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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010
Open to Public Inspection

<u>A</u>	For th	e 2010 calendar year, or tax year beginning JUL 1	<u>, 2010</u> and	ending J	<u>UN 30, 2011</u>		
В	Check if applicab	C Name of organization			D Employer identific	cation number	
	Addre		TION				
	Name Chang	Doing Business As			41-1	315037	
	lnıtıal return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone number	1	
	Termi	3200 GRANDVIEW SQUARE			(952) 833-9573	
	Amen	City or town, state or country, and ZIP + 4			G Gross receipts \$	452,603.	
L	Application pendi	EDINA, MM 55456			H(a) Is this a group re		
	para	F Name and address of principal officer R1CHARD	CROCKETT		for affiliates?	Yes X No	
		SAME AS C ABOVE			H(b) Are all affiliates inc		
		empt status. $X = 501(c)(3) = 501(c)()$ (inse		or 527	1	list (see instructions)	
		te: WWW.EDINACOMMUNITYFOUNDATI			H(c) Group exemption		
_		organization: X Corporation Trust Association	Other	L Year	of formation: 1977 N	State of legal domicile: MN	
Р	art I	Summary		TOIDTO 3	MION IG ODG	11177D 11D	
ဗ္	1	Briefly describe the organization's mission or most signification.					
Activities & Governance		OPERATED EXCLUSIVELY FOR CHAR Check this box ► ☐ if the organization discontinued is					
Ver	3	Number of voting members of the governing body (Part VI,		sea or more		16	
පි	4	Number of independent voting members of the governing I	•		. 3	16	
•ಕ ഗ	5	Total number of individuals employed in calendar year 201			5	3	
ite	6	Total number of volunteers (estimate if necessary)	o (i ait v, iiic zaj		6	0	
cţi	7 a	Total unrelated business revenue from Part VIII, column (C)) line 12	•	7a	0.	
ď		Net unrelated business taxable income from Form 990-T, li	· ·		7b	0.	
		Prior Year	Current Year				
a)	8	Contributions and grants (Part VIII, line 1h)			289,203.	388,653.	
Revenue	9	Program service revenue (Part VIII, line 2g)			52,578.	54,813.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	9,137.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	c, and 11e)		8,364.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII	l, column (A), line 12)		350,145.	452,603.	
2011	13	Grants and similar amounts paid (Part IX, column (A), lines	1-3)		140,791.	183,634.	
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
NEQDénses?	15	Salaries, other compensation lemployee benefits (Part IX, o			58,548.	51,334.	
-Fu	16a	Professional fundrais no fees (Part IX, column (A), line, 1 le)			0.	<u> </u>	
S	b	Total fundraising experises (Partrix, column @) line 25	▶ 31,0	<u>55.</u>	25.005	50 564	
		Other expenses (Part Kocolumn (A), lines 11a-11d, 11f-24f			85,896.	79,561.	
同	18	Total expenses. Add lines 13-17 (must equal Part IX, colum Revenue less expenses Subtract line 16 from line 12	nn (A), line 25)		285,235.	314,529.	
	19	Revenue less expenses Subtract line 18 from line 12			64,910.	138,074.	
New Special Control of the Control o	~	Total assets (Part V. luce 15)		Ве	ginning of Current Year 563,800.	End of Year 706,841.	
6	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			19,257.	24,224.	
9	21 22	Net assets or fund balances Subtract line 21 from line 20			544,543.	682,617.	
	art II	Signature Block			J = 1 , J = J •		
		Ities of perjury, I declare that I have exampled this return, including	accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is	
		t, and complete. Declaration of prepare other than officer is base				/	
		Inche Crockett		. ,	10/2	20/2011	
Sign Signature of officer Date							
Here RICHARD CROCKETT, EXECUTIVE DIRECTOR							
		Type or print name and title					
			r's signature	[Date Check	PTIN	
Pai	d		tou Elvern		Date Check Check	POOG 32775	
	parer	Firm's name ELLINGSON & ELLINGSON			Fırm's EIN ▶		
Use	Only	Firm's address 5101 VERNON AVE. S.,	#501				
_		EDINA, MN 55436			Phone no. (952)929-0315	
Ma	y the II	RS discuss this return with the preparer shown above? (see				Yes No	
0320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see to	he separate instruction	ons.		Form 990 (2010)	

	irt III Statement of Program Service Accomplishments	Page Z
<u> </u>	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
•	THE EDINA COMMUNITY FOUNDATION EXISTS TO ADVANCE OUR COMMUNITY AS A	
	PREMIER PLACE FOR LIVING, LEARNING, RAISING FAMILIES AND NURTURING	
	LEADERSHIP THROUGH THE DEVELOPMENT OF A STRONG PROGRAM OF	
	PHILANTHROPY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
_	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$209,001. including grants of \$183,634.)(Revenue \$)
	PROVIDE A CENTRAL SOURCE FOR RECEIVING GIFTS AND MAKING GRANTS FOR	THE
	BENEFIT OF CITY OF EDINA AND OTHER LOCAL CIVIC GROUPS	
 4b	(Code:) (Expenses \$ 51,834 • including grants of \$) (Revenue \$ 54,834)	313.)
70	PROVIDE PROGRAMS AND CELEBRATIONS TO ENCHANCE THE EDINA COMMUNITY.	<u> </u>
	PROGRAMS INCLUDED JULY 4TH PARADE AND FIREWORKS, CONNECTING WITH KIL	25
	EDINA DAY OF SERVICE, EDINA DIALOGUE, EDINA READS, SENIOR EXPO AND	
	TORCHLIGHT CONCERTS.	
4c	(Code ⁻) (Expenses \$ including grants of \$) (Revenue \$)
	Walter 1	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 260,835.	
	Form 99	0 (2010)

41-1315037

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.] .	7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	ļ	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	۳		
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI, XII, and XIII	⁻12a⁻	_ X _	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	406		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-40		
~	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	മമവ ഗ	2010

Form 990 (2010) THE EDINA COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
١.		27		х
00	Schedule L, Part III	21		
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):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		7.7	
	contributions? If "Yes," complete Schedule M	30	X	
31				7,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
		_	$\alpha \alpha \lambda$	

Form **990** (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Νo 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a		<u>6</u>		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	<u>6</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u> _
6	Does the organization have members or stockholders?	6		<u>X</u> _
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		37
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
a	The governing body?	8a	X	
D	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
	tion D. I Gliolog (This dection b requests information about policies not required by the internal nevertibe code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13 -	Does the organization have a written whistleblower policy?	13		_ X _
14	Does the organization have a written document retention and destruction policy?	14		Х
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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	<u> X</u>	37
b	Other officers or key employees of the organization	15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	100		Х
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
b	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	·		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for		
. •	public inspection Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
-	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation 🕨	-	
	RICHARD CROCKETT - 952.833.9573			
	5280 GRANDVIEW SQUARE, EDINA, MN 55436			

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

Check if Schedule O contains a response to any question 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.

hours per week (describe hours for related organizations)	(A)	(B)		(C)					(D)	(E)	(F)
week	Name and Title		1,0					1		Estimated amount of	
BOARD MEMBER 1.00 0. 0. 0.		week (describe hours for related organizations in Schedule	trustee or director			.,		Ī	from the organization	from related organizations	other compensation from the organization and related organizations
CAROLYN SCHROEDER 1.00 0. 0. 0.		1 00									
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ran	VII Section A. Officers, Directors, Tru		mple	oyee			High	est		ees (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	. Name and title	Average hours per	,_			itior	n app	d. A	Reportable	Reportable			tımate	
	•	week (describe hours for related organizations in Schedule	stee or director	Institutional trustee	Officer		Highest compensated Employee	Ï	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		com fr org and	nount other pensa om th anizat d relat unizati	ation le tion ted
		O)	≘	흐	5	S.	Ŧ 5	8	<u> </u>		_			
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1b	Sub-total		<u> </u>	L	l	<u>. </u>	>	l	45,000.	(0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)	4		1 4 -		<u> </u>	<u> </u>		45,000.		0.			0.
	Total number of individuals (including but recompensation from the organization	iot limited to th	ose	liste	ed al	DOV	e) wr	no r	eceived more than \$100	,000 in reportable				0
											Г		Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, key	y em	plo	yee,	or h	nighest compensated er	nployee on		_ 3 _		- x -
	For any individual listed on line 1a, is the su			ompe	ensa	ation	anc	d oti	her compensation from	the organization				
	and related organizations greater than \$15									.d	-	4		X
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		еат	ed organization or indivi	dual for services	ļ	5		х
Sect	ion B. Independent Contractors													
	Complete this table for your five highest co the organization NONE	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
	(A) Name and business								(B)			(C		
	Name and business	address							Description of s	ervices		ompe	isatio	n
														
					_	_		_						
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	Total number of independent contractors (i \$100,000 in compensation from the organization from the organizatio	_	ot lu	mite	d to		se lis)	sted	l above) who received m	ore than				
	wroo,ooo iii compensation from the organi.	cation -								I.		Co (200 /	0010

0.

452,603.

54,813.

C

032009 12-21-10

All other revenue Total, Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp		not required to complete)
	not include amounts reported on lines 6b, 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	* 1 1			
	organizations in the U.S. See Part IV, line 21	183,634.	183,634.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	45,000.	13,500.	13,500.	18,000.
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	2,030.	2,030.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,304.	1,420.	1,248.	1,636.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	15,347.	4,604.	4,604.	6,139.
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses .	560.	168.	168.	224.
14	Information technology				
15	Royalties				
⁻ 16 ⁻	Occupancy	1,800.	540.	540.	720.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	954.	286.	286.	382.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	50.005			
а	SEE ATTACHMENT	60,900.	54,653.	2,293.	3,954.
b					
C					
d					
е					
f	All other expenses	244 725			
<u>25</u>	Total functional expenses Add lines 1 through 24f	314,529.	260,835.	22,639.	31,055.
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

1 Cash - non-interest-bearing 8, 289, 1 20 2 Savings and temporary cash investments 434,527, 2 46 3 Pledges and grants receivable, net 116,250, 3 15 4 Accounts receivable, net 116,250, 3 15 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 7 8 Inventiones for sale or use 8 9 9 Prepaid expenses and deferred charges 9 9 9 9 9 9 9 9 9	
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b Less. accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	
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12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Crganizations that follow SFAS 117, check here X and complete	
13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	
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15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ■ X and complete	
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17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account diability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	6,037
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here X and complete	706,841.
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here X and complete	24,224.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	
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24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	
25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	
26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	
Organizations that follow SFAS 117, check here X and complete	24,224.
	<u></u>
27	
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here	268,716
29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here	225,209
Organizations that do not follow SFAS 117, check here	188,692.
complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances 544,543. 33 68	682,617
	706,841.

Form **990** (2010)

Form	1 990 (2010) THE EDINA COMMUNITY FOUNDATION	<u>41-131</u>	<u>5037 </u>	Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI	-							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	452	2,6	03.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	314	1,5	29.				
3	Revenue less expenses. Subtract line 2 from line 1	3	138	3,0	<u>74.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	5 Other changes in net assets or fund balances (explain in Schedule O) 5								
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				لعا				
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both								
	X Separate basis Consolidated basis Both consolidated and separate basis								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1						
	Act and OMB Circular A-133?		3a		_X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
			Form 9	990 (2010)				

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Employer identification number

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Inspection

		THE EDI	NA COMMUNITY	FOUN	DATIC	N			41	-1315	037	
Part	I Reasor	n for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions				
The org	anization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🖳	☐ A church, c	onvention of churche	es, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2 🖳	A school de	escribed in section 13	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 上	A hospital o	or a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 _	A medical re	esearch organization	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter th	ie hospital	l's nam	ıe,
	city, and sta	ate:									_	
5 🗀	An organiza	ition operated for the	benefit of a college or us	niversity o	wned or o	perated by	a govern	mental un	ıt describe	d in		
	section 17	0(b)(1)(A)(iv). (Compl	ete Part II)									
6 📙	A federal, st	tate, or local governm	nent or governmental uni	t describe	d in sectio	on 170(b)(1)(A)(v).					
7 _		tion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	nbed ı	n
	section 170	D(b)(1)(A)(vi). (Comple	ete Part II)									
8 📙		ty trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 LX	An organiza	tion that normally red	ceives (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ıp fees, and	d gross red	ceipts	from
	activities re	lated to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 1	1/3% of its	s support f	rom gross	ınvest	ment
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization af	iter June 3	80, 197	' 5.
_	_	n 509(a)(2) . (Complete	•									
10	_		perated exclusively to te					-				
11			perated exclusively for the									or
			ations described in secti				2) See se e	ction 509(a)(3). Chec	k the box	that	
			organization and compl		•				.—			
	a ∐Type		• •		e III - Func		-			Type III - C		
e			at the organization is not									n
4			than one or more publicly						9(a)(1) or se	ection 509	ı(a)(2).	
f			tten determination from t	ine ins tha	атпізату	pe i, Type	ii, or type)				
		organization, check tl	organization accepted ar	ov artt or o	antribution	from one	of the fell					ш
g	=		firectly controls, either al			•		• •		1	Yes	No
			upported organization?	one or tog	outer with	persons	resembed	iii (ii) ai la (iii) below,	11g(i)	163	140
	=	-	n described in (i) above?							11g(ii)		
		-	person described in (i) o		- ?					11g(iii)		
h		=	about the supported or					•				
		3		9	1-7							
(i) Nar	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Am	ount o	
	rganization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátic (i) organiz	on in col. (red in the l	Supp		•
			above or IRC section	governing	document?	(i) of you	support?	\`′	.7	, ,	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			B					ļ				
		<u></u>	ļ									
				ļ								
						-		ļ				
					<u> </u>				 			

	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I	or if the organization			•
Se	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	· · · · ·				-
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(-)		(4)	1	(3/2	.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					Ì	
	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						
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)			<u> </u>			
6	Public support. Subtract line 5 from line 4			<u> </u>	1		ļ
Se	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·		_	1	Y
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		<u> </u>	1			L
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	•	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
Sec	organization, check this box and storection C. Computation of Publ		ercentage				
14	Public support percentage for 2010 (I	line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Pari	t II, line 14			15	%
16a	33 1/3% support test - 2010. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	_					ightharpoons
b	33 1/3% support test - 2009. If the o	rganization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	_					▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances tes	•	•		ŭ	17a, and line 15 is	10% or
	more and if the organization meets th	•					

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, picaso comp	sioto i urt ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received (Do not						
	ınclude any "unusual grants ")	226,449.	330,402.	209,480.	289,203.	388,653.	1444187.
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 organ- ization'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	226,449.	330,402.	209,480.	289,203.	388,653.	1444187.
	Amounts included on lines 1, 2, and	220,443.	330,402.	205,400.	205,205.	300,033.	144410/.
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						1444187.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	226,449.	330,402.	209,480.	289,203.	388,653.	1444187.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,451.	14,010.	10,582.	8,364.	9,137.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	15,451.	14,010.	10,582.	8,364.	9,137.	57,544.
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.)						
	Total support (Add lines 9, 10c, 11, and 12)	241,900.	344,412.	220,062.	297,567.	397,790.	<u>1501731.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
	check this box and stop here						
	tion C. Computation of Publi		-		1	1	06.45
	Public support percentage for 2010 (I		•	olumn (f))		15	96.17 %
	Public support percentage from 2009					16	96.08 %
	ction D. Computation of Inves			- 401 - 65			2 02
	Investment income percentage for 20			e 13, column (f))		17	3.83 %
	Investment income percentage from 2	· ·	•		45	2.1/20/	3.92 %
	33 1/3% support tests - 2010. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2009. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	. ► X
D	line 18 is not more than 33 1/3%, che	-					u
~	Private foundation If the organization			•		_	

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes," to Form 990,

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

THE EDINA COMMUNITY FOUNDATION 41-1315037 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? _ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? __ Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 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

Assets included in Form 990, Part X

		NA COMMUNI				L-1315037 Page 2	
Par	0.94						
3	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):						
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purpose	e in Part XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets		
	to be sold to raise funds rather than to be ma					Yes No	
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	Form 990, P	art IV, line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other assets no	t included		
	on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table				
						Amount	
C	Beginning balance				1c		
	Additions during the year				1d		
е	Distributions during the year	1e					
f	Ending balance				1f		
	Did the organization include an amount on F	orm 990, Part X, line	217			Yes No	
$\overline{}$	If "Yes," explain the arrangement in Part XIV	f 4h		000 Port IV line	10		
Par	t V Endowment Funds. Complete			T'	T -	rs back (e) Four years back	
	5	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	IS DACK (e) FOUL YEARS DACK	
	Beginning of year balance	268,392.	255,892.				
Ь	Contributions	45,300.	12,500.				
_	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs			,,,,			
	Administrative expenses	313,692.	268 392.				
	End of year balance Provide the estimated percentage of the yea				l		
2 a	Board designated or quasi-endowment	40.00	%				
	Permanent endowment 60.00	%					
		~^%					
	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organizat	ion	
Ja	by	oolon or the organiza			J	Yes No	
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations					3a(ii) X	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?			3b	
4	Describe in Part XIV the intended uses of the					<u> </u>	
	t VI Land, Buildings, and Equipm						
	Description of investment	(a) Cost or o		or other (c)	Accumulated	(d) Book value	
		basis (investr	' '	1 ' '	epreciation		
1a	Land			777			
	Buildings						
	Leasehold improvements						
d	Equipment						
	Other						
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10(c).)		O.	

Schedule D (Form 990) 2010

Fait VIII III Vestillerits - Other Securities.	See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation. 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.	See Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		Method of valuation: end-of-year market value
(1)			
(2)	-		
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, lin	ne 15		
L	a) Description	···-	(b) Book value
(1)	-,		(5)
(2)			
(3)		•	
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9)	•		
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.)		>
Part X Other Liabilities. See Form 990, Part 1	X, line 25.		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) In FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	ne 25)		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740). 2. FIN 48 (ASC 740). 2. FIN 48 (ASC 740).	e to the organization's financial sta	atements that reports the organization	
12-20-10			Schedule D (Form 990) 2010

	dule D (Form 990) 2010 THE EDINA COMMUNITY FOUNDA	TION		-:-1-04-	41-13	1503 / Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	icial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		452,603.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		314,529.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<u>138,074.</u>
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses	_		6		
7	Pnor period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4 through 8	•		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10		138,074.
_	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Reve		Return	
1	Total revenue, gains, and other support per audited financial statements				1	452,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				<u> </u>	±32,003.
	, , ,	ا ۔ ا				
a	Net unrealized gains on investments	2a			\dashv \mid	
þ	Donated services and use of facilities	2b				
С	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV)	2d			_	_
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	452,603.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	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	452,603.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expe	enses pe	er Return	
1	Total expenses and losses per audited financial statements				1	314,529.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b			┥	
c	Other losses	2c				
	Other (Describe in Part XIV)	2d			┥	
d	•	[20]			\dashv \square	0
e	Add lines 2a through 2d				2e	314,529.
3	Subtract line 2e from line 1				3	314,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	, ,	-4a				· · · · · · · · · · · · · · · · ·
	Other (Describe in Part XIV.)	4b				_
С	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	314,529.
Pai	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
						
						
						· -· · ·

CHEDULE orm 990)
သိ ကိ

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	2010	Open to Public	, Inspection

2 Employer identification number 41-1315037 (h) Purpose of grant or assistance X Yes 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 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(bock, if applicable cash grant assistance or government cash are several assistance cash assis 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 157,276, THE EDINA COMMUNITY FOUNDATION 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization SEE ATTACHED SCHEDULE Name of the organization

Schedule I (Form 990) (2010)

Page 2 . Schedule I (Form 990) (2010) (f) Description of non-cash assistance 41-1315037 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2010) THE EDINA COMMUNITY FOUNDATION

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. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 28 (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11 Part IV

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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.

THE EDINA COMMUNITY FOUNDATION

Inspection

Name of the organization

Employer identification number

41-1315037 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g SEE EXPLANATION Art - Works of art X 16,000. 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other > 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2010)

33

b If "Yes," describe in Part II.

describe in Part II

SCHEDULE 0

(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.

2010
Open to Public Inspection

Name of the organization

THE EDINA COMMUNITY FOUNDATION

Employer identification number 41-1315037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCLUSIVELY FOR THE BENEFIT OF THE CITY OF EDINA.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PRESENTED TO THE
EXECUTIVE DIRECTOR, TREASURER AND ASSISTANT TREASURER FOR REVIEW DURING A
FINANCE MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: UPDATE AND REVIEW COMPLETED FORMS
ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15A: ANNUAL REVIEW OF COMPENSATION
PACKAGE WITH FINANCE COMMITTEE. AMOUNT IS APPROVED BY BOARD
FORM 990, PART VI, SECTION C, LINE 18: COPIES OF THE ANNUAL REPORT, THE
FORM 990, AND AN ANNUAL AUDIT PREPARED BY AN INDEPENDENT AUDITING FIRM ARE
AVAILABLE FOR PUBLIC REVIEW IN THE FOUNDATIONOS OFFICE.
FORM 990, PART VI, SECTION C, LINE 19: COPY OF THE ANNUAL AUDIT IS
AVAIALBE FOR REQUEST AT THE FOUNDATIONS OFFICE.
THE FINANCE COMMITTEE REVIEWS THE AUDIT PRIOR TO PRESENTATION TO BOARD.
THE BOARD OF DIRECTORS APPROVES THE SELECTION OF THE INDEPENDENT
AUDITING FIRM.

THE EDINA COMMUNITY FOUNDATION FORM 990
ATTACHMENT - FUNCTIONAL EXPENSES 06/30/11

ADDITIONAL EXPENSES	<u>TOTAL</u>	PROGRAM SERVICE	MGMT & GENERAL	FUND- <u>RAISING</u>
4TH JULY PARADE	21,880	21,880		
4TH JULY FIREWORKS	16,000	16,000		
CONNECTING WITH KIDS	7,414	7,414		
EDINA DIALOGUE	1,038	1,038		
EDINA TORCHLIGHT PARADE	5,105	5,105		
EDINA DAY OF SERVICE	97	97		
EDINA READS	300	300		
	51,834	51,834	-	-
PROFESSIONAL DEVELOPMENT	5,412	1,266	980	3,166
POSTAGE	200	40	40	120
BANK FEES	813	244	244	325
MISCELLANEOUS	261	79	77	105
INSURANCE	2,380	1,190	952	238
	60,900	54,653	2,293	3,954