

ST. CROIX VALLEY FOUNDATION

2013 990 Tax Filings
Public Inspection Copy

June 30, 2014



600 INWOOD AVENUE NORTH
SUITE 160
OAKDALE, MN 55128
TEL: (651) 636-3806
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www.akinshenke.com

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. CROIX VALLEY FOUNDATION		D Employer identification number 41-1817315	
	Doing Business As		E Telephone number (715) 386-9490	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 516 SECOND STREET 214		G Gross receipts \$ 5,290,255.	
	City or town, state or province, country, and ZIP or foreign postal code HUDSON, WI 54016		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: JANE HETLAND STEVENSON 516 SECOND STREET, SUITE 214, HUDSON, WI 54		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

J Website: **WWW.SCVFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	180
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,479,352.	2,716,876.
	9 Program service revenue (Part VIII, line 2g)	149,109.	187,162.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	533,811.	661,638.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,627.	19,871.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,181,899.	3,585,547.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,652,485.	1,362,212.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	299,183.	251,350.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 44,497.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	392,012.	450,002.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,343,680.	2,063,564.	
19 Revenue less expenses. Subtract line 18 from line 12	-161,781.	1,521,983.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 31,623,123.	End of Year 39,842,838.
	21 Total liabilities (Part X, line 26)	14,656,138.	19,396,879.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,966,985.	20,445,959.

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
	JANE HETLAND STEVENSON, PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	GEORGIA AKINS		
	Firm's name AKINS HENKE AND COMPANY	Firm's EIN 46-3220328	Check if self-employed <input type="checkbox"/>
	Firm's address 600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128	Phone no. (651) 636-3806	PTIN P00950359

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 322,271. including grants of \$) (Revenue \$ 12,980.) SPECIAL COMMUNITY PROJECTS: IN KEEPING WITH THE FOUNDATION'S MISSION, FOUNDATION STAFF MEMBERS PARTNER WITH OTHER ORGANIZATIONS, ESPECIALLY OUR AFFILIATE FOUNDATIONS, TO DIRECTLY ADDRESS CHANGING COMMUNITY CONCERNS. THIS INCLUDES: 1) FOSTERING COMMUNITY DIALOGUE AROUND LOCAL ISSUES -THROUGH REGIONAL FORUMS AND "CONVERSATIONS OF THE VALLEY", A MONTHLY PUBLIC AFFAIRS LUNCHEON; 2) PROMOTING NON PROFIT PERFORMANCE THROUGH WORKSHOPS AND GRANTS 3) WORKING WITH OUR AFFILIATES TO STRENGTHEN THEIR MANAGEMENT, GOVERNANCE, AND FUNDRAISING CAPACITY; AND 4) CONVENING ORGANIZATIONS TO TAKE COLLECTIVE ACTION ON SPECIFIC COMMUNITY ISSUES, SUCH AS THE NATIONAL HERITAGE AREA.

4b (Code:) (Expenses \$ 103,764. including grants of \$) (Revenue \$ 174,182.) 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. THERE WERE APPROXIMATELY 110 FUNDS MANAGED IN FISCAL YEAR 2014.

4c (Code:) (Expenses \$ 1,377,728. including grants of \$ 1,362,212.) (Revenue \$) GRANTS TO ART, EDUCATION, HUMAN SERVICES, ENVIRONMENTAL, RELIGIOUS, HEALTH AND OTHER CHARITABLE ORGANIZATIONS. APPROXIMATELY 600 GRANTS WERE GIVEN IN FISCAL YEAR 2014.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,064. including grants of \$) (Revenue \$)

4e Total program service expenses 1,813,827.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) MARTHA HARDING BOARD MEMBER/CHAIR	2.00	X		X				0.	0.	0.
(2) TODD GILLINGHAM BOARD MEMBER/VICE CHAIR	2.00	X		X				0.	0.	0.
(3) CHRIS GALVIN BOARD MEMBER/TREASURER	2.00	X		X				0.	0.	0.
(4) JEN ANDERSON BOARD MEMBER	2.00	X						0.	0.	0.
(5) ANN BOOKMAN BOARD MEMBER	2.00	X						0.	0.	0.
(6) SUZANN BROWN BOARD MEMBER	2.00	X						0.	0.	0.
(7) DWIGHT CUMMINS BOARD MEMBER	2.00	X						0.	0.	0.
(8) SUE GERLACH BOARD MEMBER	2.00	X						0.	0.	0.
(9) ANDY KASS BOARD MEMBER	2.00	X						0.	0.	0.
(10) ANDY KUBIAK BOARD MEMBER	2.00	X						0.	0.	0.
(11) KATRINA LARSEN BOARD MEMBER	2.00	X						0.	0.	0.
(12) JAMES LUTIGER BOARD MEMBER	2.00	X						0.	0.	0.
(13) DAVID PALMER BOARD MEMBER	2.00	X						0.	0.	0.
(14) LISA RINDE BOARD MEMBER	2.00	X						0.	0.	0.
(15) ROD ROMMELL BOARD MEMBER	2.00	X						0.	0.	0.
(16) STEVE SCHROEDER BOARD MEMBER	2.00	X						0.	0.	0.
(17) LINDA SKOGLUND 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) JEANNE WALZ BOARD MEMBER	2.00	X						0.	0.	0.
(19) STEVE WILCOX BOARD MEMBER	2.00	X						0.	0.	0.
(20) DAVID WETTERGREN BOARD MEMBER THROUGH 9/13	2.00	X						0.	0.	0.
(21) GRETCHEN STEIN BOARD MEMBER THROUGH 9/13	2.00	X						0.	0.	0.
(22) CHARLES ARNASON BOARD MEMBER THROUGH 9/13	2.00	X						0.	0.	0.
(23) MIKE JOHNSON BOARD MEMBER THROUGH 9/13	2.00	X						0.	0.	0.
(24) MARK VANASSE BOARD MEMBER THROUGH 9/13	2.00	X						0.	0.	0.
(25) JILL BURCHILL BOARD MEMBER THROUGH 6/13	2.00	X						0.	0.	0.
(26) JANE HETLAND STEVENSON PRESIDENT	40.00			X				102,875.	0.	9,077.
1b Sub-total								102,875.	0.	9,077.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								102,875.	0.	9,077.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	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		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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,716,876.				
	g Noncash contributions included in lines 1a-1f: \$	598,679.				
	h Total. Add lines 1a-1f	2,716,876.				
	Program Service Revenue	2 a ADMINISTRATIVE CHARGES	Business Code 525990	174,182.	174,182.	
b CONVERSATIONS OF THE VALLEY		900099	12,980.	12,980.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			187,162.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		371,508.		371,508.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	19,871.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	19,871.			
	d Net rental income or (loss)		19,871.		19,871.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,994,838.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,704,708.			
		c Gain or (loss)	290,130.			
	d Net gain or (loss)		290,130.		290,130.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		3,585,547.	187,162.	0.	681,509.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,362,212.	1,362,212.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,002.	38,201.	43,119.	26,682.
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	104,317.	53,035.	49,725.	1,557.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,648.	3,094.	2,463.	91.
9 Other employee benefits	16,703.	8,494.	7,930.	279.
10 Payroll taxes	16,680.	7,225.	7,323.	2,132.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,344.		10,344.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,133.	59,133.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	42,699.	11,059.	29,921.	1,719.
12 Advertising and promotion	9,910.	6,396.	961.	2,553.
13 Office expenses	16,231.	6,684.	8,144.	1,403.
14 Information technology				
15 Royalties				
16 Occupancy	56,464.	24,699.	26,580.	5,185.
17 Travel	4,659.	2,867.	1,282.	510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,582.	705.	3,877.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,942.	1,287.	1,385.	270.
23 Insurance	3,246.	1,420.	1,528.	298.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND PROJECT EXPENSES	208,289.	208,289.		
b EQUIPMENT RENTAL AND MA	14,894.	6,515.	7,011.	1,368.
c CONVERSATIONS OF THE VA	12,062.	12,062.		
d DUES AND SUBSCRIPTIONS	4,547.	450.	3,647.	450.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,063,564.	1,813,827.	205,240.	44,497.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,444.	1	126,139.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,743.	9	4,306.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,441.		
	b Less: accumulated depreciation	10b 36,827.	4,382.	10c 6,614.
	11 Investments - publicly traded securities	31,599,554.	11	39,705,779.
	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)	31,623,123.	16	39,842,838.	
Liabilities	17 Accounts payable and accrued expenses	49,952.	17	32,699.
	18 Grants payable	37,500.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,568,686.	21	19,364,180.
	22 Loans and other 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	14,656,138.	26	19,396,879.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	54,893.	27	280,655.
	28 Temporarily restricted net assets	3,954,909.	28	6,146,477.
	29 Permanently restricted net assets	12,957,183.	29	14,018,827.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	16,966,985.	33	20,445,959.
34 Total liabilities and net assets/fund balances	31,623,123.	34	39,842,838.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,585,547.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,063,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,521,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,966,985.
5	Net unrealized gains (losses) on investments	5	1,956,991.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,445,959.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **ST. CROIX VALLEY FOUNDATION** Employer identification number **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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box 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 - Non-functionally integrated
- 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 supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2720130.	2316773.	2578478.	1479352.	2716876.	11811609.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2720130.	2316773.	2578478.	1479352.	2716876.	11811609.
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)						1315476.
6 Public support. Subtract line 5 from line 4.						10496133.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2720130.	2316773.	2578478.	1479352.	2716876.	11811609.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	282,967.	314,751.	348,037.	405,233.	391,379.	1742367.
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.)	3,176.					3,176.
11 Total support. Add lines 7 through 10						13557152.
12 Gross receipts from related activities, etc. (see instructions)					12	678,912.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	77.42	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	78.45	%
16a 33 1/3% support test - 2013. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization ST. CROIX VALLEY FOUNDATION	Employer identification number 41-1817315
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>74,089.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>509,042.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>99,856.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>63,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>100,463.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. CROIX VALLEY FOUNDATION	Employer identification number 41-1817315
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	VARIOUS DONATIONS OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 279,042.	12/26/13
3	VARIOUS DONATIONS OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 99,856.	06/19/14
6	899 SHARES OF MUTUAL FUND MAIRS AND POWER GROWTH _____ _____ _____	\$ 100,463.	12/23/13
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

Name of organization ST. CROIX VALLEY FOUNDATION	Employer identification number 41-1817315
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

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	110	
2 Aggregate contributions to (during year)	1,673,007.	
3 Aggregate grants from (during year)	545,116.	
4 Aggregate value at end of year	7,588,192.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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 (ASC 958) 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 acquisition, 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	14,658,284.	13,243,645.	12,216,732.	9,580,087.	7,251,449.
b Contributions	1,061,644.	452,047.	1,017,995.	1,183,983.	1,603,359.
c Net investment earnings, gains, and losses	2,524,009.	1,695,745.	575,096.	1,957,290.	1,022,663.
d Grants or scholarships	580,828.	525,974.	384,911.	333,917.	152,969.
e Other expenditures for facilities and programs					
f Administrative expenses	239,611.	207,179.	181,267.	170,711.	144,415.
g End of year balance	17,423,498.	14,658,284.	13,243,645.	12,216,732.	9,580,087.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 80.00 %
- c Temporarily restricted endowment 20.00 %

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

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,441.	36,827.	6,614.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 6,614.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,551,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	1,956,991.	
b	Donated services and use of facilities	2b	9,331.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,966,322.	
3	Subtract line 2e from line 1	3	3,585,547.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,585,547.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,072,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,331.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,331.	
3	Subtract line 2e from line 1	3	2,063,564.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,063,564.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

EXPLANATION: THE FOUNDATION HAS ESTABLISHED A LIABILITY FOR FUNDS FROM DONORS WHICH THE FOUNDATION IS AN AGENT. THE FOUNDATION HAS AGREEMENTS WITH ALL ORGANIZATIONS IN WHICH IT IS ACTING AS AN AGENT.

PART V, LINE 4:

EXPLANATION: THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED TO PROVIDE PROGRAM SUPPORT SUCH AS ARTS, MUSIC, AND SCIENCE AS WELL AS GENERAL OPERATIONS.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES

Part XIII Supplemental Information (continued)

UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE. U.S. GAAP REQUIRES
MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE
A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT
MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE
INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN
BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2014 AND 2013,
THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR YEARS PRIOR TO FISCAL 2011.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

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? 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 PARKINSONS' S DISEASE ASSOCIATION - 333 NORTH SMITH AVENUE - ST. PAUL, MN 55102	13-1962771	501(C)(3)	7,500.	0.			VARIOUS
ARTREACH ST. CROIX 224 4TH STREET NORTH STILLWATER, MN 55082	41-1758837	501(C)(3)	7,000.	0.			ST. CROIX SPLASH AND BIG BAND RESCUE
BUFFALO PEPIN CRIMINAL JUSTICE COORDINATING COUNCIL - PO BOX 39 - DURAND, WI 54736		501(C)(3)	15,000.	0.			GENERAL OPERATING
BUFFALO PEPIN LITERACY ALLIANCE 316 WEST MADISON STREET DURAND, WI 54736	46-1997855	501(C)(3)	15,000.	0.			GENERAL OPERATING
CANVAS HEALTH 7066 STILLWATER BLVD OAKDALE, MN 55128	41-0955577	501(C)(3)	17,252.	0.			GENERAL OPERATING
COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC - 4455 WEST LAWRENCE STREET - APPLETON, WI 54912	39-1548450	501(C)(3)	13,425.	0.			WISCONSIN GARDEN CLUB'S SCHOLARSHIP PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 44
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

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

(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
CONCORDIA COLLEGE 901 8TH STREET SOUTH MOORHEAD, MN 56562	41-0693977	501(C)(3)	5,250.	0.			SCHOLARSHIP
DENMARK TOWNSHIP HISTORICAL SOCIETY - 777 QUADRANT AVENEUE SOUTH - HASTINGS, MN 55033	41-1970795	501(C)(3)	9,300.	0.			VARIOUS
DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE - 401 NORTH HAMILTON STREET - ST. CROIX FALLS, WI 54024		501(C)(3)	15,000.	0.			SISTER PARK PARTNERSHIP
EZEKIEL LUTHERAN CHURCH 202 SOUTH SECOND STREET RIVER FALLS, WI 54022	39-0860349	501(C)(3)	5,622.	0.			VARIOUS MISSIONS
FAITH COMMUNITY CHURCH 777 CARMICHAEL ROAD HUDSON, WI 54016		501(C)(3)	21,400.	0.			VARIOUS
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082	41-6045574	501(C)(3)	17,800.	0.			POWER OF THE PURSE AND GENERAL OPERATING
FIRST PRESBYTERIAN CHURCH 1901 VINE STREET HUDSON, WI 54016	93-0846997	501(C)(3)	5,500.	0.			GENERAL OPERATING
FREE CLINIC PIERCE AND ST. CROIX COUNTIES - PO BOX 745 - RIVER FALLS, WI 54022	20-5892220	501(C)(3)	7,000.	0.			VARIOUS
GEORGE FOX UNIVERSITY 414 NORTH MERIDIAN STREET # 6129 NEWBERG, OR 97132	93-0386839	501(C)(3)	5,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(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
HOPE ACADEMY 2300 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	6,800.	0.			SCHOLARSHIP
HOPE LUTHERAN CHURCH 423 EAST CASCADE AVENUE RIVER FALLS, WI 54022	72-1603482	501(C)(3)	5,382.	0.			LAND FOR NEW CHURCH
LUTHER POINT BIBLE CAMP 11525 LUTHER POINT ROAD GRANTSBURG, WI 54840	20-0724755	501(C)(3)	6,497.	0.			VARIOUS
MDA 7401 METRO BOULEVARD, SUITE 300 EDINA, MN 55439	13-1665552	501(C)(3)	10,000.	0.			MATCHING GRANT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 501075-148	04-2103578	501(C)(3)	5,500.	0.			CLASS OF 1948
NATIONAL PARKINSON'S ASSOCIATION MINNESOTA - 5905 GOLDEN VALLEY ROAD SUITE 201 - GOLDEN VALLEY, MN 55422	41-1820111	501(C)(3)	50,000.	0.			VARIOUS
NORTH DAKOTA COLLEGE OF SCIENCE 800 SIXTH STREET NORTH WAHPETON, ND 58076	45-0407617	501(C)(3)	6,000.	0.			SCHOLARSHIPS
NORTH PARK UNIVERSITY 3225 WEST FOSTER AVENUE CHICAGO, IL 60625	36-1557840	501(C)(3)	9,800.	0.			SCHOLARSHIP
RIVER FALLS BASEBALL COUNCIL, INC W 10607 566TH AVENUE PRESCOTT, WI 54201	45-3536047	501(C)(3)	5,000.	0.			NEW STADIUM AND GENERAL OPERATING

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

(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
SALVATION ARMY - ST. PAUL CITADEL CORPS - 401 WEST 7TH STREET - ST. PAUL, MN 55102	41-0698597	501(C)(3)	16,000.	0.			AFTER SCHOOL AND YOUTH PROGRAMMING
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013	53-0206027	501(C)(3)	15,000.	0.			WOOD THRUSH MIGRATION PROJECT
ST. ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	41-0880458	501(C)(3)	5,000.	0.			MISSION APPEAL
ST. CROIX NATIONAL SCENIC RIVERWAY 401 NORTH HAMILTON STREET ST. CROIX FALLS, WI 54024		501(C)(3)	15,000.	0.			STAFF SUPPORT FOR HERITAGE INITIATIVE
ST. CROIX RIVER ASSOCIATION PO BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	80,675.	0.			VARIOUS
STILLWATER AREA HIGH SCHOOL 5701 STILLWATER BLVD NORTH STILLWATER, MN 55082		501(C)(3)	11,500.	0.			BAND INSTRUMENTS
STILLWATER PUBLIC LIBRARY 224 THIRD ST. N. STILLWATER, MN 55082	41-6005566	501(C)(3)	9,757.	0.			VARIOUS
THE DEERFIELD, A PRESBYTERIAN HOMES COMMUNITY - 1127 WEST 8TH STREET - NEW RICHMOND, WI 54017	41-1883153	501(C)(3)	6,000.	0.			REFLECTION GARDEN PROJECT
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016	39-1360778	501(C)(3)	7,950.	0.			VARIOUS

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

(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
THE RETREAT 1221 WAYZATA BLVD. EAST WAYZATA, MN 55391	41-1701950	501(C)(3)	30,000.	0.			CAPITAL CAMPAIGN
THRINITY LUTHERAN CHURCH 1205 6TH STREET HUDSON, WI 54016		501(C)(3)	10,000.	0.			GENERAL OPERATING
TRINITY LUTHERAN CHURCH 115 NORTH FOURTH STREET STILLWATER, MN 55082	41-0757885	501(C)(3)	15,000.	0.			DANICA UETZ BENEFIT
U.S. GEOLOGICAL SURVEY 8505 RESEARCH WAY MIDDLETON, WI 53562	53-0196958	501(C)(3)	5,000.	0.			TO OPERATE THE STREAM FLOW AND TEMPERATURE MONITORING GAGE ON THE NAMEKAGON AT LEONARDS
UNITED WAY OF WASHINGTON COUNTY - EAST - PO BOX 305 - STILLWATER, MN 55082	51-0855267	501(C)(3)	11,000.	0.			GENERAL OPERATING
UNIV OF IL 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	5,500.	0.			GENERAL OPERATING
UNIV OF MN 1049 UNIVERSITY DRIVE DULUTH, MN 55812	41-6007513	501(C)(3)	20,500.	0.			SCHOLARSHIPS
UNIV OF WI 115 GRAFF MAIN HALL, 1725 STATE STR LACROSSE, WI 54601	39-6006461	501(C)(3)	12,500.	0.			SCHOLARSHIPS
UNIVERSITY OF TAMPA 401 WEST KENNEDY BLVD. TAMPA, FL 33606-1460	59-0624459	501(C)(3)	5,000.	0.			SCHOLARSHIPS

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

(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
WINONA STATE UNIVERSITY P O BOX 5838 WINONA, MN 55987	41-1687554	501(C)(3)	5,000.	0.			SCHOLARSHIP
YOUNG LIFE ST. CROIX VALLEY 1151 PARKWOOD LANE STILLWATER, MN 55082	84-0385934	501(C)(3)	22,462.	0.			CAMP SCHOLARSHIPS AND EXPENSES

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: 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 REPORTS 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	18	598,187.	FAIR MARKET VALUE
10	Securities - Closely held stock				
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 (VARIOUS SUPPL)	X	5	492.	FAIR MARKET VALUE
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 Acknowledgement **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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: 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 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**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 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 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 REGION'S
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

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

TO ESTABLISH A FUND WITH THE FOUNDATION.

EXPENSES \$ 10,064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: DAVID WETTERGREN AND GRETCHEN STEIN HAVE A FAMILY
RELATIONSHIP. BOTH LEFT THE BOARD IN SEPTEMBER OF 2013

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: THE POLICY IS REVEIWD 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:

EXPLANATION: 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.

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

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 NAMES 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:

EXPLANATION: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

Name of the organization **ST. CROIX VALLEY FOUNDATION**

Employer identification number
41-1817315

REQUEST.

Multiple horizontal lines for text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

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2013

**Open to Public
Inspection**

Name of the organization

ST. CROIX VALLEY FOUNDATION

Employer identification number

41-1817315

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SCVF HOLDINGS, LLC. - 46-4871208 516 2ND STREET SUITE 214 HUDSON, WI 54016	TO ACCEPT AND SELL DONATIONS OF REAL PROPERTY FOR THE FOUNDATION	WISCONSIN	0.	0.	ST. CROIX VALLEY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Area with multiple horizontal lines for providing supplemental information.