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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ST. CROIX VALLEY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
516 SECOND STREET 214

City or town, state or country, and ZIP + 4
HUDSON, WI 54016

D Employer identification number
41-1817315

E Telephone number
(715) 386-9490

G Gross receipts $ 2,937,941.

F Name and address of principal officer: JANE HETLAND STEVENSON
516 SECOND STREET, SUITE 214, HUDSON, WI 54

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SCVFOUNDATION.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995 **M** State of legal domicile MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,277,434.	1,392,641.
9	Program service revenue (Part VIII, line 2g)	14,427.	62,623.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,793.	230,151.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,962.	21,038.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,778,616.	1,706,453.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	880,463.	873,560.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	297,971.	275,669.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,748.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	211,382.	222,994.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,389,816.	1,372,223.
19	Revenue less expenses Subtract line 18 from line 12	2,388,800.	334,230.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	15,678,770.	14,551,013.
21	Total liabilities (Part X, line 26)	35,945.	5,055,579.
22	Net assets or fund balances. Subtract line 21 from line 20	15,642,825.	9,495,434.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 1-11-10

▶ JANE HETLAND STEVENSON, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Regina Terry CPA — Date: 12/22/09 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
RYAN J. TERRY, LTD.
550 MAIN STREET - SUITE 220
ST. PAUL, MN 55112

EIN ▶

Phone no ▶ (651) 636-3806

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

gis

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 168,253. including grants of $) (Revenue $)
SPECIAL COMMUNITY PROJECTS: FOUNDATION STAFF PARTNERS WITH OTHER ORGANIZATIONS TO DIRECTLY ADDRESS CHANGING COMMUNITY CONCERNS. THIS INCLUDES: 1) FOSTERING COMMUNITY DIALOGUE AROUND LOCAL ISSUES SUCH AS GROWTH, RURAL CHANGE, SOCIAL CAPITAL, SUSTAINABLE DEVELOPMENT AND COMMUNITY ART THOUGH REGIONAL FORUMS AND "CONVERSATIONS OF THE VALLEY", A MONTHLY PUBLIC AFFAIRS LUNCHEON; 2) PROMOTING NON PROFIT PERFORMANCE THROUGH WORKSHOPS, GRANTS AND A FUND RAISING CERTIFICATION SERIES TO STRENGTHEN MANAGEMENT AND GOVERNANCE; AND 3) CONVENING ORGANIZATIONS TO TAKE COLLECTIVE ACTION ON SPECIFIC COMMUNITY ISSUES, SUCH AS THE ART SPACE CONVENING.

4b (Code) (Expenses $ 78,132. including grants of $) (Revenue $ 62,623.)
FUND MANAGEMENT: THESE ACTIVITIES INCLUDE WORKING WITH DONORS, AGENCIES AND AFFILIATED FUNDS WHO ALREADY HAVE ESTABLISHED FUNDS WITH THE FOUNDATION AND INCLUDE TECHNICAL ASSISTANCE AND TRAINING AND EDUCATION AS WELL AS ACCOUNTING ACTIVITIES.

4c (Code.) (Expenses $ 885,723. including grants of $ 873,560.) (Revenue $)
GRANTS TO ART, EDUCATION, HUMAN SERVICES, ENVIRONMENTAL, RELIGIOUS, HEALTH AND OTHER CHARITABLE ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 17,756. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 1,149,864. *(Must equal Part IX, Line 25, column (B).)*

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 22		
b	Enter the number of voting members that are independent	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision·			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization· ▶

MARGI MILLER - (715) 386-9490

516 SECOND STREET, NO. 214, HUDSON, WI 54016

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERV NEFF BOARD MEMBER	2.00	X						0.	0.	0.
C. ANN BROOKMAN BOARD MEMBER	2.00	X						0.	0.	0.
CHRIS GALVIN BOARD MEMBER/TREASURER	2.00	X		X				0.	0.	0.
DAVID PALMER BOARD MEMBER	2.00	X						0.	0.	0.
GRETCHEN BELL BOARD MEMBER	2.00	X						0.	0.	0.
GRETCHEN STEIN BOARD MEMBER	2.00	X						0.	0.	0.
JEFF HEEGAARD BOARD MEMBER	2.00	X						0.	0.	0.
DAVID WETTERGREN BOARD MEMBER/CHAIR	2.00	X		X				0.	0.	0.
JIM GILLESPIE BOARD MEMBER	2.00	X						0.	0.	0.
JIM LUTIGER BOARD MEMBER	2.00	X						0.	0.	0.
KAREN HANSEN BOARD MEMBER	2.00	X						0.	0.	0.
KATHY TUNHEIM BOARD MEMBER	2.00	X						0.	0.	0.
MARK VANASSE BOARD MEMBER	2.00	X						0.	0.	0.
MARTY HARDING BOARD MEMBER	2.00	X						0.	0.	0.
MIKE JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
NATE JACKSON BOARD MEMBER	2.00	X						0.	0.	0.
PATTY DRAXLER BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHANNON HOOLEY ENRIGHT BOARD MEMBER	2.00	X						0.	0.	0.
STEVE WILCOX BOARD MEMBER/VICE CHAIR/	2.00	X		X				0.	0.	0.
SUZANN BROWN BOARD MEMBER	2.00	X						0.	0.	0.
WILLIAM CAMPBELL BOARD MEMBER	2.00	X						0.	0.	0.
CHUCK ARNASON BOARD MEMBER	2.00	X						0.	0.	0.
JANE STEVENSON PRESIDENT	40.00			X				87,975.	0.	9,945.
1b Total						▶		87,975.	0.	9,945.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 24,053.				
	b Membership dues	1b				
	c Fundraising events	1c 37,462.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 7,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1323626.				
	g Noncash contributions included in lines 1a-1f $ 127,500.					
	h **Total.** Add lines 1a-1f	▶	1,392,641.			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE CHARGES	525990	62,623.	62,623.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	62,623.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	259,739.			259,739.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶	17,052.			17,052.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1150000.				
	b Less cost or other basis and sales expenses	1179588.				
	c Gain or (loss)	-29,588.				
	d Net gain or (loss)	▶	-29,588.			-29,588.
	8a Gross income from fundraising events (not including $ 37,462. of contributions reported on line 1c). See Part IV, line 18	a 55,886.				
	b Less: direct expenses	b 51,900.				
	c Net income or (loss) from fundraising events	▶	3,986.			3,986.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,706,453.	62,623.	0.	251,189.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	873,560.	873,560.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,601.	50,550.	35,684.	27,367.
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	126,474.	70,048.	54,334.	2,092.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,287.	3,480.	2,703.	104.
9 Other employee benefits	11,399.	5,533.	5,703.	163.
10 Payroll taxes	17,908.	9,112.	6,727.	2,069.
11 Fees for services (non-employees):				
a Management				
b Legal	1,913.	411.	1,502.	
c Accounting	35,689.	16,341.	19,348.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	30,439.	30,439.		
g Other	16,606.	8,469.	8,137.	
12 Advertising and promotion	13,799.	10,472.	1,417.	1,910.
13 Office expenses	17,364.	5,323.	8,298.	3,743.
14 Information technology				
15 Royalties				
16 Occupancy	48,600.	24,159.	20,718.	3,723.
17 Travel	4,332.	2,677.	953.	702.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,920.	2,239.	1,539.	142.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,977.	1,977.	1,695.	305.
23 Insurance	2,933.	1,458.	1,250.	225.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FUND PROJECT EXPENSES	28,011.	28,011.		
b EQUIPMENT RENTAL AND MA	8,052.	4,004.	3,431.	617.
c DUES AND SUBSCRIPTIONS	3,837.	1,601.	1,650.	586.
d WRITE-OFF OF PROMISES T	3,522.		3,522.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,372,223.	1,149,864.	178,611.	43,748.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,960.	1	1,391.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,522.	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,953.	9	2,186.
	10a	Land, buildings, and equipment: cost basis 10a 40,011.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 35,810.	6,678.	10c	4,201.
	11	Investments - publicly traded securities	15,659,657.	11	14,543,235.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,678,770.	16	14,551,013.
Liabilities	17	Accounts payable and accrued expenses	34,945.	17	30,758.
	18	Grants payable	1,000.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	5,024,821.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	35,945.	26	5,055,579.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	272,598.	27	-1,231,828.
	28	Temporarily restricted net assets	2,320,312.	28	2,027,463.
	29	Permanently restricted net assets	13,049,915.	29	8,699,799.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,642,825.	33	9,495,434.
	34	Total liabilities and net assets/fund balances	15,678,770.	34	14,551,013.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2026350.	2469812.	6071699.	3277434.	1392641.	15237936.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	2026350.	2469812.	6071699.	3277434.	1392641.	15237936.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3883602.
6 **Public Support.** Subtract line 5 from line 4						11354334.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2026350.	2469812.	6071699.	3277434.	1392641.	15237936.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	184,403.	270,044.	401,367.	477,517.	276,791.	1610122.
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 IV.)						
11 **Total support.** Add lines 7 through 10						16848058.

12 Gross receipts from related activities, etc. (see instructions)	12	324,689.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	67.39 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.68 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	81	
2	Aggregate contributions to (during year)	392,027.	
3	Aggregate grants from (during year)	396,427.	
4	Aggregate value at end of year	3,549,256.	

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? [X] Yes [ ] No

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

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

- [ ] Preservation of land for public use (e.g., recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

2 Complete lines 2a-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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	8,105,662.				
b	Contributions	537,079.				
c	Investment earnings or losses	-1152804.				
d	Grants or scholarships	131,137.				
e	Other expenditures for facilities and programs					
f	Administrative expenses	107,351.				
g	End of year balance	7,251,449.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		40,011.	35,810.	4,201.
e Other				0.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	4,201.

Schedule D (Form 990) 2008

832052
12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,706,453.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,372,223.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	334,230.
4	Net unrealized gains (losses) on investments	4	-1,345,317.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,136,304.
9	Total adjustments (net). Add lines 4-8	9	-6,481,621.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,147,391.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	376,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-1,345,317.		
b	Donated services and use of facilities	2b	14,898.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-1,330,419.
3	Subtract line 2e from line 1			3	1,706,453.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	1,706,453.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,387,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	14,898.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	14,898.
3	Subtract line 2e from line 1			3	1,372,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	1,372,223.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, LINE 4: THE FOUNDATIONS ENDOWMENTS CONSIST OF FUNDS ESTABLISHED TO PROVIDE PROGRAM SUPPORT SUCH AS ARTS, MUSIC, AND SCIENCE AS WELL AS GENERAL OPERATIONS.

PART X: IT IS THE POLICY OF THE FOUNDATION, IN ACCORDANCE WITH FASB INTERPRETATION NO. 48 (FIN 48) ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO ASSESS ANY UNCERTAIN TAX POSITIONS AND, IF NECESSARY, RECORD A TAX ASSET OR LIABILITY, AND THE RELATED INCOME TAX EXPENSE, FOR ANY

Part XIV Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS. THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR UNRELATED BUSINESS INCOME.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRIOR YEAR BALANCE OF FUNDS HELD AS AGENT. SEE SCHEDULE O. : -5136304.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 WORKSHOPS (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	44,684.	32,389.	16,275.	93,348.
	2 Less Charitable contributions	21,212.	16,250.		37,462.
	3 Gross revenue (line 1 minus line 2)	23,472.	16,139.	16,275.	55,886.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,727.	2,587.		11,314.
	7 Other direct expenses	9,344.	17,147.	14,095.	40,586.
	8 Direct expense summary. Add lines 4 through 7 in column (d)			▶	(51,900.)
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	3,986.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
9a	a Is the organization licensed to operate gaming activities in each of these states?		
	b If "No," Explain		
10a	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
	b If "Yes," Explain		
11	11 Does the organization operate gaming activities with nonmembers?		
12	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 342 5TH AVENUE NORTH BAYPORT, MN 55003	41-0990619	501(C)3	10,000.	0.			FLOOD RELIEF
ARCOLA MILLS HISTORIC FOUNDATION 12905 ARCOLA TRAIL NORTH STILLWATER, MN 55082	41-1724662	501(C)3	5,000.	0.			GENERAL OPERATING
BETHEL LUTHERAN CHURCH 920 THIRD ST. HUDSON, WI 54016	39-0963084	501(C)3	7,500.	0.			MORTGAGE ASSISTANCE
CHURCH OF ST. MICHAEL 611 SOUTH THIRD STREET STILLWATER, MN 55082	41-0742511	501(C)3	5,200.	0.			GENERAL OPERATING
CHURCH OF ST. MICHAEL 611 SOUTH THIRD STREET STILLWATER, MN 55082	41-0742511	501(C)3	300.	0.			GENERAL OPERATING
CHURCH OF ST. MICHAEL 611 SOUTH THIRD STREET STILLWATER, MN 55082	41-0742511	501(C)3	3,000.	0.			CAPITAL FUND

2 Enter total number of section 501(c)(3) and government organizations ▶ 76.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: STAFF PERFORMS DUE DILIGENCE TO CONFIRM THAT GRANT RECIPIENTS ARE 501(C)(3) ORGANIZATIONS. THEY ARE REVIEWED BY THE GRANTS ADMINISTRATOR, THE PRESIDENT AND THE ACCOUNTANT. WITH COMPETITIVE GRANTS, FINAL REPORT ARE REQUIRED FROM THE RECIPIENTS TO EXPLAIN HOW THE GRANT FUNDS WERE SPENT AND THE RESULTS ACHIEVED WITH THE GRANTS. STAFF FOLLOW UP WITH ALL COMPETITIVE GRANT RECIPIENTS TO GET THESE REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAYTON JUNIOR/SENIOR HIGH SCHOOL P O BOX 130 CLAYTON, WI 54004	39-6001420	501(C)3	5,000.	0.			THE PERCUSSION MOVEMENT: A RESPECTED DRUM LINE
COMMUNITY HOMESTEAD 501 280TH STREET OSCEOLA, WI 54020	39-1856920	501(C)3	10,000.	0.			EQUIP A KITCHEN AT COMMUNITY CENTER
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022		501(C)3	1,050.	0.			GENERAL FUND
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022		501(C)3	825.	0.			JOSHUA FUND
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022		501(C)3	3,000.	0.			GENERAL OPERATING
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022		501(C)3	3,000.	0.			GENERAL OPERATING 2008
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 110 NORTH THIRD STREET - RIVER FALLS, WI 54022	39-6064207	501(C)3	1,000.	0.			COMMUNITY PROGRAMS, SIMPSON HOMELESS SHELTER, HABITAT FOR HUMANITY, FEED MY STARVING CHILDREN
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 110 NORTH THIRD STREET - RIVER FALLS, WI 54022	39-6064207	501(C)3	10,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC PIERCE & ST. CROIX COUNTIES - P O BOX 745 - RIVER FALLS, WI 54022	20-5892220	501(C)3	1,000.	0.			GENERAL OPERATIONS
FREE CLINIC PIERCE & ST. CROIX COUNTIES - P O BOX 745 - RIVER FALLS, WI 54022	20-5892220	501(C)3	5,000.	0.			KINNICKINNIC FREE CLINIC GENERAL OPERATING
HOPE ACADEMY 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)3	5,000.	0.			2008 CONTRIBUTION FOR THE GROWING HOPE CAMPAIGN
HUDSON AREA CHAMBER OF COMMERCE 502 SECOND STREET HUDSON, WI 54016	39-1451032	501(C)3	800.	0.			BIG TOP CHAUTAUQUA
HUDSON AREA CHAMBER OF COMMERCE 502 SECOND STREET HUDSON, WI 54016	39-1451032	501(C)3	5,820.	0.			SPIRIT OF THE ST. CROIX DAYS
HUDSON AREA CHAMBER OF COMMERCE 502 SECOND STREET HUDSON, WI 54016	39-1451032	501(C)3	2,910.	0.			SPIRIT OF ST. CROIX DAYS FESTIVAL
HUDSON HEALTH FOUNDATION, INC. 405 STAGELINE ROAD HUDSON, WI 54016	39-1279567	501(C)3	500.	0.			FOR THE GOLF BENEFIT
HUDSON HEALTH FOUNDATION, INC. 405 STAGELINE ROAD HUDSON, WI 54016	39-1279567	501(C)3	1,000.	0.			ENDOWMENT TO ENSURE LONG TERM CARE

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON HEALTH FOUNDATION, INC. 405 STAGELINE ROAD HUDSON, WI 54016	39-1279567	501(C)3	1,000.	0.			UNRESTRICTED
HUDSON HEALTH FOUNDATION, INC. 405 STAGELINE ROAD HUDSON, WI 54016	39-1279567	501(C)3	2,500.	0.			AL HEIN GOLF TOURNAMENT 2009
KINNICKINNIC HEALTH FOUNDATION KINNICKINNIC FREE CLINIC 558 RIVER HILLS DRIVE - RIVER FALLS, WI 54022	39-1290725	501(C)3	500.	0.			HARVEST MOON BARN DANCE "ACCESS TO CARE"
KINNICKINNIC HEALTH FOUNDATION KINNICKINNIC FREE CLINIC 558 RIVER HILLS DRIVE - RIVER FALLS, WI 54022	39-1290725	501(C)3	5,000.	0.			RIVER FALLS FREE CLINIC
LADDA ACTIVITIES FUND C/O FIRST ST BANK OF BAYPORT 950 NORTH HIGHWAY 95 - BAYPORT, MN 55003		501(C)3	5,600.	0.			BOWLING FOR PERSONS WHO HAVE DISABILITIES
LAKEVIEW FOUNDATION 927 CHURCHILL STREET STILLWATER, MN 55082	41-1386635	501(C)3	1,000.	0.			BEST MEDICINE CAMPAIGN
LAKEVIEW FOUNDATION 927 CHURCHILL STREET STILLWATER, MN 55082	41-1386635	501(C)3	1,000.	0.			BEST MEDICINE CAMPAIGN
LAKEVIEW FOUNDATION 927 CHURCHILL STREET STILLWATER, MN 55082	41-1386635	501(C)3	4,000.	0.			PART OF PLANNED 5 YEAR COMMITMENT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVIEW FOUNDATION 927 CHURCHILL STREET STILLWATER, MN 55082	41-1386635	501(C)3	10,000.	0.			GENERAL OPERATING
MINNESOTA PUBLIC RADIO 480 CEDAR ST. ST. PAUL, MN 55101	41-0953924	501(C)3	1,200.	0.			GENERAL OPERATING
MINNESOTA PUBLIC RADIO 480 CEDAR ST. ST. PAUL, MN 55101	41-0953924	501(C)3	10,000.	0.			GENERAL PROGRAMMING
NORTH PARK UNIVERSITY 3225 WEST FOSTER AVENUE CHICAGO, IL 60625-4895	36-1557840	501(C)3	7,000.	0.			EDUCATIONAL
OPERATION H.E.L.P. 502 COUNTY RD. UU HUDSON, WI 54016	39-1711703	501(C)3	500.	0.			EMERGENCY FAMILY ASSISTANCE - EMPHASIS ON CHILDREN
OPERATION H.E.L.P. 502 COUNTY RD. UU HUDSON, WI 54016	39-1711703	501(C)3	1,500.	0.			GENERAL OPERATING SUPPORT
OPERATION H.E.L.P. 502 COUNTY RD. UU HUDSON, WI 54016	39-1711703	501(C)3	2,000.	0.			GENERAL OPERATING
OPERATION H.E.L.P. 502 COUNTY RD. UU HUDSON, WI 54016	39-1711703	501(C)3	1,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLK COUNTY CHAPTER OF WILD RIVERS HABITAT FOR HUMANITY - PO BOX 163 - AMERY, WI 54001	39-1863020	501(C)3	5,000.	0.			TO SUPPORT THE PURCHASE OF START UP TOOLS AND EQUIPMENT FOR ITS FIRST HABITAT HOME IN SPRING
SALVATION ARMY HEADQUARTERS 2445 PRIOR AVENUE ROSEVILLE, MN 55113	41-0698597	501(C)3	10,000.	0.			FLOOD RELIEF
SALVATION ARMY HEADQUARTERS 2445 PRIOR AVENUE ROSEVILLE, MN 55113	41-0698597	501(C)3	300.	0.			GENERAL OPERATING
SALVATION ARMY/ST. PAUL CITADEL CORPS - 401 WEST 7TH STREET - ST. PAUL, MN 55102		501(C)3	1,000.	0.			PRESCHOOL SCHOLARSHIPS
SALVATION ARMY/ST. PAUL CITADEL CORPS - 401 WEST 7TH STREET - ST. PAUL, MN 55102		501(C)3	22,500.	0.			PRE-SCHOOL SCHOLARSHIPS
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109-2042	23-7417654	501(C)3	500.	0.			SUPPORT FOR STOCKING ST. CROIX VALLEY AREA FOOD PANTRIES
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109-2042	23-7417654	501(C)3	5,000.	0.			TO PURCHASE FOOD SUPPLIES
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109-2042	23-7417654	501(C)3	5,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARING & CARING HANDS INC. 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501(C)3	5,000.	0.			GENERAL OPERATING
SIMPSON HOUSING SERVICES 2100 PILLSBURY AVE. SOUTH MINNEAPOLIS, MN 55404	41-1759477	501(C)3	5,000.	0.			GENERAL OPERATING SERVICES
ST. ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501(C)3	5,000.	0.			OUTREACH MISSION AND PROGRAMS
ST. BRIDGET'S CATHOLIC CHURCH 211 EAST DIVISION STREET PO BOX 86 RIVER FALLS, WI 54022	39-0831699	501(C)3	2,500.	0.			SHARING THE VISION - CAPITAL CAMPAIGN
ST. BRIDGET'S CATHOLIC CHURCH 211 EAST DIVISION STREET PO BOX 86 RIVER FALLS, WI 54022	39-0831699	501(C)3	2,500.	0.			CAPITAL CAMPAIGN/ GENERAL OPERATING
ST. CROIX CATHOLIC SCHOOL 621 SOUTH THIRD ST. STILLWATER, MN 55082	41-1731931	501(C)3	1,800.	0.			WEST AFRICAN DRUMMING DAY
ST. CROIX CATHOLIC SCHOOL 621 SOUTH THIRD ST. STILLWATER, MN 55082	41-1731931	501(C)3	6,000.	0.			GENERAL OPERATING
ST. CROIX VALLEY SART, INC. 1343 NORTH MAIN STREET RIVER FALLS, WI 54022	39-1983516	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CROIX VALLEY SART, INC. 1343 NORTH MAIN STREET RIVER FALLS, WI 54022	39-1983516	501(C)3	2,500.	0.			FORENSIC TRAINING FOR 4 NURSES
ST. CROIX VALLEY SART, INC. 1343 NORTH MAIN STREET RIVER FALLS, WI 54022	39-1983516	501(C)3	1,000.	0.			OPERATING EXPENSES
ST. CROIX VALLEY SART, INC. 1343 NORTH MAIN STREET RIVER FALLS, WI 54022	39-1983516	501(C)3	1,000.	0.			GENERAL OPERATIONS
ST. PAUL LUTHERAN CHURCH 609 SOUTH 5TH STREET STILLWATER, MN 55082	41-0988378	501(C)3	10,000.	0.			GENERAL OPERATING
ST. PAUL LUTHERAN CHURCH 609 SOUTH 5TH STREET STILLWATER, MN 55082	41-0988378	501(C)3	25,000.	0.			BUILDING FUND ACCOUNT
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)3	1,500.	0.			WHAT WE NEED IS HERE ARTISTS SEMINARS AND EXHIBITS
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)3	250.	0.			GENERAL FUND RAISER
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)3	1,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)3	1,750.	0.			MARINE BENCH
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)3	500.	0.			GENERAL OPERATING
THE RETREAT 1221 WAYZATA BLVD. EAST WAYZATA, MN 55391	41-1701950	501(C)3	5,000.	0.			DONATION FOR UNRESTRICTED PURPOSES TO SPONSOR STEP 9 ON THE RETREAT SPIRITUAL PATH
TOWN OF CABLE P. O. BOX 476 CABLE, WI 54821	39-6008077	501(C)3	5,000.	0.			BIG BROOK CULVERT PROJECT
TRINITY LUTHERAN CHURCH 115 NORTH FOURTH STREET STILLWATER, MN 55082	41-0757885	501(C)3	5,000.	0.			GENERAL OPERATIONS
TWIN CITIES PUBLIC TELEVISION 172 EAST FOURTH STREET ST. PAUL, MN 55101	41-0769851	501(C)3	300.	0.			GENERAL OPERATIONS
TWIN CITIES PUBLIC TELEVISION 172 EAST FOURTH STREET ST. PAUL, MN 55101	41-0769851	501(C)3	200.	0.			GENERAL OPERATION
TWIN CITIES PUBLIC TELEVISION 172 EAST FOURTH STREET ST. PAUL, MN 55101	41-0769851	501(C)3	5,000.	0.			MINNESOTA NATIONAL PARKS DOCUMENTARY

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. CROIX VALLEY FOUNDATION

Employer identification number
41-1817315

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES PUBLIC TELEVISION 172 EAST FOURTH STREET ST. PAUL, MN 55101	41-0769851	501(C)3	1,200.	0.			GENERAL OPERATING
UNITED WAY OF WASHINGTON COUNTY - EAST - P. O. BOX 305 - STILLWATER, MN 55082	41-0855267	501(C)3	6,000.	0.			GENERAL OPERATING
UNITED WAY OF WASHINGTON COUNTY - EAST - P. O. BOX 305 - STILLWATER, MN 55082	41-0855267	501(C)3	3,000.	0.			GENERAL OPERATING FUND
UNITED WAY OF WASHINGTON COUNTY - EAST - P. O. BOX 305 - STILLWATER, MN 55082	41-0855267	501(C)3	1,300.	0.			ANNUAL CAMPAIGN FUND
UNITED WAY OF WASHINGTON COUNTY - EAST - P. O. BOX 305 - STILLWATER, MN 55082	41-0855267	501(C)3	680.	0.			GENERAL OPERATING
WEST WISCONSIN LAND TRUST 500 EAST MAIN ST, SUITE 307 MENOMONIE, WI 54751	39-1618389	501(C)3	70,000.	0.			ENHANCING PROTECTION OF THE ST. CROIX YEAR 2

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

Part IV Supplemental Information

POLK COUNTY CHAPTER OF WILD RIVERS HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF START UP TOOLS AND EQUIPMENT FOR ITS FIRST HABITAT HOME IN SPRING 2009

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	6	97,408.	
10	Securities - Closely held stock	X	1	30,092.	
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

SCHEDULE M, LINE 32B: ALL STOCK DONATIONS ARE RECEIVED IN AN FOUNDATION INVESTMENT ACCOUNT ADMINISTERED BY A THIRD PARTY. ALL STOCK DONATIONS ARE SOLD UPON RECEIPT.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. CROIX VALLEY FOUNDATION

Employer identification number: 41-1817315

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

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

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

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. CROIX VALLEY FOUNDATION

Employer identification number: 41-1817315

TO ESTABLISH A FUND WITH THE FOUNDATION.

EXPENSES $ 17756. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION HAS CHANGED ITS NAME FROM ST. CROIX VALLEY COMMUNITY FOUNDATION TO ST. CROIX VALLEY FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 RETURN IS PRESENTED TO THE BOARD OF DIRECTORS AND OUR TREASURER. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVEIWED AND DISCUSSED ANNUALLY BEFORE THE BOARD MEMBERS SIGN THE CONFLICT OF INTEREST FORM AND DISCLOSE ANY CONFLICTS THEY MAY HAVE. CONFLICTS, IF ANY, ARE MONITORED BY MANAGEMENT THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION BOARD PERIODICALLY REVIEWS THE JOB DESCRIPTION OF THE PRESIDENT AND EVALUATES HIS/HER PERFORMANCE ON A REGULAR BASIS.

COMPENSATION OF THE PRESIDENT IS SET AND APPROVED BY THE FULL BOARD, THE EXECUTIVE OR THE AUDIT COMMITTEE.

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

THE RESPONSIBLE COMMITTEE WILL REPORT FULLY TO THE ENTIRE BOARD.

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

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

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

THE DOCUMENTATION WILL INCLUDE:

- THE TERMS OF THE TRANSACTION AND THE DATE IT WAS APPROVED.
- THE MEMBERS OF THE COMMITTEE WHO DISCUSSED THE COMPENSATION AND THE NAME OF THE MEMBERS WHO APPROVED IT.
- THE COMPARABILITY DATA USED, AND HOW IT WAS OBTAINED.
- THE ACTION TAKEN TO CONSIDER THOSE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT

THE FOUNDATION HAS NOT CHANGED ITS PRACTICES FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

FORM 990, PART V, LINE 7, FILING FORM 8899 AND 1098-C

THE FOUNDATION DID NOT RECEIVE ANY CONTRIBUTIONS DURING THE YEAR FOR QUALIFIED INTELLECTUAL PROPERTY OR VEHICLES OF ANY TYPE.

FORM 990, PART XI, LINE 8

OTHER ADJUSTMENT

THE ADJUSTMENT IS THE AMOUNT OF FUNDS HELD AS AGENT AT JUNE 30, 2008. THIS AMOUNT WAS PREVIOUSLY REPORTED AS NET ASSETS OF THE FOUNDATION RATHER THAN AS A LIABILITY.

ST. CROIX VALLEY COMMUNITY FOUNDATION

RESOLUTION TO AMEND THE FOUNDATION'S ARTICLES OF INCORPORATION: A CHANGE OF THE NAME OF THE FOUNDATION

WHEREAS Article XII of The Articles of Incorporation of the Foundation allows amendments to the Articles by a 2/3 (two thirds) vote of the members of the Board at a duly called meeting of the Board of Directors; and

WHEREAS the Board of Directors voted to change the name of the Foundation to the "St. Croix Valley Foundation" at the May 12, 2009 meeting of the Board;

HEREBY BE IT RESOLVED that the Articles of Incorporation be amended to show the name of the Foundation is changed to the St. Croix Valley Foundation effective at the July 14, 2009 meeting of the Board

David L. Wettergren — 7-14-09

David L. Wettergren, Chair — **Date**

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
SEP 09 2009
Mark Ritchie
Secretary of State

St. Croix Valley Foundation 41-1817315 Form 990. Line B

Business Services
60 Empire Drive, Suite 100
Saint Paul, MN 55103

Mark Ritchie
Secretary of State

1M-677

Office of the Secretary of State
Packing Slip

September 9, 2009

ST CROIX VALLEY COMMUNITY FOUNDATION
To Whom It May Concern
516 2ND STR
SUITE 214
HUDSON, WI 54016

Client Account Number: 74769912
Batch Number: 3483795

Document Number	Document Detail	Filing Number	Fee
34837950002	NP Amendment (ST CROIX VALLEY COMM)		35.00
		Total Fees	**$35.00**

Payment Type Received	Payment Reference Number	Amount Paid
Check	7406	35.00
	Total Payments Received	$35.00

Any overage amount on account with our agency will be refunded after 60 days if not used.

Visit our online services web page to discover timesaving, electronic methods of doing business! www.online.sos.state.mn.us

IM-677. NPCN

34837950002

STATE OF MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **Type or print in black ink.**
2. **There is a $35.00 fee** payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

St. Croix Valley Community Foundation

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days **after** filing with the Secretary of State.

_____
Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE _____

Attached

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

_____
(Signature of Authorized Person)

Name and telephone number of contact person: Margi Miller (715) 386 9490
Please print legibly

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us , or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

ST. CROIX VALLEY COMMUNITY FOUNDATION

RESOLUTION TO AMEND THE FOUNDATION'S ARTICLES OF INCORPORATION: A CHANGE OF THE NAME OF THE FOUNDATION

WHEREAS Article XII of The Articles of Incorporation of the Foundation allows amendments to the Articles by a 2/3 (two thirds) vote of the members of the Board at a duly called meeting of the Board of Directors; and

WHEREAS the Board of Directors voted to change the name of the Foundation to the "St. Croix Valley Foundation" at the May 12, 2009 meeting of the Board;

HEREBY BE IT RESOLVED that the Articles of Incorporation be amended to show the name of the Foundation is changed to the St. Croix Valley Foundation effective at the July 14, 2009 meeting of the Board

David L. Wettergren — 7-14-09

David L. Wettergren, Chair — **Date**

Chaps. 179, 180,
181, 183 & 185,
Wis. Stats.

State of Wisconsin
Department of Financial Institutions
Division of Corporate and Consumer Services

NAME RESERVATION APPLICATION

I. I hereby apply to reserve the name

St. Croix Valley Foundation
(Refer to instructions for required words)

under the authority and for the term indicated below:

		TERM	FEE *
☐	Domestic and foreign business corporations, limited liability companies, and cooperatives *(Chaps. 180, 183, & 185, Wis. Stats.)*	120 days	$ 15.00
☑	Domestic and foreign nonstock, including nonprofit, corporations *(Ch. 181, Wis. Stats.)*	120 days	$ 10.00
☐	Domestic and foreign limited partnerships *(Ch. 179, Wis. Stats.)*	60 days	$ 10.00

* The fee is for processing the application and reserving the name, if it is available. If the name is not available, you will receive notice of the reason why it is not available, which constitutes completion of the application process. **Fee is non-refundable**. See "Caution" under Instructions on page 2.

This name reservation may be used only for an organization formed under the same statutory authority under which the name is reserved.

Print applicant's full name and address:

St. Croix Valley Foundation
516 Second Street, Suite 214
Hudson WI 54016

Date: _____ _____
(signature)

Title: ☐ Applicant or _____ Jane Hetland Stevenson
(printed name)

See reverse for instructions, suggestions, filing fees and procedures.

5/6

NAME RESERVATION APPLICATION

Γ

L

▲ Your **name, return address** and **phone number** during the day: (715) 386-9490

INSTRUCTIONS

Submit one original and one exact copy to Department of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with the appropriate **FILING FEE** , payable to the department. Filing fee is **non-refundable.** (If sent by Express or Priority U.S. mail, address to 345 W. Washington Ave., 3rd Floor, Madison WI, 53703). Sign the document manually or otherwise as allowed under sec. 179.14(1g)(c), 180.0103(16), 181.0103(23) or 183.0107(1g)(c). **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TDY.

CAUTION: The filing fee for this application is non-refundable and due upon submission even if the name applied for is not available for reservation. If the name applied for is not available, you will be advised of the conflict and your application may result in a name not being reserved. To minimize encountering a conflict, researching names at www.wdfi.org before submitting your application. To search information on-line, select "Corporations," next "Corporate Registration Information System" and then "CRIS Records Search."

REQUIRED WORDS IN A NAME
Under Ch. 179 – Name must contain, without abbreviation, the words "limited partnership".
Under Chs. 180 and 181 – Name must contain the word "corporation", "incorporated", "company", "limited", or the abbreviation "corp.", "inc.", "co.", "ltd.", or words or abbreviations of like import in another language. If a service corporation under sec. 180.1903, must end with the word "chartered" or "limited", or the words "service corporation", or the abbreviation "ltd." or "S.C.".
Under Ch. 183 – Name must contain the words "limited liability company", "limited liability co." or end with "LLC" or "L.L.C.".
Under Ch. 185 – Must contain the word "cooperative" or an abbreviation of that word.

LONG TERM NAME RESERVATION (sec. 180.0403(2) or 181.0403(2), Wis. Stats.)
This form may be modified to make application for a long term name reservation (not more than 10 years). A domestic corporation may, upon change of name, merger or voluntary dissolution, or a foreign corporation upon change of name, apply to reserve its old name for a period of not more than ten years. The application must be submitted for filing simultaneous with the document affecting the name change, dissolution or merger. Modify this form by striking out the printed term and fee and substitute

(for Ch. 180 and 185), add "under sec. 180.0403(2), Wis. Stats. **Term** – Ten Years **Fee** - $50.00
(for Ch. 181), add "under sec. 181.0403(2), Wis. Stats." **Term** – Ten Years **Fee** - $25.00

On long term name reservations, the corporation itself must be listed as the applicant. The corporation holding a long term name reservation may subsequently assign that reservation to another party by filing a notice of transfer with the department. Fee for notice of transfer of name reservation is $10.00.

6/6

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	ST. CROIX VALLEY FOUNDATION	41-1817315
	Number, street, and room or suite no If a P.O. box, see instructions. 516 SECOND STREET, NO. 214	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HUDSON, WI 54016	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MARGI MILLER 516 SECOND STREET, NO. 214 - HUDSON, WI 54016
  Telephone No. ▶ (715) 386-9490 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev 4-2009)

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05-26-09