Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2018
Open to Public Inspection

For the 2018 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable: Address change ARTREACH ST. CROIX Doing business as 41-1758837 Name change Number and street (or P.O. box if mail is not delivered to street address) 651-439-1465 224 N 4TH STREET Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated STILLWATER MN 55082 200,774 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending HEATHER RUTLEDGE 224 N 4TH STREET H(b) Are all subordinates included? STILLWATER MN 55082 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or Tax-exempt status: ARTREACHSTCROIX.ORG Website: U H(c) Group exemption number U X Corporation Trust Year of formation: 1993 Form of organization: Other ${f u}$ M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3 5 6 Total number of volunteers (estimate if necessary) 88 7a Total unrelated business revenue from Part VIII, column (C), line 12 27,537 7a **b** Net unrelated business taxable income from Form 990-T, line 38 Current Year 8 Contributions and grants (Part VIII, line 1h) 143,998 136,628 Revenue 9 Program service revenue (Part VIII, line 2g) 39,713 45,497 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48 49 12,556 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 188,945 200,774 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 101,650 103,198 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ${\bf u}$ 25,582 101,455 121,467 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 203,105 224,665 -23,891 -14,16019 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or 511,907 486,609 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 20,730 22,137 22 Net assets or fund balances. Subtract line 21 from line 20 770 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. Signature of officer Sign Here HEATHER RUTLEDGE EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid JAMI J FLANAGAN, CPA 06/14/19 self-employed P00049651 JAMI J FLANAGAN, CPA Preparer FOLEY. KALSEIM & COMPANY, 41-1736396 LTD. Firm's name Firm's EIN } **Use Only** 12415 55TH ST N LAKE ELMO, MN 55042-8462 651-430-3635 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Г	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
S	SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	Taring Forms 000 on 000 F70	Yes X 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 X 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.	
	(O. I.) (F	
	(Code:) (Expenses \$ 11,400 including grants of \$) (Revenue \$) DTT CTC - AT
Z	SERVING ARTISTS OF ALL MEDIUMS - ARTREACH PROVIDES SUPPORT TO ANALL STAGES OF THEIR PROFESSION, INCLUDING FISCAL AGENCY SERVICES	d VIITOID WI
	PROMOTION, REFERRAL, ARTIST OPPORTUNITIES, NEWSLETTERS AND AN A	
	WEBSITE THAT PROMOTES UPCOMING EVENTS, AND CLASS/WORKSHOP LISTIN	
	MEMBERS COMPRISED OF ARTISTS AND ART ENTHUSIASTS.	· · · · · · · · · · · · · · · · · · ·
	(Code:) (Expenses \$ 128,441 including grants of \$) (Revenue \$	
	(Code:)(Expenses \$ 128,441 including grants of \$)(Revenue \$ BUILDING AUDIENCES FOR THE ARTS - ARTREACH HOSTS, PRESENTS OR P.	ARTNERS
	N EVENTS AND PROGRAMMING THAT REACH VALLEY RESIDENTS AND VISITO	
	THROUGHOUT THE YEAR. MANY PROGRAMS AND EVENTS ARE FREE OR LOW	
R	REACHING AN UNDERSERVED, SEMI-RURAL COMMUNITY. WE ACTIVELY PRO	
	ARTS TO THE ENTIRE REGION THROUGH PUBLICITY, STCROIXSPLASH.ORG,	
E	-NEWSLETTERS, SOCIAL MEDIA, AND THROUGH CROSS-SECTOR PARTNERSH	IPS.
	(Code:) (Expenses \$ 19,478 including grants of \$) (Revenue \$	
_	BUILDING STRATEGIC ALLIANCES - ARTREACH WORKS WITH OVER 35 OTHER	, R
_	ORGANIZATIONS TO CARRY OUT PROGRAMMING, OFFER PEER	7
	EARNING, BUILDING ON A REGIONAL VISIBILITY PROJECT, ARTREACH CO	ONTINUES TO
	PROMOTE THE ARTS AND WORK TOWARD MAKING THE ST. CROIX VALLEY A	
N	NATIONALLY-RECOGNIZED DESTINATION FOR THE ARTS.	
	•	
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses u 159,319	

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	Х	
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)			37
_	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,	_		\ \ _V
	assessments, or similar amounts as defined in Revenue Procedure 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,"			
Ū	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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	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
С	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
е	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			3.7
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		- V
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the same indicate an interior of the same in the s	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		<u> </u>
	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		Х
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

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_Pa	art 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	00		7.
22	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	23		X
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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		125
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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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 in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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	<u></u>	<u></u>	<u>Ш</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued, Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O Χ 3b 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)? Χ 4a If "Yes," enter the name of the foreign country: ${f u}$ b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year ______ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 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: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 Χ If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) ARTREACH ST. CROIX 41-1758837 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 9 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Χ 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ${f u}$ MN 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 | X | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ 20

224 N 4TH STREET

Form **990** (2018)

ARTREACH ST. CROIX

STILLWATER

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

40.00

0.00

Χ

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one compensation compensation from hours per amount of week box, unless person is both an from related other organizations compensation (list any officer and a director/trustee) the organization (W-2/1099-MISC) from the hours for ndividual related nstitutional (W-2/1099-MISC) organization organizations employee and related organizations below dotted compensated trustee line) trustee (1) GUILLERMO CUELLAR 3.00 0.00 DIRECTOR Χ 0 0 (2) GARY KELSEY 3.00 0.00 Χ 0 0 Χ 0 CHAIR (3) GREG SEITZ 3.00 VICE-CHAIR 0.00 Χ Χ 0 0 (4) MARGARET PENNINGS 3.00 0 DIRECTOR 0.00 Χ 0 (5) JAY HIGGINS 3.00 0.00 Χ Χ 0 0 0 TREASURER (6) JESSICA BIERBRAUER 3.00 0.00 0 DIRECTOR Χ 0 0 (7) LIZ MALANAPHY 3.00 0.00 0 0 DIRECTOR Χ (8) HANNAH BREDAHL 3.00 0.00 Χ 0 0 DIRECTOR (9) TIM QUARBERG 3.00 0.00 Χ 0 0 DIRECTOR 0 (10) HEATHER RUTLEDGE

55,735

(11)

EXECUTIVE DIRECTOR

3,000

0

Part VII

(E)

(D)

(F)

Name and title		Average hours per week (list any	hours per (do not check more than or box, unless person is both officer and a director/truste					an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from torganization organization organization	ation ated	
	Sub-total								55,735				2	000
c d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII, \$	Secti 	i on /	A	· · · · ·		u	55,735	\$100,000 of				000
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line of the organization and related o	ormer officer, direct complete Schede 1a, is the sum nizations greater	ector, fule of of re than	or to for the portage of the portage	such able 60,00 	o indicomposition in indicated	pens "Yes from	al ations," c	n and other compensation for succomplete Schedule J for succomplete succession or succ	rom the h individual		3 4 5	Yes	X X
Secti 1	ion B. Independent Contracto Complete this table for your five compensation from the organize	ors ve highest compe	ensat	ted ii	ndep	ende	ent c	ontra	actors that received more th	nan \$100,000 of				
		(A) I business address	mpei	iisali	OIT IC	DI UIR	z Car		Descrip	(B) tion of services	11.	Со	(C) mpensat	ion
2	Total number of independent of								se listed above) who					
DAA	received more than \$100,000								,	0		For	<u> 990</u>) (2040

(C)

ra	rt V	Check if Schedule (tains a	response oi	note to any line ir	n 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
nts Its	1a	Federated campaigns	1a				10101100		0.20.1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		3,815				
s, C Am	С	Fundraising events	1c						
3ifts Iar	d	Related organizations	1d		45,000				
s, imil	е	Government grants (contributions)	1e						
ion r S	f	All other contributions, gifts, grants,							
but		and similar amounts not included above	1f		95,183				
nti d O	g	Noncash contributions included in lines 1a	-1f:	\$					
<u>a</u> 0	h	Total. Add lines 1a-1f			u	143,998			
nue					Busn. Code				
ever	2a	GALLERY SALES			711130	25,782		25,782	
Service Revenue	b	FUNDRAISING EVENT			711130	14,033	14,033		
	С	FISCAL AGENCY FEES			541800	3,927	3,927		
Ser	d	ADVERTISING INCOME			561000	1,300		1,300	
am	е	GALLERY APPLICATION	S		611600	295		295	
Program	f	All other program service reve	nue			160		160	
Ы	g	Total. Add lines 2a–2f			u	45,497			
	3	Investment income (including	dividen	ds, intere	st,				
		and other similar amounts)			u	49			49
	4	Income from investment of tax			-				
	5	Royalties							
		(i) Real	200	(ii) F	Personal				
			,390						
		Less: rental exps.	200						
	C	, ,	,390			0.300			0.200
	a 7a	Net rental income or (loss) Gross amount from				9,390			9,390
		sales of assets (i) Securities	i	(11)	Other				
	L	other than inventory							
	D	Less: cost or other							
	_	basis & sales exps. Gain or (loss)							
		Net gain or (loss)							
		Gross income from fundraising ever			u				
nιe	oa	(not including \$							
vel		of contributions reported on line 1c)							
R		See Part IV, line 18							
Other Revenue	b	Less: direct expenses							
δ		Net income or (loss) from fund		events	u				
		Gross income from gaming activities	-						
		See Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam		tivities	u				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
	b	Less: cost of goods sold	b						
		Net income or (loss) from sale		ventory	u				
		Miscellaneous Revenue			Busn. Code				
	11a	CLASSROOM RENTAL FEE			531120	1,840			1,840
	b								
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d				1,840			
	12	Total revenue. See instruction	ns		u	200,774	17,960	27,537	11,279

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must col Check if Schedule O contains a respon	•		ete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	02 105	60 706	20 600	11 701
7	Other salaries and wages	93,195	60,726	20,688	11,781
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 000	1 000	1 050	1
9	Other employee benefits	3,000	1,800	1,050	150 350
10	Payroll taxes	7,003	4,202	2,451	350
11	Fees for services (non-employees):				
	Management				
b	~ ······	2,643	1,586	925	132
C C	Accounting	4,043	1,300	945	132
d	Lobbying Professional fundraicing consists. See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g		17 600	17 600		
10	(A) amount, list line 11g expenses on Schedule O.)	17,608 15,579	17,608 15,552		27
12	Advertising and promotion	28,809	18,169	3,380	7,260
13	Office expenses	20,009	10,109	3,300	1,200
14	Information technology				
15 16	Royalties	9,508	5,704	3,328	476
16 17	Occupancy	1,312	1,310	3,340	2
18	Travel Payments of travel or entertainment expenses	1,314	1,310		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Internal				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,285	11,361	6,060	864
23		4,343	2,606	1,520	217
24	Insurance Other expenses. Itemize expenses not covered	1,313	2,000	1,520	21 /
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GALLERY PAYMENTS	17,374	17,374		
b	ARTISTIC PERSONNEL	2,572	1,75,1		2,572
c	VENUES	1,200			1,200
d	PROFESSIONAL DEVELOPMENT	563	338	197	28
e	All other expenses	1,671	983	165	523
25	Total functional expenses. Add lines 1 through 24e	224,665	159,319	39,764	25,582
26	Joint costs. Complete this line only if the	221,000	107,017	32,701	23,302
_•	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				
DAA	10110WILING SUF 70-2 (MSC 700-120)				Form 990 (2018)

Form 990 (2018) Part X

Part	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing		1	
2		44,908	2	44,645
3			3	
4		18,000	4	15,500
5		·		
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s l	organizations (see instructions). Complete Part II of Schedule L		6	
Assets			7	
8 8			8	
9		4,250	9	
	Da Land, buildings, and equipment: cost or	=,=30	-	
	other basis. Complete Part VI of Schedule D 10a 617,567			
	b Less: accumulated depreciation 10b 191,103		10c	426,464
11		,	11	,
12			12	
13			13	
14			14	
15			15	
16		511,907	16	486,609
17		460	17	978
18			18	
19			19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	19,727	21	16,192
_ω 22		·		
Liabilities	trustees, key employees, highest compensated employees, and			
lig	disqualified persons. Complete Part II of Schedule L		22	
j 23			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,950	25	3,560
26		22,137	26	20,730
	Organizations that follow SFAS 117 (ASC 958), check here u X and			
S S	complete lines 27 through 29, and lines 33 and 34.			
E 27	7 Unrestricted net assets	489,770	27	465,879
Fund Balances	B Temporarily restricted net assets		28	
29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here u and			
ŏ	complete lines 30 through 34.			
36 ع			30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or			32	
2 33	Total net assets or fund balances	489,770	33	465,879
34		511,907	34	486,609

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		00,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,	
3	Revenue less expenses. Subtract line 2 from line 1	3	_	23,	891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	89,	<u>770</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	65,	<u>879</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	$\perp \! \! \perp$
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Employer identification number Name of the organization ARTREACH ST. CROIX 41-1758837 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). |X|An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Nο Yes (A) (B) (C)

(D)

(E)

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.)

Sec	tion A. Public Support			•	•	,	
Caler	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,070	119,072	152,450	136,628	143,998	647,218
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 5	Total. Add lines 1 through 3 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	95,070	119,072	152,450	136,628	143,998	647,218
	shown on line 11, column (f)						170,163
6	Public support. Subtract line 5 from line 4						477,055
	tion B. Total Support		(1) 0045	() 0040	(1) 2017	() 0040	
	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	95,070 4,945	119,072	152,450 9,377	136,628 7,218	143,998	647,218 41,108
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.)	3,271	3,041	2,352	5,386	1,840	15,890
11	Total support. Add lines 7 through 10						704,216
12	Gross receipts from related activities, etc.	(see instructions)				12	31,507
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c	c)(3)	_
	organization, check this box and stop here						<u></u>
	tion C. Computation of Public St						
14	Public support percentage for 2018 (line 6,	column (f) divided	by line 11, column	(f))		14	67.74 %
15	Public support percentage from 2017 Sche						69.12 %
16a	33 1/3% support test—2018. If the organ						► \\ \(\nabla \)
	box and stop here. The organization quali	ities as a publicly si	upported organizati	on			> X
b	33 1/3% support test—2017. If the organ						. □
170	this box and stop here. The organization of						
17a		=					
	10% or more, and if the organization meet Part VI how the organization meets the "fa						
	organization			·			▶ □
b	10%-facts-and-circumstances test—201	If the organization	n did not check a l	box on line 13, 16a	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						. –
	supported organization						▶ ∟
18	Private foundation. If the organization did	I not check a box or	n line 13, 16a, 16b,	, 17a, or 17b, chec	k 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.)

Sec	tion A. Public Support	, ,		, ,	•	/		
Caler	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(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 c	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 Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Sac	tion B. Total Support							
	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
9	Amounts from line 6	(4) 2011	(3) 2010	(5) 2515	(4) 2011	(0) 201		(i) rotal
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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the							
Sec	organization, check this box and stop heretion C. Computation of Public Section 1.	unnort Percen					<u></u>	P L
	Public support percentage for 2018 (line 8,	<u> </u>		n (f))			15	%
15 16	Public support percentage for 2017 Sche						16	
	tion D. Computation of Investme							76
17	Investment income percentage for 2018 (li			, column (f))			17	%
18	Investment income percentage from 2017		II line 17				18	
19a	33 1/3% support tests—2018. If the orga							70
	17 is not more than 33 1/3%, check this bo							▶□
b	33 1/3% support tests—2017. If the orga		-					
	line 18 is not more than 33 1/3%, check the							▶ □
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons		▶ □

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
 - 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.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	30		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	0		
	9a		
	9b		
	55		
	9с		
	10a		
A /-	10b	0 666	·EZ) 2018
A (F	orm 99	u or 990-	·EZ) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C4:	supervised, or controlled the supporting organization.	2		
Secti	on 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			
Sooti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		V	NI.
	Did the considering annide to each of its appropriate conscious by the last day of the fifth mouth of the		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			
2	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		
,	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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		
Secti	on 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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
		-/		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	970 (explain in Part VI). See	•						
instructions. All other Type III non-functionally integrated supporting organizations must	compl	ete 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 1-1/2% of line 3 (for greater amount,									
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by .035.	6								
7 Recoveries of prior-year distributions	7								
8 Minimum Asset Amount (add line 7 to line 6)	8								
Section C - Distributable Amount			Current Year						
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2 Enter 85% of line 1.	2								
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4 Enter greater of line 2 or line 3.	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions).	6								
7 Check here if the current year is the organization's first as a non-functionally integrated Ty	/pe III	supporting organization (se	e						

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	le A (Form 990 or 990-EZ) 2018 ARTREACH ST. CROL		41-1/58	83/ Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
c	From 2015			
	From 2016			
е	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 ARTREACH ST. CROIX

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3d B, lines 1 and 2; Part IV, Section C, line 1; Part 3a, and 3b; Part V, line 1; Part V, Section B, lines 2, 5, and 6. Also complete this part for a	rt IV, Sec ne 1e; Pa	ction D, lines 2 and 3; Part IV, Section E, art V, Section D, lines 5, 6, and 8; and Pa	lines 1c, 2a, 2b,
PART II, LINE 10 - OTHER INCOME DET	'AIL		
CLASSROOM RENTAL & FRAMING STUDIO	\$	13,362	
TICKET SALES	\$	2,528	
······			
• • • • • • • • • • • • • • • • • • • •			
·			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

ARTREACH ST. CROIX 41-1758837 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PAGE 1 OF 1

Page 2

Name of organization
ARTREACH ST. CROIX

Employer identification number 41-1758837

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 1	HUGH J. ANDERSEN FOUNDATION WHITE PINE BUILDING 342 FIFTH AVENUE NORTH BAYPORT MN 55003	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	MARGARET RIVERS FUND P.O. BOX 197 STILLWATER MN 55082	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	FRED & KATHERINE ANDERSEN FOUNDATION 100 FOURTH AVENUE NORTH BAYPORT MN 55003	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
4	ARTS MIDWEST 2908 HENNEPIN AVENUE MINNEAPOLIS MN 55408-1954	Fotal contributions \$ 9,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	JOYFUL WOMEN FUND 342 FIFTH AVE N STE 200 BAYPORT MN 55003	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET SW WASHINGTON DC 20506	Total contributions \$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018
Open to Public Inspection

Employer identification number Name of the organization ARTREACH ST. CROIX 41-1758837 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Scne	edule D (Form 990) 2018 ARIREACH	SI. CRUIA			4T-T/200	31		Page 2
	art III Organizations Maintainin		Art, Histor	ical Treasures,	or Other Sim	ilar Assets	(continu	ed)
3		_					•	
а	Public exhibition	d 🗌	Loan or excha	nge programs				
b	Scholarly research	е 🗍						
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	how they furth	er the organization's	exempt purpose	in Part		
	XIII.	·	•	ŭ				
5	During the year, did the organization solicit	or receive donations of	of art, historical	treasures, or other s	imilar			
	assets to be sold to raise funds rather than						Yes	No
Pa	art IV Escrow and Custodial A		<u> </u>				<u>- — </u>	
	Complete if the organization 990, Part X, line 21.		on Form 9	90, Part IV, line 9), or reported	an amount	on Form	
1a	Is the organization an agent, trustee, custoo	dian or other intermedi	ary for contribu	tions or other assets	not			
L	included on Form 990, Part X?						Yes	X No
b	ii res, explain the arrangement in Part XI	n and complete the loi	lowing table:				Amount	
_	Desiration belone					10	Amount	
C	Beginning balance					1c		
a	Additions during the year					1d		
e	Distributions during the year					1e		
7	Ending balance	000 D-4 V l'	04 (1f	V v	
	Did the organization include an amount on						X Yes	X No
	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	pianation has i	been provided on Par	t XIII		<u></u>	
Pa	Endowment Funds.	on anautored "Ves"	on Form O	00 Dort IV line (10			
	Complete if the organization		1				(-) [
		(a) Current year	(b) Prior ye	ear (c) Two yea	ars back (d) II	nree years back	(e) Four y	ears back
	Beginning of year balance							
b	Contributions						+	
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, colur	nn (a)) held as:				
а	Board designated or quasi-endowment ${f u}$	%						
b	Permanent endowment u %)						
С	Temporarily restricted endowment \mathbf{u}_{\dots}	%						
	The percentages on lines 2a, 2b, and 2c sh							
3a	Are there endowment funds not in the poss	ession of the organiza	tion that are he	eld and administered	for the		_	
	organization by:						<u>\</u> Y	res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requir	ed on Schedul	e R?			3b	
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.					
Pa	art VI Land, Buildings, and Eq	uipment.						
	Complete if the organization	n answered "Yes'	on Form 9	90, Part IV, line 1	1a. See Form	990, Part	X, line 10	١.
	Description of property	(a) Cost or other	basis (k) Cost or other basis	(c) Accumulat	ed	(d) Book va	ılue
		(investment)		(other)	depreciation			
1a	Land			85,980			8	5,980
	Buildings			502,782	172	,541		0,241
	Leasehold improvements							
	Equipment			16,217	5	,974	1	0,243
	Other			12,588		,588		
	L Add lines 1a through 1e. (Column (d) must		X column (B)			11	42	6 464

Part VII	Investments—Other Securities.		11 1730037	r age •
	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial				
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
i dit viii	Complete if the organization answered "Yes" or	Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Decomption of investment	(b) Book value	Cost or end-of-year	
(1)			,	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	e 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.		u	
I alt A	Complete if the organization answered "Yes" or	Form 000 Part IV line	a 11a or 11f Saa Form	000 Part Y
	•	i Foiii 990, Fait IV, iiile	e Tie of Til. See Follii	990, Fait A,
	line 25.	1		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) VISA		2,097		
(3) SALES	S TAX PAYABLE	1,725		
(4) PAYRO	DLL LIABILITIES	-262		
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) u	3,560		
	. , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		

Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 99		-	
1	Total rev	enue, gains, and other support per audited financial statements		1	
2		included on line 1 but not on Form 990, Part VIII, line 12:			
а		alized gains (losses) on investments	2a		
b		services and use of facilities			
С	Recoverie	es of prior year grants	2c		
d	Other (De	escribe in Part XIII.)	2d		
е	Add lines	2a through 2d		2e	
3	Subtract	line 2e from line 1		3	
4		included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investme	nt expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (De	escribe in Part XIII.)	4b		
С	Add lines	4a and 4b			
5	Total rev	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	art XII	Reconciliation of Expenses per Audited Financial St			
		Complete if the organization answered "Yes" on Form 99	00, Part IV, line 12a	l.	
1	Total exp	enses and losses per audited financial statements		1	
2		included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated	services and use of facilities	2a		
b	Prior yea	r adjustments	2b		
С		ses			
d		escribe in Part XIII.)			
е		2a through 2d			
3		line 2e from line 1		3	
4		included on Form 990, Part IX, line 25, but not on line 1:			
a		nt expenses not included on Form 990, Part VIII, line 7b			
b		escribe in Part XIII.)	4b	4-	
с 5		s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
		Supplemental Information.		J	
		criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ut IV lines 1h and 2h: D	Part V line 4: Part Y line	
		2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			
		V, LINE 2B - ESCROW LIABILITY ARRAN			
	· ······ ···· ·· ·	· /	· · · · · · · · · · · · · · · · · · ·		
\mathbf{T}^{1}	HE OR	GANIZATION HANDLES CASH RECEIPTS AN	D DISBURSEME	NTS FOR SEVER	AL OTHER
S	MALL (ORGANIZATIONS THAT DO NOT HAVE THE	CAPACITY TO	DO SO THEMSEL	VES. THE
0	RGANIZ	ZATION RECORDS THESE FUNDS AS A CASI	H ASSET AND	ALSO AS A LIA	BILITY
D	UE TO	THE CORRESPONDING ORGANIZATION.			

Schedule D (Fo	rm 990) 2018	ARTREACH	ST.	CROIX	41-1758837	Page 5
Part XIII	Supplementa	I Information	ı (cont	tinued)		
						_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2018**

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number ARTREACH ST. 41-1758837 CROIX FORM 990 - ORGANIZATION'S MISSION OUR MISSION IS TO CONNECT COMMUNITIES AND THE ARTS. FOUNDED IN 1992 AS A GRASSROOTS COMMUNITY EFFORT, ARTREACH ST. CROIX IS NOW A MULTI-DISCIPLINARY REGIONAL ORGANIZATION WITH A DEMONSTRATED HISTORY OF CREATING PARTNERSHIPS, INCREASING THE VISIBILITY OF THE ARTS, SUPPORTING ARTISTS AND PROVIDING ARTS MARKETING AND ARTS LEADERSHIP IN THE VALLEY. WE ACHIEVE OUR MISSION BY: SERVING ARTISTS OF ALL MEDIUMS BUILDING AUDIENCES FOR THE ARTS BUILDING STRATEGIC ALLIANCES CREATING A HOME FOR THE ARTS OUR VISION IS TO MAKE THE ST. CROIX VALLEY A NATIONALLY RECOGNIZED DESTINATION FOR THE ARTS. THE FOLLOWING VALUES GUIDE OUR DECISION-MAKING: 1) PROVIDING AND PROMOTING QUALITY ARTS EVENTS, 2) STRENGTHENING COLLABORATION AND PARTNERSHIPS TO EXPAND OPPORTUNITIES FOR THE ARTS, 3) EMBRACING CREATIVITY AS THE CORE OF ALL OUR WORK, 4) SHARING THE JOY OF ART. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS CREATING A CENTER FOR THE ARTS - IN 2001 ARTREACH PURCHASED A 4200 SQ FOOT BUILDING DOWNTOWN STILLWATER. DURING 2008 THE BUILDING WAS RENOVATED FOR PUBLIC USE AND ARTREACH MOVED IN DURING 2009. THE BUILDING OFFERS GALLERY SPACE, MEETING ROOMS, STUDIOS, SHARED ARTIST RESOURCES, OFFICES AND OFFERS

THE COMMUNITY A "HOME FOR THE ARTS".

Form **990-T**

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

OMB No. 1545-0687

D Employer identification number

Department of the Treasury Internal Revenue Service

Check box if address changed

For calendar year 2018 or other tax year beginning

Name of organization

2018 or other tax year beginning , and ending
UGo to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3) Organizations Only u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Check box if name changed and see instructions.)

В	Exempt under section	1	·	-		ŕ		(Employees'	trust, see	instructions.)
_	X 501(C)(3)	Print	ARTREACH S	ST. CROIX						
	408(e) 220(e)	or		Number, street, and room or suite no. If a P.O. box, see instructions. 41-1						
	408A 530(a)	Туре	224 N 4TH		0113.			E Unrelated b		
	529(a)	.,,,,		ince, country, and ZIP or foreign po	nstal code			(See instruc		don'ny oodo
		-	STILLWATER	•		55082		7111	90	541800
С	Book value of all assets at end of year	F G		er (See instructions.) u						
	486,609		heck organization type		ration	501	(c) trust	401(a) tru	st	Other trust
Н	Enter the number of the			s or businesses. u 2		be the only	(or first) u	unrelated trade or	busine	ess here
	u								If or	nly one, complete
	Parts I-V. If more than o	ne, desc	cribe the first in the bla	nk space at the end of the	previou	us sentence	, complete	Parts I and II, co	mplete)
	Schedule M for each ad-	ditional tr	rade or business, then	complete Parts III-V.						
				n an affiliated group or a p	arent-sı	ubsidiary co	ntrolled gi	oup?		u 🗌 Yes 🛚 No
	If "Yes," enter the name	and ider	ntifying number of the	parent corporation.						
_	u · · · · ·	. тт		T EDOE						F1 420 146F
_	The books are in care of art I Unrelated		IEATHER RUTI e or Business In			(A) In		lephone number (B) Expenses		51-439-1465 (C) Net
			O DUSINESS IN		Т	(A) In	come	(B) Expenses	5	(C) Net
1a	Less returns and allow			- Polonoo	10					
b			Λ line 7)	c Balance u	1c 2					
2 3	Gross profit. Subtract I		and Programme and American		3					
4a	•				4a					
т а b	Net rain (loss) (Form 170	7 Part II I	line 17) (attach Form //707	")	4b					
C					4c					
5	Income (loss) from partnership	and S corne	oration (attach statement)		5					
6					6					
7	I Inrelated deht-finance	d incom	e (Schedule F)		7					
8	Interest annuities royaltie	s and ren	ats from controlled organiz	ration (Schedule F)	8					
9				ation (Schedule G)	9					
10					10					
11	Advertising income (Se				11					
12	Other income (See ins			SEE STMT 1	12		26,23	7		26,237
13	Total. Combine lines 3				13		26,23	_		26,237
	art II Deduction	ns Not	t Taken Elsewhe	re (See instructions f	or limi	itations or	n deduc	tions.) (Except	t for o	
				ected with the unrelat						
14				hedule K)					14	
15	Salaries and wages								15	20,812
16	Repairs and maintena	nce							16	
17	Bad debts								17	
18	Interest (attach schedu	ule) (see	instructions)						18	
19	Taxes and licenses								19	1,401
20	Charitable contributions (S	See instruc	tions for limitation rules)						20	
21							21	5,780	1 1	F 500
22				here on return					22b	5,780
23	Depletion								23	
24	Contributions to deferr	ed comp	pensation plans						24	C00
25	Employee benefit prog	grams							25	600
26	Excess exempt expens	ses (Sch	eaule I)						26	
27	Other deductions (attack	sis (Sche	:uule J)					 Мылы Э	27	24 700
28	Other deductions (atta	ion soned	Jule)				э́т₩т₽	MICTNT \	28	24,789
29	Unrelated business to	u imes 1	omo hoforo not once	ting loss deduction. Subtra	ot line C				30	53,382
30									31	
31	Unrelated business tax			beginning on or after Janua from line 30	aıy I,∠	oro (see in	structions)		32	
<u>32</u>	onielateu business tax	ADIE INC	one. Subtract line 31	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					J2	5 000 T (2242)

Pa	rt III Total Unrelated Business Taxable income							
33	Total of unrelated business taxable income computed from all unrelated trades or busin	esses (see	,					
	instructions)				33			
34	Amounts paid for disallowed fringes				34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018	(see						
	instructions)				35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fr	rom the su	m					
	of lines 33 and 34				36			0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			[37		1	,000
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater			··				
	enter the smaller of zero or line 36				38			0
	rt IV Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			•	39			
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on							
	the amount on line 38 from: Tax rate schedule or Schedule D (Form				40			
41	Proxy tax. See instructions			▶	41			
42	Alternative minimum tax (trusts only)				42			
43	Tax on Noncompliant Facility Income. See instructions				43			
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0
	rt V Tax and Payments	1 1						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a						
	Other credits (see instructions)	45b						
С	General business credit. Attach Form 3800 (see instructions)	45c						
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d						
е	Total credits. Add lines 45a through 45d				45e			
46	Subtract line 45e from line 44				46			
47	Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. s				47			
48	Total tax. Add lines 46 and 47 (see instructions)				48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2				49			
	Payments: A 2017 overpayment credited to 2018	50a						
b	2018 estimated tax payments	50b						
С	Tax deposited with Form 8868	50c						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d						
е	Backup withholding (see instructions)	50e						
	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Total u	50g						
	Total payments. Add lines 50a through 50g			l	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		u	\sqcup	52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			u	53			0
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount ov	erpaid		u	54			
	Enter the amount of line 54 you want: Credited to 2019 estimated tax u	4: /	Refunded	lu	55			
	rt VI Statements Regarding Certain Activities and Other Inforn	,						
56	At any time during the 2018 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "YES," the or	signature or ganization	may have to file				Yes	s No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the							
	here u							X
	During the tax year, did the organization receive a distribution from, or was it the granton	r of, or tran	sferor to, a foreig	n trust	?			X
	If "YES," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year u \$							
				11 2 2				
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			nd belief,	it is		.BQ #	
Sign]		9			May the with the	IRS discuss preparer sho tructions)?	this return wn below
Her	e u u executive di	IRECTO	DR			(see ins	tructions)? 7 Yes [No
	Signature of officer Date Title					┸		INU
	Print/Type preparer's name Preparer's signature		Date		Check	☐ if P	TIN	
Paid	JAMI J FLANAGAN, CPA JAMI J FLANAGAN, CPA		06/14	1/19	self-emp		0004965	
Prepa				Firm's I	EIN }	<u>41</u>	_173	<u> 6396</u>
Use						6 5 3	422	2625
	Firm's address } LAKE ELMO, MN 55042-8462			Phone	no.	65I-	430-3	3635

Form 990-T (2018) ARTREA	ACH ST. CF	OIX				<u>41-1</u>	758837			Page 3
Schedule A - Cost of Goo	ods Sold. Enter	metho	od of invento	ory valuation u						
1 Inventory at beginning of year	ar 1		6	Inventory at end	of ye	ear		6		
2 Purchases	2		7							
3 Cost of labor	3			line 6 from line 5	5. Ent	ter here	and			
4a Additional sec. 263A costs				in Part I, line 2				7		
(attach schedule)	4a		8	Do the rules of s	sectio	n 263A	(with respect to		Ye	es No
b Other costs (attach schedule)	41.			property produce	ed or	acquire	d for resale) apply			
5 Total. Add lines 1 through 4				to the organizati	on?					
Schedule C - Rent Incom	e (From Real I	Proper	ty and Pers	sonal Property	/ Le	ased	With Real Prope	erty)		
(see instructions)		-					•	• •		
Description of property										
(1) N/A										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accru	ued							
(a) From personal property (if the pe	(b) From real ar	nd personal property (if t	:he		3(a) Deductions of	s directly connected with the income				
for personal property is more than 10% but not percentage of				for personal property ex	ceeds		in columns 2	(a) and 2	2(b) (attach schedule)	
more than 50%)	50% or if the rent	is based on profit or inco	ome)							
(1)										
(2)										
(3)										
(4)										
Total		Total					(b) Total deduction	ıs		
(c) Total income. Add totals of co	olumns 2(a) and 2(b). Enter					Enter here and on page			
here and on page 1, Part I, line 6,				u			Part I, line 6, column			
Schedule E – Unrelated D	Debt-Financed	Incom	e (see instru	ctions)						
							3. Deductions directly c	onnected	with or allocable to	
1. Description of debt-fin	anced property			s income from or e to debt-financed			debt-financed property			
n Beschpilon of dest in	idiloca property		allocable	property		(a) S	traight line depreciation		(b) Other deductions	
							(attach schedule)		(attach schedule	.)
(1) N/A										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adjusted			6. Column					8. Allocable deducti	ions
acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop			4 divided			ross income reportable column 2 x column 6)		(column 6 x total of co	olumns
property (attach schedule)	(attach schedule)	b	by column 5		,,			3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
		-					here and on page 1,		nter here and on p	
						Part	I, line 7, column (A).	P	art I, line 7, colun	nn (B).
Totals					u [
Total dividends-received deduc					<u></u>		u			

Form **990-T** (2018)

<u> Schedule F – Interest, Annı</u>	<u>uities, Royalt</u>	ies, and Ren						(see instru	ctions)	
			Exemp	ot Controlled	l Orga	nizatio	ns			
Name of controlled organization	ider	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		otal of spe yments m	nade	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) N/A										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	itions									
7 Tayabla Income		Net unrelated income oss) (see instructions)		Total of specified payments made			cluded in the	umn 9 that is e controlling gross income		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals Schedule G – Investment In) (a)	(47)	u	Er P	art I, line 8,	d on page 1, column (A).	Ente	d columns 6 and 11. r here and on page 1, l, line 8, column (B).
Schedule G – Investment In	icome of a S	section 501(c))(7), (9)	, or (17) O	rganı	zatior	1 (see ir	nstructions)		
1. Description of income	2. Amount of income					4. Set-asides ttach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)		
(2)										
(3)										
(4)										
Totals	u	Enter here and or Part I, line 9, col								ter here and on page 1, art I, line 9, column (B).
Schedule I – Exploited Exer	mpt Activity	Income, Othe	er Than	Advertisi	ng In	come	(see in	structions)	•	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens	ses , with n of	4. Net income (from unrelated to r business (coil 2 minus column If a gain, companies to the coils. 5 through	loss) trade lumn n 3).	5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5		table to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(2)										
(3)										
(4)										
Totals u	Enter here and o page 1, Part I, line 10, col. (A).	n Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26.
Schedule J – Advertising In	come (see in	estructions)								
Part I Income From P			Consc	olidated Ba	asis					
Name of periodical	2. Gross advertising income	3. Direct advertising	ct	4. Advertising gain or (loss) (2 minus col. 3)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute 5. Circulation income 6. Readership costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1) N/A										
(2)										
(3)										
(4)										
Totals (carry to Part II lino (5))										

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through 7 on a line-by-line basis.)						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
<u>(4)</u>						
Totals from Part I u						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning

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

Open to Public Inspection for

Employer identification number

41-1758837

OMB No. 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization

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

501(c)(3) Organizations Only

ARTREACH ST. CROIX Unrelated business activity code (see instructions) $\, \, \underline{\mathbf{u}} \, \, \underline{\mathbf{541}} \underline{\mathbf{800}} \,$

P	art I Unrelated Trade or Business Income		(A) Income	(B)	Expenses	(C) Net
1a	Gross receipts or sales		(-,	(-)		(4, 1111
b	Less returns and allowances c Balance u	1c				
2	Cost of goods sold (Schedule A line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from partnership and S corporation (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule) SEE STMT 1	12	1	,300		1,300
13	Total. Combine lines 3 through 12	13	1	,300		1,300
14	deductions must be directly connected with the unrelated Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					1,500
16	Repairs and maintenance				40	
17	Bad debts				47	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				40	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (reported on Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	0
23	Depletion					
24	Contributions to deferred compensation plans					
25	Employee benefit programs					
26	Excess exempt expenses (Schedule I)					
27	Excess readership costs (Schedule J)				27	1 010
28	Other deductions (attach schedule)		SEE STA	LEMENT 2	28	1,812
29	Total deductions. Add lines 14 through 28				29	3,312
30	Unrelated business taxable income before net operating loss deduction. Subtract	t line 2	9 from line 13		30	
31	Deduction for net operating loss arising in tax years beginning on or after Janual instructions)	•	,		31	
32	Unrelated business taxable income. Subtract line 31 from line 30				32	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ARTSTC ArtReach St. Croix

41-1758837

Federal Statements

6/14/2019

FYE: 12/31/2018

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount
GALLERY SALES	\$ 25,782
GALLERY APPLICATIONS	295
OTHER GALLERY	 160
TOTAL	\$ 26,237

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
OTHER DEDUCTIONS	\$_	24,789
TOTAL	\$	24,789

ARTSTC ArtReach St. Croix

41-1758837

Federal Statements

6/14/2019

FYE: 12/31/2018

vertisi	

Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income

		Description		Amount
ADVERTISING	INCOME		\$_	1,300
TOTAL			\$	1,300

Advertising

Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions

Description	 Amount
OTHER DEDUCTIONS	\$ 1,812
TOTAL	\$ 1,812

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)

\sim	

SECTION A: Organization Information	
Legal Name of Organization ARTREACH ST. CRO	DIX
Federal EIN: 41-1758837	Fiscal Year-End: 12/31/2018
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address:
HEATHER RUTLEDGE	HEATHER RUTLEDGE
Contact Person	Contact Person
224 N 4TH STREET	224 N 4TH STREET
Street Address	Street Address
STILLWATER MN 55082	STILLWATER MN 55082
City, State, and Zip Code	City, State, and Zip Code
651-439-1465	651-439-1465
Phone Number	Phone Number
HEATHER@ARTREACHSTCROIX.ORG	HEATHER@ARTREACHSTCROIX.ORG
Email Address	Email Address
Organization's website:ARTREACHSTCROIX.ORG List all of the organization's alternate and former namesARTREACH_ALLIANCERIVER_VALLEY_ARTS_COUNCIL	
3. List all names under which the organization solicits con-	tributions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. Stat.	ch. 317A? X Yes No
5. Total amount of contributions the organization received	from Minnesota donors: \$123,238
6. Has the organization's tax-exempt status with the IRS of Yes X No If yes, attach explanation.	hanged?
7. Has the organization significantly changed its purpose(s Yes X No If yes, attach explanation.	s) or program(s)?

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X 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 X 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 Coo	le		
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 compensation of more than \$100,000? Yes X N	0	receive total		
	If yes, provide the following information for the five highes	·			
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.

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	\$ <u> </u>
(Line 5 minus Line 9)	
ASSETS	
11. Cash	\$ 11
12. Land, Buildings & Equipment	\$ 12
13. Other Assets	\$ 13
14. TOTAL ASSETS	\$ <u> </u>
LIABILITIES	
15. Accounts Payable	\$ 15
16. Grants Payable	\$ 16
17. Other Liabilities	\$ 17
18. TOTAL LIABILITIES	\$ <u> </u>
FUND BALANCE/NET WORTH	\$ 0
(Line 14 minus Line 18)	

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)	(B)	(C)	(D)
	Total expenses	Program service	Management and	Fundraising
		expenses	general expenses	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 u 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				
		1		

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 ack	knowledge that we are d	luly constituted officers of this org	anization,
being theEXECUTIVE DIRECTOR	(Title) and $_{ exttt{TRI}}$	EASURER	(Title) respectively, and that
we execute this document on behalf of the	he organization pursuan	t to the resolution of the	
BOARD OF DIRECTORS (Bo	oard of Directors, Trustee	es, or Managing Group) adopted	on the
day of , 20 , appr	oving the contents of the	e document, and do hereby certify	that the
BOARD OF DIRECTORS (Bo	oard of Directors, Truste	es or Managing Group) has assu	imed, and
will continue to assume, responsibility for	r determining matters of	policy, and have supervised, and	d will continue
to supervise, the operations and finances	s of the organization. W	e further state that the information	n supplied is
true, correct and complete to the best of	our knowledge.		
HEATHER RUTLEDGE		JAY HIGGINS	
Name (Print)		Name (Print)	
Signature		Signature	
EXECUTIVE DIRECTOR		TREASURER	
Title		Title	
Date		Date	



2018 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax	year beginning 01/01/18	, and ending $12/3$	31/18 (required)	
Name	of Organization		FEIN	Minnesota Tax ID (required)
ח עו	TREACH ST. CROIX		41-1758837	9604244
	g Address	Check if New Address	This Organization Files Fed	
224	N 4TH STREET		X 990-T 1120-	-C 1120-H 1120-POL
City	County	State ZIP Code	Exempt Under IRS Section	
STT	LLWATER	MN 55082	X 501(c) (3)	528 Other:
Chec		Final Return (see instr., pg. 3)	Enter your NAICS Codes (s	
	Apply: Return X an Extension	Enter Close Date:		1190/541800
			Was 100 percent of the bus	siness conducted in Minnesota for this tax year?
Are y	ou filing a combined income return?	Yes X No	X Yes N	o (complete and attach Schedule M4NPA)
1	Federal taxable income before net opera Form 990-T, line 33; 1120-C, line 25c; 13	•	•	You must round amounts to nearest whole dollar.
	1 om 990-1, line 33, 1120-0, line 230, 11	20-11, IIIIe 11, 01 1120-1 OL, IIIIe	176)	
2	Total additions to federal taxable income	(from M4NPI, line 1)		2
		, , , , , , , , , , , , , , , , , , , ,		
3	Federal taxable income after additions (a	dd lines 1 and 2)		3
4	Total subtractions from federal taxable in	come (from M4NPI, line 2)		4
5	Federal taxable income (loss) after subtr within and outside Minnesota, complete la activities were conducted in Minnesota, d	M4NPA. (See instructions, pg. 6.) If 100 percent of your	50
6	Minnesota taxable net income (loss) (from were conducted in Minnesota, enter amo		•	6 0
	were conducted in Minnesota, enter amo	unt nom line 5 above		0
7	Minnesota net operating loss deduction (from M4NP NOL)		7
8	Subtract line 7 from line 6 (if zero or less,	enter zero)		80
9	Total deductions from taxable net income	e (from M4NPI, line 3)		91000
10	Taxable income (subtract line 9 from line	8; if zero or less, enter zero)		100
11	Regular tax (multiply line 10 by 9.8% [0.0	098]; if zero or less, enter zero) .		110
12	Proxy tax (see instructions, pg. 3)			12
13	Tax before credits (add lines 11 and 12)			13
14	Total credits against tax (from M4NPI, lin	e 4)		14
15	Minnesota tax liability (subtract line 14 fro	om line 13; if zero or less, enter z	zero)	150

2018 M4NP UBIT Return, Page 2 (continued)

Name	of Organization		FEIN		Minnesota Tax ID
AR'	TREACH ST. CROIX		41-175883	37	9604244
16	Minnesota Nongame Wildlife Fu	nd donation (see instructions, pg.	3)	16	
17	Add lines 15 and 16			17	
18	Total Telundable Credits (Irom Ivi	4NP1, IIIIe 5)	18		
19	Amount credited from your 2017	Form M4NP, line 30	19		
20	2018 estimated tax payments		20		
21	2018 extension payment		21		
22	Total refundable credits and pay	ments (add lines 18, 19, 20, and 2	21)	22	
23	Subtract line 22 from line 17			23	0
24	Penalty (determine from workshe	eet in the instructions, pg. 4)		24	
25	Interest (determine from worksho	eet in the instructions, pg. 4)		25	
26	Additional charge for underpaym	ent of estimated tax (from M15NP	, line 17)	26	
27	. •	nation, penalty, interest and addition mated tax (add lines 17, 24, 25, and	onal nd 26)	27	
28	Amount from line 27			28	
29	Amount from line 22			29	
30	AMOUNT DUE. If line 28 is more	e than or equal to line 29, subtract	line 29 from 28	30	
	Payment method: Electr	onic (see instr., pg. 2)	eck (see instr., pg. 2) Amende	ed return payr	nent by check
31	OVERPAYMENT. If line 29 is m subtract line 28 from line 29 ····	ore than line 28,	·	str., pg. 2) 	
32	Amount of line 31 to be credited	to your 2019 estimated tax	32		
33	Refund (subtract line 32 from lin	e 31)	33		
	•	enter your banking information belinement	ow. Account number (use an account not a	associated with	any foreign banks)
	Checking Savings				
		complete to the best of my knowled			
Author	rized Signature	Title EXECUTIVE DIRECTOR	Date Daytime Pho	one 39-1465	X Lauthorize the
Paid F	Preparer's Signature	PTIN	Date Daytime Pho		I authorize the Minnesota Depart-
	I J FLANAGAN, CPA	P00049651		30-3635	ment of Revenue to
Email	Address for Correspondence, if Desired		This email address belongs to (check one)		discuss this tax return with the paid preparer
				_	listed here.

Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



2018 M4NPI Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

See instructions on page 5.

TREACH ST. CROIX	44 455000	
	41-1758837	9604244
Additions to federal taxable income	You must roun	d amounts to nearest whole dolla
a Losses from activities separately computed for each trade or		
business (TCJA Sec. 13702) (enter this as a negative amount)	1a	<u> </u>
b Additions due to federal changes not adopted by Minnesota		
(you must provide a brief explanation below)	1b	_
Total additions (add lines 1a and 1b) Enter on Form M4NP, line 2.		1
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 (see instructions, pg. 5)	2b	
c Subtractions due to federal changes not adopted by Minnesota		
(you must provide a brief explanation below)	2c	_
d Other subtractions from income (you must provide a brief explanation below	N)	
	2d	_
Total subtractions (add lines 2a through 2d) Enter on Form M4NP, line 4		2
Deductions from taxable net income		
a Federal specific, special and section 1382 deductions	3a 100	00
b Other deductions (you must provide a brief explanation below)	Ja	
- Utilei deductions (you must provide a brief explanation below)	3b	_
Total deductions from taxable net income (add lines 3a and 3b) Enter on Form M4NP, line 9.		31000
Credits against tax		
a Employer Transit Pass Credit (from ETP, line 4)	4a	
b SEED Capital Investment Credit (see instructions, pg. 5)	··· 4b	_
c Tax Credit for Owners of Agricultural Assets · · · · · · · · · · · · · · · · · · ·	··· 4c	<u> </u>
d Other credits against tax (you must provide a brief explanation below)		
	4d	_
Total credits against tax (add lines 4a through 4d)		4
Enter on Form M4NP, line 14.		
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)	04	
	5h	
		_