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Form 990-EZ

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization St Croix Economic Development Corporation	D Employer identification number 39-1758489
Number and street (or P O box, if mail is not delivered to street address) 1101 Carmichael Road	E Telephone number (715) 381-4383
City or town, state or country, and ZIP + 4 Hudson, WI 54016	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____

I Website: ► N/A

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 159,792

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	107,678
2 Program service revenue including government fees and contracts	2	7,080
3 Membership dues and assessments	3	43,815
4 Investment income	4	1,219
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	0
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	159,792
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	122,023
13 Professional fees and other payments to independent contractors	13	4,000
14 Occupancy, rent, utilities, and maintenance	14	3,264
15 Printing, publications, postage, and shipping	15	4,618
16 Other expenses (describe in Schedule O)	16	24,488
17 Total expenses. Add lines 10 through 16	17	158,393
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,399
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	101,970
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,369

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)

(A) Beginning of year	(B) End of year	
119,944	22	130,928
4,833	23	4,499
9,588	24	2,329
134,365	25	137,756
32,395	26	34,387
101,970	27	103,369

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

To promote economic development, which shall include industrial and commercial development, job creation and retention and job training To provide direction and coordination to development To assist towns, villages, cities and other organizations with financing and permit applications for economic development To research available resources and create and maintain a central source of information and assistance to support economic development To maintain contact and cooperate with public agencies and private organizations which promote economic development

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Prospect development (Grants \$ 24,960)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Retention (Grants \$ 24,341)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Promotion (Grants \$ 56,705)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 106,006

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

0

b Gross receipts, included on line 9, for public use of club facilities

0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization ► _____

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

► **40e** No

41 List the states with which a copy of this return is filed ► **WI**

42a The organization's books are in care of ► **Jackie Bradham** Telephone no ► **(715) 381-4383**

1101 Carmichael Rd

Located at ► **HUDSON, WI**

ZIP + 4 ► **54016**

b 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)?

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.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33		No
34		No
35a		No
35b		
36		No
37b		No
38a		No
38b		
39a	0	
39b	0	
40b		
40e		No
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		No

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45a	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

<p>50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".</p>				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 Thomas Schumacher President Type or print name and title	2011-05-11 Date		
Paid Preparer's Use Only	Preparer's signature JASON ZAHRADKA	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GUINN VINOPAL & ZAHRADKA LLP 110 E 3RD ST NEW RICHMOND, WI 54017			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (715) 246-6976

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**St Croix Economic Development
Corporation**Employer identification number**

39-1758489

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$23972 Deferred Revenue - Ending \$26226

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$8423 Accounts Payable and Accrued Expenses - Ending \$8161

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$1557 Prepaid Expenses and Deferred Charges - Ending \$1579

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$7858 Accounts Receivable - Ending \$750

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$173 Machinery and Equipment - Ending \$0

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Miscellaneous \$-197

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	BANK CHARGES \$137

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Computer supplies & software are \$204

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Grants \$250

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	License & fees \$259

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Director expense \$338

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Service fees \$413

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Copying \$848

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Professional associations \$848

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Meals & entertainment \$1227

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Business of the year \$2135

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Mileage \$3758

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1950

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$507

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$929

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$511

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$10371

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 39-1758489
Name: St Croix Economic Development Corporation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RYAN SICARD 314 CEDAR ST PO BOX 237 SOMERSET, WI 54025	1ST VICE PRES 0	0		
William Rubin 800 Woodcrest Dr N Hudson, WI 54016	Exec Director 40 00	80,840		
GREGG KNAPP 8665 HUDSON BLVD N STE 200 LAKE ELMO, MN 55042	Director 1 00	0		
Jeremy Price 2424 MONTERAY BLVD STE 209 Hudson, WI 54016	Director 1 00	0		
Thomas Schumacher 900 main Street Baldwin, WI 54002	President 1 00	0		
LISA KNUTSON 1190 CURTIS STREET BALDWIN, WI 54002	Director 1 00	0		
DAWN HAKAI 709 LAKE VIEW ECHO WOODBURY, MN 55129	Director 1 00	0		
ROGER HUMPHREY 2211 ONEIL RD HUDSON, WI 54016	2ND VICE PRES 1 00	0		
Nick Vivian 1412 143rd Street New Richmond, WI 54017	Director 1 00	0		
FREDERICK HORNE 215 N 3RD STREET NEW RICHMOND, WI 54017	Director 1 00	0		
SCOTT WAGNER 104 MAPLE STREET W AMERY, WI 54001	Director 1 00	0		
STEVEN HERMSEN 813 HARBOR VIEW RD HUDSON, WI 54016	Director 1 00	0		
Patti Robertson 1601 Maxwell Drive Hudson, WI 54016	PAST PRESIDENT 1 00	0		
PAUL SCHWEBACH PO BOX 339 RIVER FALLS, WI 54022	Director 1 00	0		
GEORGE HAUSER 1331 RIVER RIDGE RD RIVER FALLS, WI 54022	Director 1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARIAN FURLONG 405 STAGELINE ROAD HUDSON, WI 54016	SEC/TREASURER 1 00	0		
SHARON NORTON-BAUMAN 1150 FRONT STREET S HUDSON, WI 54016	Director 1 00	0		
GREG GERARD 387 CEDAR COURT HUDSON, WI 54016	Director 1 00	0		
MICHELLE ERDMAN 710 6TH AVE BALDWIN, WI 54002	Director 1 00	0		
MARK CASEY PO BOX 89 NEW RICHMOND, WI 54017	Director 1 00	0		