food shelf? ☐ Yes ☒ No
If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No
Note: An organization that has total revenue of more than $750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than $100,000? ☐ Yes ☒ No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. *See* Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).
SEE STATEMENT 1

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

OLD NATIONAL BANK

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	$	1
2. Government Grants	$	2
3. Program Service Revenue	$	3
4. Other Revenue	$	4
5. TOTAL INCOME	**$ 0**	**5**

EXPENSES

6. Program Expenses	$	6
7. Management & General Expenses	$	7
8. Fund-raising Expenses	$	8
9. TOTAL EXPENSES	**$**	**9**
10. EXCESS or DEFICIT (Line 5 minus Line 9)	**$ 0**	**10**

ASSETS

11. Cash	$	11
12. Land, Buildings & Equipment	$	12
13. Other Assets	$	13
14. TOTAL ASSETS	**$ 0**	**14**

LIABILITIES

15. Accounts Payable	$	15
16. Grants Payable	$	16
17. Other Liabilities	$	17
18. TOTAL LIABILITIES	**$ 0**	**18**

FUND BALANCE/NET WORTH **$ 0**
(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. *See* Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the TREASURER (Title) and PRESIDENT (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the FRCSCV INC BOARD (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____ , 20___ , approving the contents of the document, and do hereby certify that the FRCSCV INC BOARD (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

TARA BUECHNER	**EILIDH PEDERSON**
Name (Print)	Name (Print)
Signature	Signature
TREASURER	**PRESIDENT**
Title	Title
09/01/2026	
Date	Date

Statement 1 - Charitable Organization, Page 2, Line 12- Board of Directors Information

Name	Address	City	State	Zip	Compensation
EILIDH PEDERSON	857 MAIN STREET	BALDWIN	WI	54002	$
TARA BUECHNER	857 MAIN STREET	BALDWIN	WI	54002	
TONY GOULD	857 MAIN STREET	BALDWIN	WI	54002	
MARK TYLER	857 MAIN STREET	BALDWIN	WI	54002	
SHARON REYZER	857 MAIN STREET	BALDWIN	WI	54002	
BARRY CAIN	857 MAIN STREET	BALDWIN	WI	54002	
REBECCA STYLES	857 MAIN STREET	BALDWIN	WI	54002	
DONNA HAYES	857 MAIN STREET	BALDWIN	WI	54002	
AMBER MORGAN	857 MAIN STREET	BALDWIN	WI	54002	
EMMA O'CONNELL	857 MAIN STREET	BALDWIN	WI	54002	
RYAN CARI	857 MAIN STREET	BALDWIN	WI	54002	
ABBY KLATT	857 MAIN STREET	BALDWIN	WI	54002	
JENNIFER POLLITT	857 MAIN STREET	BALDWIN	WI	54002	
SARAH TYLER-PETERSON	857 MAIN STREET	BALDWIN	WI	54002	
JENNIFER JONES	857 MAIN STREET	BALDWIN	WI	54002	71,058
BRYANT CORRIGAN	857 MAIN STREET	BALDWIN	WI	54002	3,379

DEPARTMENT OF REVENUE

2566511

2025 M4NPI, Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2025 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

FAMILY RESOURCE CENTER ST CROIX VALLEY, INC.	39-1943404	0000000
Name of Organization	FEIN	Minnesota Tax ID

You must round amounts to nearest whole dollar.

1 Additions to federal taxable income due to changes not adopted by Minnesota
Enter on Form M4NP, line 2 *(you must provide a brief explanation below)*
_____ **1** _____

2 Subtractions from federal taxable income

a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** _____

b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return *(refer to instructions, pg. 7)* **2b** _____

c Charitable contributions *(refer to instructions, pg. 7)* **2c** _____

d Subtractions due to federal changes not adopted by Minnesota *(you must provide a brief explanation below)* **2d** _____

_____

e Other subtractions from income *(you must provide a brief explanation below)*
_____ **2e** _____

Total subtractions *(add lines 2a through 2e)* **Enter on Form M4NP, line 4.** **2** _____

3 Deductions from taxable net income

a Federal specific or special deductions **3a** 1000

b Other deductions *(you must provide a brief explanation below)*
_____ **3b** _____

Total deductions from taxable net income *(add lines 3a and 3b)* **3** 1000
Enter on Form M4NP, line 9.

4 Credits against tax

a Employer Transit Pass Credit *(from Form ETP, line 4)* **4a** _____

b SEED Capital Investment Credit *(refer to instructions, pg. 7)* **4b** _____

c Tax Credit for Owners of Agricultural Assets **4c** _____

d Manufactured Home Park Credit *(from Form MHP, part 2, line 2)* **4d** _____

e Other credits against tax *(you must provide a brief explanation below)*
_____ **4e** _____

Total credits against tax *(add lines 4a through 4e)* **4** _____
Enter on Form M4NP, line 14.

5 Refundable credits

a Historic Structure Rehabilitation Credit *(attach credit certificate)* and **enter NPS project number** _____ **5a** _____

b Other refundable credits *(you must provide a brief explanation below)*
_____ **5b** _____

Total refundable credits *(add lines 5a and 5b)* **5** _____
Enter on Form M4NP, line 18.