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## Form **990-PF**

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0052

2012

For cale	endar year 2012, or tax year beginning	, 2012	, and ending	,	
	CROIX VALLEY RECREATION FOUN	DATION		Employer identification nu 16-1767386	
	ATES LANE INSTON, ME 04671			Telephone number (see the (925) 385-20	
				If exemption application is	pending, check here 🕨 🗌
G Che	ck all that apply. Initial return	Initial return of a form	ner public charity	1 Foreign organizations, che	ck here ►
	Final return Address change	Amended return Name change		2 Foreign organizations mee	ting the 85% test, check
H C	heck type of organization. X Section 501	(c)(3) exempt private f		here and attach computati	on •
I Fa	Section 4947(a)(1) nonexempt charitable to ir market value of all assets at end of year    J Acc	rust Other taxable pounting method XC		If private foundation statu under section 507(b)(1)(A	
	rom Part II, column (c), line 16)	Other (specify)	[] 	F If the foundation is in a 60	
P \$	897, 653. (Part 7,	column (d) must be or	cash basis)	under section 507(b)(1)(B	
Part	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	experieds per seems			purposes (cash basis only)
	(see instructions))  Contributions, gifts, grants, etc, received (att sch)		<del></del>	<u> </u>	,
	2 Ck ► X if the foundn is not req to att Sch B	, ,			
	3 Interest on savings and temporary cash investments	1.	1	N/A	
	4 Dividends and interest from securities	17,989.	17,989	0.	
	<b>5 a</b> Gross rents <b>b</b> Net rental income or (loss)			<del></del>	
Ŗ	6 a Net gain/(loss) from sale of assets not on line 10	-1,543.		-	
R E > E N	assets on line 6a  Capital gain net income (from Part IV, line 2)	. ,			
N	8 Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·	- ·
IJ	9 Income modifications 10 a Gross sales less returns and		11.11	<del></del>	
	allowances b Less Cost of		,		
	goods sold c Gross profit/(loss) (att sch)	•		-	
	11 Other income (attach schedule)			+	,
	12 Total. Add lines 1 through 11	16,447.	17,990	,	
	Compensation of officers, directors, trustees, etc	16,447.	17,990	·	
	14 Other employee salaries and wages				
Δ	15 Pension plans, employee benefits 16a Legal fees (attach schedule) SEE ST 1	718.		<del> </del>	718.
A D M	b Accounting fees (attach sch) SEE ST. 2	5,612.			5,612.
0 N	c Other prof fees (attach sch)			+	
PS	18 Taxes (attach schedule)(see instrs).				
O P E R A T L	-19 - Depre <u>ciation</u> (attach				
NGVE	Sch) and depletion  20 Occupancy				
3 A E	21 Travel, conferences, and meetings 22 Rrinting and publications				
AZD AZD WZ	22. Ryinting and publications 23 Other experts (3 (attach) schedule)	21 704	1 560	,	0.027
N S	SEE STATEMENT 3  24 Total operating and administrative	21,704.	1,562		9,037.
NOV 25 425 ON	expenses. Add lines 13 through 23	28,034.	1,562	2.	15,367. 198,675.
	26 Total expenses and disbursements.	198,675.			
SCANNED	Add lines 24 and 25  27 Subtract line 26 from line 12:	226,709.	1,562	2.	214,042.
Z	a Excess of revenue over expenses	212 252			
ప్రే	and disbursements  b Net investment income (if negative, enter -0-)	-210,262.	16,428	<del> </del>	
		`			
BAA F	or Paperwork Reduction Act Notice, see ins	tructions.	Т	EEA0504L 12/23/12	Form 990-PF (2012)

4 884,269. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 5 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 884,269. 6

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)			b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)	
			U — Donation		<del> </del>	
1a' SEE STATEMENT 6				<u> </u>		
	• • • • • • • • • • • • • • • • • • • •					
c						
<del></del>				<u> </u>		
e (e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or	(loss)	
(e) Gloss sales price	(or allowable)	plus expense of sale		(e) plus (f) m		
a						
b						
c						
d		·				
e						
Complete only for assets show	ving gain in column (h) and owned by t			(I) Gains (Col	umn (h)	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i over column (j), if any	th	jain minus column (k an -0-) or Losses (fi		
а						
b						
С						
d						
е						
2 Capital gain net income or (ne	et capital loss) — If gain, also e	enter in Part I, line 7 ir -0- in Part I, line 7	2		-1,543.	
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) a	and (6):				
If gain, also enter in Part I, Iir in Part I, line 8	ne 8, column (c) (see instructions). If (l	oss), enter -0-	3		-1,543.	
	r Section 4940(e) for Reduced	Tax on Net Investmen	nt Income	<u> </u>		
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable amo	plete this part		Yes	X No	
1 Enter the appropriate amount	in each column for each year; see the	instructions before making	any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ts (col	<b>(d)</b> Distribution umn (b) divided		
2011	106,125.	1,195	.888.		0.088742	
2010	159,280.		,002.		0.186729	
2009	304,622.		, 262.		0.331738	
2008	260,134.	1,312			0.198194	
2007	178,738.	1,683			0.106192	
	1.07.00.1	2,000	· · · - · · · · · · · · · · · · · · · ·			
2 Total of line 1, column (d)			2		0.911595	
3 Average distribution ratio for the number of years the foundation	the 5-year base period — divide the toto on has been in existence if less than 5	al on line 2 by 5, or by the years	3		0.182319	
4 Enter the net value of noncha	ritable-use assets for 2012 from Part X	(, line 5	4		973,377.	
5 Multiply line 4 by line 3			5		177,465.	
6 Enter 1% of net investment in	scome (1% of Part I, line 27b)		6		164.	
7 Add lines 5 and 6			7		177,629.	
8 Enter qualifying distributions to	from Part XII, line 4		8		214,042.	
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI, li	ine 1b, and complete that pa	art using a 1%	6 tax rate See t		
				Earr	n <b>990-PF</b> (2012)	

Form <b>Par</b>	990-PF (2012) ST. CROIX VALLEY RECREATION FOUNDATION 16-1767386		F	Page <b>4</b>
		15)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	<u>-</u>		
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,			164.
	check here ► X and enter 1% of Part I, line 27b			1
c	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			التاحد
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			164.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			164.
6	Credits/Payments ,			.
а	2012 estimated tax pmts and 2011 overpayment credited to 2012 .   6 a   8 4 7 .			. }
b	Exempt foreign organizations — tax withheld at source 6 b		-	j
c	: Tax paid with application for extension of time to file (Form 8868)		•	, i
c	Backup withholding erroneously withheld . 6d			
7	Total credits and payments Add lines 6a through 6d	-		347.
8	Enter any penalty for underpayment of estimated tax. Check here   If Form 2220 is attached   8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .			583.
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax 683. Refunded 111			0.
	t VII-A   Statements Regarding Activities			<del></del>
			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 в		x
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			. 1
	Did the foundation file Form 1120-POL for this year?	1 1 c		- x3
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<del>- ' '</del>	<del> </del>	<u> </u>
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0.	-	ŀ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1		
	foundation managers • \$0.		-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If 'Yes,' attach a detailed description of the activities	,	-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	٠,	x :
4.	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		_
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	NT.	X/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	IN	_
3	If 'Yes,' attach the statement required by General Instruction T	<del>  </del>		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
0	By language in the governing instrument, or			
	by language in the governing institution, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6	Х	
7	The same of the sa	7	X	
	a Enter the states to which the foundation reports or with which it is registered (see instructions)	$\vdash$		
	ME			
t	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G<sup>2</sup> If 'No,' attach explanation</i>	8ь	Х	
_				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	. 9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		x

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Yes X No

N/A

Х

4a

| **4 b** | X Form **990-PF** (2012)

3 a Did the foundation hold more than a 2% direct or indirect interest in any business

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)

enterprise at any time during the year?

charitable purposes?

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the tax year beginning in 2012?

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Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu	r any amount to				- 1
'(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No	İ
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?.	4955), or to carry	Yes X	1 1	
(3) Provide a grant to an individual for travel,			Yes X	No	·
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2) <sup>7</sup> (see instru	ictions)	Yes X	No	,   . ]
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children (	, literary, or or animals?	Yes X	No -	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	a current notice regard	ling disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ []		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No	1
If 'Yes,' attach the statement required by Regi	ulations section 53 4945	5-5(d)			3
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	• •		∐Yes [X	1, [ -	اد ا
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	<u> X</u>
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	tation a party to a prob	ibited tax shelter transa	iction? Yes X	No	
b If 'Yes,' did the foundation receive any procee				/A 7b	-  '
Part VIII Information About Officers, D				'/	
and Contractors	,	•			
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(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 and deferred compensation	(e) Expense other allo	
SIDNEY R. UNOBSKEY	PRESIDENT	0.	0.		0.
2770 GREEN ST.	10.00				
SAN FRANCISCO, CA 94123					
NANCY G. UNOBSKEY 2770 GREEN ST.	VICE PRESIDE 2.00	0.	0.		0.
SAN FRANCISCO, CA 94123					
HARRY K. EISENBERG	TREASURER	0.	0.		0.
1232 MONTICELLO RD.	1.00				
LAFAYETTE, CA 94549					
	:				
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE.		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
NONE					
		· · · · · ·			
		l			0
Total number of other employees paid over \$50,00	TFFA0306L 1	2/25/12		Form <b>990-P</b>	

Part VIII   Informat	C. CROIX VALLEY RECREATION FOUNDATION tion About Officers, Directors, Trustees, Found attractors (continued)	16−17 ation Managers, Highly Paid I	
3 'Five highest-paid	ndependent contractors for professional services (see in	structions). If none, enter 'NONE.'	
(a) Name and a	address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
— <del></del>		<del></del>	
			<del> </del>
			-
Total number of others r	eceiving over \$50,000 for professional services	-	0
Part IX-A Summar	y of Direct Charitable Activities		<del></del>
List the foundation's four large organizations and other benefic	st direct charitable activities during the tax year. Include relevant statistical iaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 FUNDING OF	STANFORD EDUCATION PROGRAM FOR GIFT Y	OUTH IN CALAIS, ME	
			3,559.
	N TO HELP MAINTAIN SWIMMING POOL HOUS	E GOUNDS A THE PUBLIC	
POOL OWNED I	BY THE CITY OF CALAIS MAINE.		
			2,000.
3			
4		<del></del>	
4			
Part IX-B Summar	y of Program-Related Investments (see Instruc	tions)	<u> </u>
Describe the two largest of	program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1	rogram related investments made by the roundation during the	tax year of fines 7 and 2	Alliount
N/A			
2/11			
2	· · · · · · · · · · · · · · · · · · ·		
All other program-relate	ed investments. See instructions.		
3			
Total. Add lines 1 through	yh 3	<b>&gt;</b>	0.
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#### Part XII Qualifying Distributions (see instructions)

Deduction from distributable amount (see instructions)

Add lines 3 and 4

Recoveries of amounts treated as qualifying distributions.

Distributable amount before adjustments. Subtract line 2c from line 1

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	- 1 a	214,042.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
Amounts set aside for specific charitable projects that satisfy the.     a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	214,042.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	164.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	213,878.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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48,505.

48,505

4

5

6

7

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
Distributable amount for 2012 from Part XI, line 7				48,505.
2 Undistributed income, if any, as of the end of 2012:				,
a Enter amount for 2011 only .	, , ,		0.	1
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2012 a From 2007 109.654.	~ .			- [
<b>a</b> From 2007 109, 654. <b>b</b> From 2008 195, 732.		` -		
c From 2009 259, 231.	w / % w/			
d From 2010 117, 252.	<b>'</b> -	,		-
e From 2011 46, 910.		-	•	
f Total of lines 3a through e	728,779.			
4 Qualifying distributions for 2012 from Part	-			ئِ
XII, line 4 ► \$ 214,042.		,		.5
a Applied to 2011, but not more than line 2a	,	,	0.1	* 1
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>	1	0.		. '
c Treated as distributions out of corpus			-	í
(Election required – see instructions)	0.		-	40 505
d Applied to 2012 distributable amount	165 527	, ,	,	48,505.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2012	165,537.	F		0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	÷.	(	, ,	,
				, ,
6 Enter the net total of each column as indicated below:		,		-
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	894,316.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		· · · · · · · · · · · · · · · · · · ·
c Enter the amount of prior years' undistributed income for which a notice of deficiency				·
has been issued, or on which the section		0.		- }
4942(a) tax has been previously assessed.		<u> </u>		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions	ı	-	0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	109,654.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	784,662.			
10 Analysis of line 9				
a Excess from 2008 195, 732.				
b Excess from 2009 259, 231.	-			
c Excess from 2010 117, 252.				
d Excess from 2011 46, 910. e Excess from 2012 165, 537.				
e Excess from 2012 165, 537.	<u> </u>	1	1	Form <b>990-PF</b> (2012)

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Part XIV   Private Operating Founda				<del></del>	N/A
1 a If the foundation has received a ruling or detective for 2012, enter the date of the	ruling	, ,		•	
<b>b</b> Check box to indicate whether the founda		erating foundation de		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a			·- ·- ·		· · · · · ·
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<u></u>
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Information assets at any time during the	ı (Complete this ne year — see in	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Mana					
a List any managers of the foundation who have close of any tax year (but only if they have	ve contributed more the	nan 2% of the total co	entributions received l	by the foundation before	ore the
SEE STATEMENT 7	e continuated more	(liaii \$5,000). (See	section 507 (d)(2) )		
	- 100/	-11			
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the foundation has a 1	Stock of a corporation 0% or greater intere	n (or an equally large est.	portion of the owners	snip of
	0.0.1	landin at B			
2 Information Regarding Contribution, Grace Check here X if the foundation only m requests for funds. If the foundation make	akes contributions to	preselected charitable	e organizations and o		
a The name, address, and telephone number of	or a mail of the norse	n to whom application	e should be address		
a The hame, address, and telephone humber t	or e-mail of the perso	ii to whom application	is siloulu de addressi	, u	
<b>b</b> The form in which applications should be	submitted and info	mation and materia	Is they should inclu	de	- <del></del>
c Any submission deadlines	<del></del>			· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charital	ole fields, kinds of i	nstitutions, or other	factors

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Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year SEE STATEMENT 8 3 a Total 198,675. b Approved for future payment 3 b Total

nter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by s	section 512, 513, or 514	(e)
•	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exemp function income (See instructions
Program service revenue     a			code		
b					
С			_		
d			<del> </del>		
e	-	<del></del>	-		<del></del>
g Fees and contracts from government agencies	<del>                                     </del>		-		
Membership dues and assessments			<del>                                     </del>		
Interest on savings and temporary cash investments			14	1.	
4 Dividends and interest from securities			14	17,989.	
5 Net rental income or (loss) from real estate:	ļ	·		, -	<u> </u>
a Debt-financed property     b Not debt-financed property		<del></del>	16	-10 425	<del> </del>
6 Net rental income or (loss) from personal property	<del></del>		10	-10,435.	
7 Other investment income				7	
8 Gain or (loss) from sales of assets other than inventory			18	-1,543.	
9 Net income or (loss) from special events.		-			
O Gross profit or (loss) from sales of inventory		<del> </del>	<del>                                     </del>		
1 Other revenue:	- '		+	*-	•
а b	+ +				
C	+	<del></del>			
d					
е					
2 Subtotal Add columns (b), (d), and (e)	,		<u> </u>	6,012.	6.01
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat	ions )			13 _	6,01
art XVI-B Relationship of Activities to th	<del></del>	hment of Even	nt Purnose	· · · · · · · · · · · · · · · · · · ·	
ine No. Explain below how each activity for which					u to the
accomplishment of the foundation's exemp	nt purposes (oth	er than by providing	funds for suc	h purposes) (See in	istructions)
N/A					
	-			<del></del>	
		· · · · · · · · · · · · · · · · · · ·			
	<del></del>	<del></del>			
			<del></del>		

# Form 990-PF (2012) ST. CROIX VALLEY RECREATION FOUNDATION 16-1767386 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										<del></del>
1 Did the o	rganization directly	or indirectly e	ngage in any of	the following wi	th any o	ther organization	on_		Yes	No
described relating t	d in section 501(c) o o political organizat	of the Code (of ions?	ther than section	1 501(c)(3) orga	nizations	s) or in section :	527,	ŀ		- }
a Transfers	from the reporting	foundation to	a noncharitable	exempt organiz	ation of					
(1) Cash								1 a (1)		Х
(2) Othe	r assets							1 a (2)		X
<b>b</b> Other tra										:
	s of assets to a non-							1 b (1)		X
` '	hases of assets fron al of facilities, equip		, ,	anization				1 b (2) 1 b (3)		X
	ar or racinities, equip ibursement arranger		1 455615					1 b (3)		X
• •	s or loan guarantee			•				1 b (5)		X
` '	rmance of services		ip or fundraising	solicitations				1 b (6)		X
c Sharing	of facilities, equipme	ent, mailing lis	sts, other assets	, or paid employ	ees			1 c		X
1.16.11						45				<del></del>
d If the ans	swer to any of the al	bove is 'Yes,' vices given by !	complete the to the reporting four	llowing schedule Idation If the fou	e. Colum ndation r	n <b>(b)</b> should alv eceived less thar	vays show the fair r n fair market value in	narket val	ue of	
any trans	saction or sharing ar	rangement, sl	how in column (	d) the value of t	he good:	s, other assets,	or services receive	d		
<del></del>	(b) Amount involved	(c) Name o	of noncharitable exen	npt organization	(d)	Description of tran	isfers, transactions, and	sharing arrai	ngement	ts
I/A		<u> </u>			<u> </u>					
		<del></del>			<del> </del>					
	·	<del> </del>			ļ	<del></del>	<del></del>			
				<del></del>	<del> </del> -					
		ļ			<del>                                     </del>		<del></del>			
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<del></del>										
	1 1 1 21	L			·					
describe	ndation directly or ind d in section 501(c) c	of the Code (of	a with, or related ther than sectior	to, one or more to 501(c)(3)) or tr	ax-exemp n section	ot organizations 1 527?		Yes	X	No
b If 'Yes,'	complete the follows	ng schedule							لنبتا	
(a)	Name of organization	on	<b>(b)</b> Type	e of organization		(0	) Description of rela	tionship		
I/A										
				<del></del>		<u> </u>				
- Under a	enalties of perjury, (declare	a that I have avern	and this sature include	d.s	abodulos od	d statements and to	the best of multi-villades	bolot .	t or book	
correct,	and complete Declaration	of preparer (other	than taxpayer) is base	ed on all information	of which pr	eparer has any know	ledge	ano bellet, t	t is true,	•
iign   🗸		0 1	1.	1.6				May the I	RS disci	uss ie
lere   <u> </u>	Mr. Land	hange No	ance while	her/		PRESIDENT		preparer (see ipstr	shown b	elow
Gigna	_ l	0	$X_{a} \cap X_{b}$	Pate U/	T	itle		X	Yes	No
	Frint/Type preparer's nan		1 7 1	signature 100	1/2	Date /	Check If	PTIN		
aid	JOHN R. COMY		JOHN			14/01/	self-employed	P00035	598	
reparer				EARY & DEAN	/EK,_ I	TLB,, , , C	Firm's EIN - 68-03	307221		
lse Only			CA 04540	D. #A110	<del></del>			. 200 -	1040	
^^	<u> </u>	AFAYETTE,	CA 94549				Phone no (925)	299-		012)
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#### **FEDERAL STATEMENTS**

PAGE 1

ST. CROIX VALLEY RECREATION FOUNDATION

16-1767386

STATEMENT 1			
FORM 990-PF,	PART I,	LINE	16A
LEGAL FEES			

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEE	TOTAL	\$ 718. \$ 718.	<u>\$0.</u>		\$ 718. \$ 718.

#### STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

		(A)	(B) NET	(C)	(D)
		EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
		PER BOOKS	INCOME	NET INCOME	PURPOSES
ACCOUNTING AND BOOKKEEPING		\$ 5,612	2		\$ 5,612.
	TOTAL	\$ 5,612	2. \$ 0.	=======	\$ 5,612.

#### STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET_INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES MAINTENANCE OF RECREATION CENTER AMORTIZATION OF ORGANIZATION COSTS IMPLEMENTATION OF STANFORD EPGY PR		\$ 1,562.		\$ 2,000.
OTHER PROFESSIONAL FEES BANK CHARGES. MEMBERSHIP DUES	3,559. 3,375. 3. 100.			3,559. 3,375. 3. 100.
RENTAL EXPENSES TOTAL	10,435. \$ 21,704.	<u>\$ 1,562.</u>		\$ 9,037.

#### STATEMENT 4 FORM 990-PF, PART II, LINE 11 INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		 BASIS	 ACCUM. DEPREC.	 BOOK VALUE	F	AIR MARKET VALUE
BUILDINGS IMPROVEMENTS LAND		\$ 245,000. 67,953. 50,000.	\$ 0. 0.	\$ 245,000. 67,953. _50,000.	\$	362,953. 0. 0.
	TOTAL	\$ 362,953.	\$ 0.	\$ 362,953.	\$	362,953.

2012

#### FEDERAL STATEMENTS

PAGE 2

ST. CROIX VALLEY RECREATION FOUNDATION

16-1767386

STATEMENT 5 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

SHOR	TS	TERM	RECI	EIVABLE
NET	I	VTANG:	BLE	ASSETS

	_BOOK	VALUE	FA:	IR MARKET VALUE
	\$	259. 25,359.	\$	259. 25,359.
TOTAL	\$	25,618.	\$	25,618.

## STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

1TEM 1 2 3 4 5 6 7 8 9 10	SEE ATTACHI SEE ATTACHI SEE ATTACHI SEE ATTACHI SEE ATTACHI SEE ATTACHI SEE ATTACHI SEE ATTACHI CAPITAL GA BASIS ADJUS	ED ED ED ED ED ED ED ED EN DISTRIBU	CRIPTION OTIONS		(B) ACOUTE PURCH	IRED AC IASED	C) DATE COUIRED VARIOUS	(D) DATE SOLD VARIOUS
ITEM 1 2 3 4 5 6 7 8 9	(E) GROSS SALES 19,975. 14,975. 65,000. 20,000. 35,000. 25,000. 17,446. 15,000. 648. 0.	(F) DEPREC. ALLOWED	(G) COST BASIS 20,127. 11,819. 66,254. 32,967. 32,817. 24,350. 8,875. 14,561. 0. 2,817.	(H) GAIN (LOSS)  -152. 3,1561,25412,967. 2,183. 650. 8,571. 439. 6482,817.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J) TOTAL	(L) GAIN (LOSS) \$ -152. 3,156. -1,254. -12,967. 2,183. 650. 8,571. 439. 648. -2,817. \$ -1,543.

STATEMENT 7 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

SIDNEY R. UNOBSKEY NANCY G. UNOBSKEY

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### **FEDERAL STATEMENTS**

PAGE 3

ST. CROIX VALLEY RECREATION FOUNDATION

16-1767386

#### STATEMENT 8 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF	AMOUNT	
ST. JOHN JEWISH HISTORICAL MUSEUM 29 WELLINGTON ROW, ST. JOHN NEW BRUNSWICK CANADA, NEW BRUNSWICK E3L 4X7 CANADA	NONE	PUBLIC	GENERAL SUPPORT		25.
WORLD WILDLIFE FUND 1250 24TH ST N.W. WASHINGTON, DC 20037	NONE	PUBLIC	GENERAL SUPPORT	10,00	00.
BOYS & GIRLS CLUBS OF SAN FRANCISCO 55 HAWTHORNE ST #600 SAN FRANCISCO, CA 94105	NONE	PUBLIC	GENERAL SUPPORT	2	50.
FINE ARTS MUSEUM OF SAN FRANCISCO 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	NONE	PUBLIC	GENERAL SUPPORT	1,00	00.
GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21204	NONE	PUBLIC	GENERAL SUPPORT	150,00	00.
HUMANITY IN ACTION 1088 PARK AVENUE NEW YORK, NY 10128	NONE	PUBLIC	GENERAL SUPPORT	1,00	00.
KID'S TURN 55 NEW MONTGOMERY ST #500 SAN FRANCISCO, CA 94104	NONE	PUBLIC	GENERAL SUPPORT	2,50	00.
N.A.R.A.L. 111 PINE ST #1500 SAN FRANCISCO, CA 94111	NONE	PUBLIC	GENERAL SUPPORT	1,50	00.
ST. CROIX HISTORICAL SOCIETY P O BOX 242 CALAIS, ME 04619	NONE	PUBLIC	GENERAL SUPPORT	20	00.
STANFORD UNIVERSITY 220 PANAMA ST STANFORD, CA 94305	NONE	PUBLIC	EPGY PROGRAM	10,90	00.
MARIN COUNTY DAY SCHOOL 5221 PARADISE DRIVE CORTE MADERA, CA 94925	NONE	PUBLIC	GENERAL SUPPORT	5,00	00.

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#### **FEDERAL STATEMENTS**

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ST. CROIX VALLEY RECREATION FOUNDATION

16-1767386

#### STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SAN FRANCISCO FALL ANTIQUES SHOW 200 PINE STREET, #600 SAN FRANCISCO, CA 94104	NONE	PUBLIC	GENERAL SUPPORT	\$ 1,750.
SAN FRANCISCO VILLAGE 3575 GEARY STREET SAN FRANCISCO, CA 94118	NONE	PUBLIC	GENERAL SUPPORT	1,000.
HOOVER INSTITUTION 550 SERRA MALL STANFORD, CA 94305	NONE	PUBLIC	GENERAL SUPPORT	1,000.
ISLAND INSTITUTE 386 MAIN STREET ROCKLAND, ME 04841	NONE	PUBLIC	GENERAL SUPPORT	250.
SAN FRANCISCO UNIVERSITY HIGH SCHOOL 3065 JACKSON STREET SAN FRANCISCO, CA 94115	NONE	PUBLIC	GENERAL SUPPORT	1,000.
SAN FRANCISCO OPERA 301 VAN NESS AVE. SAN FRANCISCO, CA 94102	NONE	PUBLIC	GENERAL SUPPORT	300.
THE DAWN REDWOODS CHARITABLE TRUST ONE BLACKFIELD DR. SUITE 331 TIBURON, CA 94920	NONE	PUBLIC	GENERAL SUPPORT	1,000.
ELIHU CLUB P.O. BOX 199 PURCHASE, NY 10577	NONE	PUBLIC	GENERAL SUPPORT	10,000.
			TOTAL	198,675.

PAGE 1	16-1767386	CURRENT	-		0/9	670	0	029	0		
PAC	16-17	ļ									
		METHOD LIEE RATE			15						
		1 _doh13			S/L						
		İ			4,020	4,020		4,020	0		
		PRIOR DEPR.									
2012 FEDERAL BOOK DEPRECIATION SCHEDULE		DEPR. BASIS			10,049	10,049	0	10,049	0		
ЗСНЕ	NOIT	SALVAG /BASIS REDUCT				0	0	0	0		
NOI	ST. CROIX VALLEY RECREATION FOUNDATION	PRIOR S DEC BAL DEPR.				0		0			
CIAT	ION FC	PRIOR 179/ BONUS/ D SP. DEPR.				0		0			
PRE	SREAT					0		0	0		
K DE	EY RE(	SPECIAL DEPR. ALLOW									
800	VALL	CUR 179 BONUS				0	0	0	0		
SAL	CROIX	BUS.			64	49	0	49	<b>0</b>		
EDEF	ST. (	COST/ BASIS			10,049	10,049		10,049			
012 F		DATE SOLD									
Ñ		DATE ACQUIRED.			6/14/06						
		AC			9						
		NOIT			Z2	NC	Z.	GRAND TOTAL AMORTIZATION	ECIATION		
		DESCRIPTION	E ONLY	<u>z</u>	ORGANIZATION COSTS	TOTAL AMORTIZATION	TOTAL DEPRECIATION	TAL AMO!	GRAND TOTAL DEPRECIATION		
/12			DEPR SCHEDULE ONLY	AMORTIZATION	ORGANIZA	TOTAL AN	TOTAL DE	GRAND TC	GRAND TC		
12/31/12		ON	DEPR	AM(	-						

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2012	FEDERAL WORKSHEETS	PAGE
	CROIX VALLEY RECREATION FOUNDATION	16-17673
RENTAL INCOME WORKSHEET		
CALAIS MAINE; LABEL SHOPF GROSS RENTAL INCOME EXPENSES INSURANCE REPAIRS TAXES SNOW PLOW PARKING LOTTAL EXPENSES		0. 2,927. 560. 6,613. 335. 10,435.



# Realized Gain Loss Summary

																														2 Of 5
Total Gain	-151.78		81.34	8.21	-211.86	-11.15	-9.93	-8.82	0.43		Total Gam	3.155.54	2 166 54	2,4135.57	2,133.11	736.35	99.76	188.40		Total Gain	-1,253.91	-1,253.91		156.10	-1,753.31	275.40	04.6/7	Total Gain	-12,967.03	Page 2
Long Term Gain	-122.31		81.34	8.21	-211.86	0.00	0.00	0.00	0.00		Long	2.869.46	7 850 AF	2,003:40	2,133.11	736.35	00.0	0.00		Long Term Gain	-1,253.91	-1,253.91		156.10	-1,/53.31	06.70	04.6/7	<u>Long</u> <u>Term Gain</u>	-12,967.03	
Short Term Gain	-29.47	12.67	0.00	0.00	0.00	-11.15	-9.93	-8.82	0.43		Short	286.08	90,000	780.00	0.00	0.00	95.68	188.40		Short Term Gain	0.00	00.0		0.00	0.00	8.6	0.00	Short Term Gain	0.00	
<u> Gross Proceeds</u>	19,975.00	19,975,00	4,894.69	9,975.00	4,468.51	162.69	198.87	169.93	105.31		Succe Proceeds	14 075 00	00:00:00	14,975,00	10,000.00	2,608.40	808.09	1,558.51		Gross Proceeds	65,000.00	65,000.00		5,000.00	40,000.00	10,000.00	10,000.00	Gross Proceeds	20,000.00	
Amortization G Accretion G	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00			Accessor	000	0.00	0.00	0.00	0.00	0.00		Amortization 9	000	0.00		0.00	0.00	0.00	0.00	Amortization Accretion	0.00	
Cost Basis	20,126.78	20,126.78	4,813.35	9,966.79	4,680.37	173.84	208.80	178.75	104.88		400	2000	11,619.40	11,819.46	7,866.89	1,872.05	710.41	1,370.11		Cost Basis	66,253.91	66,253.91		4,843.90	41,753.31	9,932.10	9,724.60	Cost Basis	32,967,03	Please refer to important disclosures on the last page of this report
Units Sold		1,876.191	448.828	929.368	436.428	15.890	19.423	16.597	9.657		1100	मार्क स्थाप		706.499	485.943	115.638	35.825	69.093		Units Sold		6.470,109		473.037	4,077.472	969.932	949.668	Units Sold		portant disdosures o
Open Date			12/9/2010	12/9/2010	12/9/2010	2/29/2012	3/30/2012	4/30/2012	9/28/2012		i	Open Date			12/24/2007	12/24/2007	12/27/2011	12/22/2011		Open Date				12/24/2007	12/24/2007	12/24/2007	12/24/2007	Open Date		Please refer to in
Trade Date			10/17/2012	8/10/2012	5/16/2012	5/16/2012	5/16/2012	5/16/2012	10/17/2012			Irage pare			5/16/2012	3/16/2012	3/16/2017	3/16/2012		Trade Date				11/19/2012			. 3/16/2012	Irade Date		Ψd
2012 Realized Gain/Loss (calendar year)	27686540 - PIMCO EMERGING LOCAL BOND INSTL	SINCO EMBC (OCA) BD ED INCT!											30402829 - SOUTHERNSUN SMALL CAP FUND	V COLITHEBNSHIN SMALL CAP ED INST CL SHRS							SCHWAR IIS I ABGE CAP FILIND	1002 - SCHWAB OS LANGE CAF I OND	VX SCHWAB FUNDAMENTAL US LARGE CO INDEX INSTI							34231656 - SCHWAB FUNDAMENIAL IN IERNALIONAL © 2013 Black Diamond Performance Reporting, LLC - 571101 - 3/15/2013 - 12 34 28 PM
2012	27686	i	<b>Verbo</b>	אַנוּ פּאַ	אבום א	ביים מיים מיים	PELBX	PELBA	PELBX				30402	CCCTV	VICEC	ממה	XISSS	XISSS			30565	37780	SFLNX	SFINX	SFLNX	SFLNX	SFLNX			34231 © 2013 Bk

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Date Range: As Of 12/31/2012

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		Trade Date	Open Date	Units Sold	Cost Basis	Accretion	Gross Proceeds	Term Gain	Term Gain	Total Gain	
34231656 -	34231656 - SCHWAB FUNDAMENTAL INTERNATIONAL				32,967.03	0.00	20,000.00	0.00	-12,967.03	-12,967.03	
SFNNX	SCHWAB FUNDAMENTAL INTL LARGE CO			3,139.717	32,967.03	0.00	20,000.00	0.00	-12,967.03	-12,967.03	
SFNNX	INDEX INSTITUTE SCHOOL SCHWAB FUNDAMENTAL INTL LARGE CO INDEX INSTIT SHS	5/16/2012	12/24/2007	3,139 717	32,967.03	0.00	20,000.00	0.00	-12,967.03	-12,967.03	
		<u>Trade Date</u>	Open Date	Units Sold	Cost Basis	Amortization	Gross Proceeds	Short Term Gain	Long Term Sam	Total Gam	
73116744 -	73116744 - PIMCO TOTAL RETURN FUND				32,817.20	0.00	35,000.00	57.91	2,124.89	2,182.80	
PTTRX	PIMCO TOTAL RETURN I			3,079.289	32,817.20	00'0	35,000.00	57.91	2,124.89	2,182.80	
PTTRX	PIMCO TOTAL RETURN I	11/19/2012	12/24/2007	839.014	8,885.83	0.00	9,708.29	0.00	822.46	822.46	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	12/24/2007	321.448	3,404.39	0.00	3,694.26	0.00	289.87	289.87	
PTTRX	PIMCO TOTAL RETURN I	5/16/2012	12/24/2007	1,568.900	16,615,91	0.00	17,628.08	0.00	1,012.17	1,012.17	
PTTRX	PIMCO TOTAL RETURN I	11/19/2012	12/31/2010	0.538	5.84	0.00	6.23	0.00	0.39	0.39	
PITIRX	PIMCO TOTAL RETURN I	5/16/2012	12/28/2011	62.274	674.43	0.00	699.71	25.28	9.6	25.28	
PTTRX	PIMCO TOTAL RETURN I	5/16/2012	12/30/2011	31.277	339.98	0.90	351.43	3.28	0.00	3.28	
X ALLA	PINCO TOTAL RETURN I	5/16/2012	2/26/2012	26.445	294.07	0.00	297.13	3.06	0.00	3.06	
PT S	PIMCO TOTAL RETURN I	5/16/2012	3/30/2012	32.781	363.54	0.00	368,33	4.79	0.00	4.79	
PTTRX	PIMCO TOTAL RETURN I	5/16/2012	4/30/2012	30.078	337.47	0.00	337.96	0.49	0.00	0.49	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	5/31/2012	30.545	344.55	0.00	351.04	6.49	0.00	6.49	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	6/29/2012	24.746	279.63	0.00	284.39	4.76	0.00	4.76	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	7/31/2012	19.810	227.22	0.00	227.67	0.45	0.00	0.45	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	8/31/2012	21.341	245.42	0.00	245.26	-0.16	0.00	-0.16	
PTTRX	PIMCO TOTAL RETURN I	10/17/2012	9/28/2012	17.175	198.89	0.00	197.38	-1.51	0.00	-1.51	
PTTRX	PIMCO TOTAL RETURN I	11/19/2012	10/31/2012	24.672	285.95	0.00	285.48	-0.47	0.00	-0.47	
		Trade Date	Open Date	Units Sold	Cost Basis	Amortization Accretion	Gross Proceeds	<u>Short</u> Term Gain	Long Term Gain	Total Gain	
74838343 -	74838343 - VIRTUS EMERGING MARKETS OPPORTUNITIES				24,350.04	0.00	25,000.00	0.00	649.96	649,96	
II	STATIS CHERCING MARKET CORRESPONDATION			2,731.987	24,350.04	0.00	25,000.00	0.00	649.96	649.96	
HEMX	VIRTUS EMERGING MARKET OPPORTUNITIES	5/16/2012	12/8/2010	2,731.987	24,350.04	0.00	25,000.00	0.00	649.96	649.96	
		Trade Date	<u>Open Date</u>	<u>Units Sold</u>	Cost Basis	Amortization Accretion	Gross Proceeds	Short Term Gain	Long Term Gain	Total Gain	
81975261 -	81975261 - SMALL CAP GROWTH				8,874.50	0.00	17,446.16	0.00	8,571.66	8,571.66	
			Please refer to imp	Please refer to important disclosures on the last page of this report	the last page of this	; report					

Date Range As Of 12/31/2012
THE PRESIDIO GROUP

<b>8,571.66</b> 4,941.88 3,629.78	Total Gain	438.51	438.51	327.88	93.71	5.71	-0.32	-1.97	-0.37	-0.15	-2.13	6.31	5.17	3.09	1.90	-0.32
<b>8,571.66</b> 4,941.88 3,629.78	Long Term Gain	421.59	421.59	327.88	93.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>0.00</b>	Short Term Gain	16.92	16.92	0.00	0.00	5.71	-0.32	-1.97	-0.37	-0.15	-2.13	6.31	5.17	3.09	1.90	-0.32
<b>17,446.16</b> 10,224.32 7,221.84			15	4,578.95	8,574.77	984.90	93.23	74.36	85.05	98.06	89.63	105.50	88.86	79.13	83.69	63.87
0.00	Amortization Accretion G	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00:00	0.00	0.00	0.00	0.00
<b>8,874.50</b> 5,282.44 3,592.06	Cost Basis	14,561.49	14,561.49	4,251.07	8,481.06	979.19	93.55	76.33	85.42	98.21	91.76	99.19	83.69	76.04	81.79	64.19
<b>210.000</b> 125.000 85.000	Units Sold		1,353.859	396.028	790,092	90,750	8.590	6.852	7.837	9.035	8.259	9.125	7,685	6.844	7.238	5.524
10/16/2008 10/16/2008	Open Date															9/28/2012
5/16/2012 5/3/2012	Trade Date			10/17/2012	5/16/2012	5/16/2012	5/16/2012	5/16/2012	5/16/2012	5/16/2012	5/16/2012	10/17/2012	10/17/2012	10/17/2012	10/17/2012	10/17/2012
VANGUARD SMALL CAP GROWTH ETF VANGUARD SMALL CAP GROWTH ETF VANGUARD SMALL CAP GROWTH ETF		97964675 - PIMCO FOREIGN BOND FUND	PIMCO FOREIGN BOND UNHEDGED FD INSTL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FOREIGN BOND UNHEDGED FD INSTL CL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FOREIGN BOND UNHEDGED FD INSTL CL	PIMCO FORFIGN BOND UNHEDGED FD INSTL OL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FORFIGN BOND UNHEDGED FD INSTL CL	PIMCO FOREIGN BOND UNHEDGED FD INSTL CL			
<b>VBK</b> VBK VBK		97964675 -	PFUIX	PFUIX	PFUIX	PFLIIX	PFUIX	PFUIX	PFUIX	PFUIX	PFUIX	PFLIIX	PFUIX	PFLIIX	PFLIIX	PFUIX

Page 4 Of 5

(Rev January 2013)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue		► File a sep	arate applic	cation for each return.						
<ul><li>If you ar</li></ul>	e filing for an	Automatic 3-Month Extension, com	plete only	Part I and check this box		► X				
<ul><li>If you ar</li></ul>	e filing for an	Additional (Not Automatic) 3-Montl	n Extension	n, complete only Part II (on page 2 of the	s form).	_				
Do not com	plete Part II un	less you have already been granted	d an autom	atic 3-month extention on a previously fi	led Form 8868					
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more detailed to the form of this form, visit www.irs.gov/eiile and click on e-file for Charities & Nonprofits.										
Part I	Automatic	3-Month Extension of Time.	Only sub	omit original (no copies needed).						
A corporation	n required to t	ile Form 990-T and requesting an a	utomatic 6	month extension - check this box and	complete Part I onl	y				
•	rporations (inc			nd trusts must use Form 7004 to request		لبسا				
meome tax	returns.			Enter filer's identif	iying number, see	instructions				
	Name of exempt	organization or other filer, see instructions.			Employer identification	number (EIN) or				
Type or					1					
print File by the	ST. CROI	16-1767386 Social security nui	mber (SSN)							
due date for filing your	12 BATES									
return See	City, town or pos									
instructions	ROBBINST	ON, ME 04671								
Enter the R	eturn code for	the return that this application is fo	r (file a sep	parate application for each return)		04				
Application Is For	<u>.</u>		Return Code	Application Is For		Return Code				
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)		07				
Form 990-B	L		02	Form 1041-A		08				
Form 4720 (	ındıvıdual)		03	Form 4720		09				
Form 990-P	F		04	Form 5227		10				
	<u> </u>	a) or 408(a) trust)	05	Form 6069		11				
Form 990-T	(trust other th	an above)	06	Form 8870	··· <del>····</del>	12				
Telephor If the or If this is check the exter I requestintial The e	ganization does for a Group Ronis box ension is for est an automatic 8/15 xtension is for	5) 299-1040 s not have an office or place of buseturn, enter the organization's four If it is for part of the group, commonth (6 months for a corporation, 20 13, to file the exempt organization's return for	digit Group heck this be required to t	e United States, check this box Exemption Number (GEN)  ox  and attach a list with the name	this is for the whol mes and EINs of al	•				
► [\frac{\frac}}}}}}{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f	X calendar yea ☐ tax year beg	ir 20 <u>12    </u> or inning	, and endir	ng , 20						
		ed in line 1 is for less than 12 mont			al return					
3 a If this nonre	application is fundable credi	for Form 990-BL, 990-PF, 990-T, 47 is See instructions	720, or 6069	), enter the tentative tax, less any	3 a \$	0.				
<b>b</b> If this paym	application is ents made Inc	for Form 990-PF, 990-T, 4720, or 60 lude any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit	3 b \$	0.				
		ct line 3b from line 3a. Include you ederal Tax Payment System) See			3 c \$	0.				
Caution. If y payment in	ou are going to structions.	make an electronic fund withdrawal w	ith this Form	8868, see Form 8453-EO and Form 8879-E	EO for					

whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EIN members the extension is for.  4 I request an additional 3-month extension of time until 11/15 , 20 13.	instructions
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page I)   Part II   Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies need	ed).
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page I)   Part II   Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies need	instructions
Name of exempt organization or other filer, see instructions   Employer identification number; see   Employer identification   16-1767386	instructions
Type or print  Type or print  Type or print  ST. CROIX VALLEY RECREATION FOUNDATION  ST. CROIX VALLEY RECREATION FOUNDATION  Number, street, and room or suite number if a PO box, see instructions  COMYNS, SMITH, MCCLEARY & DEAVER, LLP 3470 MT. DIABLO BLVD. #Al10  City, town or post office, state, and ZIP code For a foreign address, see instructions  LAFAYETTE, CA 94549  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Return P990-BL  O2 Form 1041-A  Form 4720 (individual)  Form 990-PF  O4 Form 5227  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  ST. CROIX VALLEY RECREATION FOUNDATION  16-1767386  Social security number (SS occal security number (SS occal security number (SS occal security number) (SS occal security number)  ST. CROIX VALLEY RECREATION FOUNDATION  16-1767386  Social security number (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number (SS occal security number) (SS occal security number (SS occal security number) (SS occal security number (SS occal	
Type or print  Type or print  Type or print  ST. CROIX VALLEY RECREATION FOUNDATION  ST. CROIX VALLEY RECREATION FOUNDATION  Number, street, and room or suite number if a PO box, see instructions  COMYNS, SMITH, MCCLEARY & DEAVER, LLP 3470 MT. DIABLO BLVD. #Al10  City, town or post office, state, and ZIP code For a foreign address, see instructions  LAFAYETTE, CA 94549  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Return P990-BL  O2 Form 1041-A  Form 4720 (individual)  Form 990-PF  O4 Form 5227  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  ST. CROIX VALLEY RECREATION FOUNDATION  16-1767386  Social security number (SS occal security number (SS occal security number (SS occal security number) (SS occal security number)  ST. CROIX VALLEY RECREATION FOUNDATION  16-1767386  Social security number (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number) (SS occal security number (SS occal security number) (SS occal security number (SS occal security number) (SS occal security number (SS occal	
File by the Number, street, and room or suite number if a P O box, see instructions  COMYNS, SMITH, MCCLEARY & DEAVER, LLP 3470 MT. DIABLO BLVD. #A110  City, town or post office, state, and 2IP code For a foreign address, see instructions  LAFAYETTE, CA 94549  Enter the Return code for the return that this application is for (file a separate application for each return)  Application is Form 990 or Form 990-EZ  Form 990 BL  Form 990-BL  Form 990-FC  Form 990-FC  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  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 whole group, check this box  I request an additional 3-month extension of time until 11/15	
File by the Number, street, and room or suite number if a P O box, see instructions  COMYNS, SMITH, MCCLEARY & DEAVER, LLP 3470 MT. DIABLO BLVD. #A110  City, town or post office, state, and 2IP code For a foreign address, see instructions  LAFAYETTE, CA 94549  Enter the Return code for the return that this application is for (file a separate application for each return)  Application is Form 990 or Form 990-EZ  Form 990 BL  Form 990-BL  Form 990-FC  Form 990-FC  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  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 whole group, check this box  I request an additional 3-month extension of time until 11/15	
Number, street, and room or suite number If a PO box, see instructions   COMYNS, SMITH, MCCLEARY & DEAVER, LLP   3470 MT. DIABLO BLVD. #A110	
extended for filting your constructions  Application   SATO MT. DIABLO BLVD. #A110    City, town or post office, state, and ZIP code For a foreign address, see instructions    LAFAYETTE, CA 94549    Enter the Return code for the return that this application is for (file a separate application for each return)  Application   Return   Code   Return    Form 990 or Form 990-EZ   01    Form 990-BL   02   Form 1041-A    Form 4720 (individual)   03   Form 4720    Form 990-F   04   Form 5227    Form 990-T (section 401(a) or 408(a) trust)   05   Form 6069    Form 990-T (trust other than above)   06   Form 8870    STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 886    • The books are in care of   JOHN R. COMYNS    Telephone No.   (925) 299-1040   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 whole group, check this box   If it is for part of the group, check this box   If and attach a list with the names and Elfonders the extension is for.	N)
LAFAYETTE, CA 94549  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Return Code Return Poly Office Return Code Return Return Poly Office	
Enter the Return code for the return that this application is for (file a separate application for each return)  Return Code  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 886  The books are in care of  JOHN R. COMYNS  Telephone No.  (925) 299-1040  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 a Group Return, enter the organization's four digit Group Exemption Number (GEN).  If it is for part of the group, check this box  and attach a list with the names and Elf members the extension is for.	
Application Is For  Form 990 or Form 990-EZ  Form 990-BL  Form 990-BL  Form 990-BL  Form 990-PF  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 886  The books are in care of ▶ JOHN R. COMYNS  Telephone No. ▶ (925) 299-1040  FAX No. ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  If it is for part of the group, check this box  ■ If request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15  I request an additional 3-month extension of time until 11/15	
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The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  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 whole group, check this box  Telephone No. ► (925) 299-1040  If it is for part of the group, check this box  The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If whole group, check this box  The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  Telephone No. ► (	11
The books are in care of ► JOHN R. COMYNS  Telephone No. ► (925) 299-1040  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 whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EIN members the extension is for.	12
Telephone No. ► (925) 299–1040 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 whole group, check this box  If it is for part of the group, check this box  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 whole group, check this box  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If whole group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the organization of the group, check this box  If the organization of the org	3.
4 I request an additional 3-month extension of time until 11/15 , 20 13.	. ► ☐ this is for the
5 For calendar year 2012, or other tax year beginning , 20 , and ending , 20 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME  GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.	
8a 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.	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8 c S	0.
Signature and Verification must be completed for Part II only.	
Under penalties of perjury of declare that I have examined this form, including accompanying schedules and statements, and to the best of my Frowledge and belief it is true correct, and complete, and that I am authorized to prepare this form  Signature  PRESIDENT  Date  FIFZ0502L 01/21/13  Form 886	13/12