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# **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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

		2011 calendar year, or tax year beginning	and	ending	1		
Bc	Check if applicable	C Name of organization			D Employer ic	lentification	on number
	Addres:	THE DORSEY & WHITNEY F	OUNDATION				
	Name change	Doing Business As				1-142	4522
	Initial	Number and street (or P 0 box if mail is not de		Room/surte	E Telephone n		0 2600
<u></u>	Termin- ated Amende	50 S SIXTH STREET		1500			0-2600 2,757,915
<u> </u>	⊥lretum ∏Applica	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55402	_1498		G Gross receipts \$ H(a) Is this a gi		
	⊥tiòn pending	F Name and address of principal officer:KIM			for affiliate	•	Yes X No
		SAME AS C ABOVE			H(b) Are all affilia		
	Tax-exe	npt status: X 501(c)(3) 501(c) (		or 527	If "No," at	tach a list.	(see instructions)
		: ► N/A		<del></del>	H(c) Group exe		
			ssociation Other	L Year	of formation 19	82 M Sta	te of legal domicile M
PE		Summary	CUDD	ODMINO	MAY EVE	MDM C	UNDIMARIE
Activities & Governance		riefly describe the organization's mission or mos ND EDUCATIONAL ORGANIZAT		OKTING	TAX EXE	MPT C.	nakitable
i.	2 (	heck this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its	net assets	<b>s.</b>
žove	ı	umber of voting members of the governing body		•		3	
∞ ∞	1	umber of independent voting members of the go	· · · · · · · · · · · · · · · · · · ·	••		4	
ties	1	otal number of individuals employed in calendar		•	-	5	
Ę.		otal number of volunteers (estimate if necessary)				6 7a	0
Ą	1	otal unrelated business revenue from Part VIII, co et unrelated business taxable income from Form				7b	0
_	B	et differated business taxable income nom Form	990-1, line 54 .	···	Prior Year	170	Current Year
•	8 (	ontributions and grants (Part VIII, line 1h)			3,245,4	29.	2,757,301
ž	1	rogram service revenue (Part VIII, line 2g)		$\square$		0.	0
Revenue		vestment income (Part VIII, column (A), lines 3, 4		[	1,6	14.	614
<b>—</b>	11 (	ther revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)			0.	0
	12	otal revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		3,247,0		2,757,915
		rants and similar amounts paid (Part IX, column			3,495,3		2,840,412
		enefits paid to or for members (Part IX) dolumn		.		0.	0
ses		alaries, other compensation, employee benefits		•		0.	0
Expenses	16a F	rofessional fundraising fees (Far, IX, column (A), otal fundraising expenses (Partix, column (D), III	ine 11e)	0.			
Ä		otal fundraising expenses (Partix, column (A), lines 11a-11c			5	80.	191
	18 1	otal expenses. Add lines 13-17 (mushequal Parti	IX. column (Alaline 25)		3,495,9		2,840,603
	19 F	otal expenses. Add lines 13-17 (must equal Part evenue less expenses. Subtract-line 18:1rom line	V2 LIT		<248,9		<82,688
Net Assets or Fund Balances				Be	ginning of Current	Year	End of Year
sets	20 1	otal assets (Part X, line 16)			364,3		281,682
age BB	21 ]	otal liabilities (Part X, line 26)				0.	0
		et assets or fund balances. Subtract line 21 fron	1 line 20	<u></u>	364,3	70.	281,682
	art II	Signature Block	fortular and the first state of			-4 -4 · 1	unlanda a and bushink his
	-	ies of perjury, I declare that I have examined this return					owieage and belief, it is
true	, correct	and complete Declaration of preparer (other than office	er) is based on all illiorniation of w	ilicii piepaiei	IIas ally kilowieug		2012
Sig	<u>,</u>	Signature of officer			Date	<u>. , , , , , , , , , , , , , , , , , , ,</u>	~ ' ~
Her		KIM SEVERSON, CHAIR &	DIRECTOR				
	·	Type or print name and title					
	$\neg \uparrow$	Print/Type preparer's name	Preparer's signature		Date C	heck	PTIN
Paid	d [				sı	elf-employed	_
Pre	parer [	Firm's name			Firm's E	IN 🛌	
Use	Only	Firm's address 📂					
				<del></del>	Phone r	10	<u> </u>
		S discuss this return with the preparer shown ab					Yes No
1220	101 01-22	12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructi	ions.			Form <b>990</b> (201

G16

Part IV	Checklist of Required Schedules

·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<del></del>		
•	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	_ <u>-</u> _	l	
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i — —
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>├</b> Ğ		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	┝┷	-==	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- <del>-</del> -		
Ū	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	├ <del>ॅ</del>		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ĺ	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>	<b></b>	<del></del>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10	-	
11			-	-
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	1
a		11a		х
_	Part VI	110	<u> </u>	-
O	·	115		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 13 that is 5% or more of its total	110		
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
4	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			<del></del> -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	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	-:		<del></del>
•	the organization's separate of consolidated infancial statements for the tax year include a roomote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a		х
<b>h</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<del></del> -
·	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь		1		
~	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		<del> </del>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- <del></del>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	]	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del>`</del>		
	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,"	- <del></del>		<del></del>
		19		х
20-	District Control of the Control of t	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
	11 100 to into 200, did the organization attach a copy of its addited intariolal statements to this fetom.		990 (	2011)
			(	• • • • • • • • • • • • • • • • • •

Part IV	Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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 27 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			١
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	۱.,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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			١,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	_		٠.
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200	1	Х
a		28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		<del></del>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	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			
0_	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 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a		35a		Х
ь				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	Х
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	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
		Form	990 (	(2011)

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable  1s. Enter the number of Forms W2G included in lane 1a. Enter 0- if not applicable  Dist the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with making with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with making with ordinary to the payments of the organization of the reportable payments to vendors and reportable gamming (gambling) with making with or within the year covered by this return  1st of the organization due to the organization of feel all required federal employment tax returns?  Note. If the said red sort 900 Tof for the year 1/ No. "provide an expected to -feel feel enstructions)  1st if vas 1 has the fide a form 900 Tof for the year 1/ No. "provide an expected to -feel feel enstructions)  1st if vas 2 has the did a form 900 Tof for the year 1/ No. "provide an expected to -feel feel enstructions)  1st if vas 2 has the did a form 900 Tof for the year 1/ No. "provide an expected to -feel feel enstructions)  1st if vas 2 has the did a form 900 Tof for the year 1/ No. "provide an expected to -feel feel enstructions)  1st if vas 3 has the did a form 900 Tof for the year 1/ No. "provide an expected payment of the organization for the authority over, a financial account; state of the organization for feel payment of foreign Bank and Financial Accounts.  1st if vas 4 has the payment of the foreign country: \$small belowed by the payment of the payment of foreign Bank and Financial Accounts.  1st if vas 4 has the payment of the foreign country: \$\begin{small below the payment of foreign Bank and Financial Accounts.  1st if vas 4 has the payment of the foreign country: \$\begin{small below the payment of foreign Bank and Financial Accounts.  1st if vas 4 has the payment of the foreign sales that are normally greater than \$100,000, and did the organization solid and the deductible?  1st if vas 5 has the payme	Par	Chèck if Schedule O contains a response to any question in this Part V			
1s Enter the number reported in Box3 of Form 1096, Enter-O+ find applicable  Det the organization comply with backop withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of amplicases reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  If all east one is reported on line 28, did the organization file all required idearla employment tax returns?  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  By 1st least one is reported on line 28, did the organization file all required idearla employment tax returns?  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  By 1st least one is reported on line 28, did the organization file all required decard employment tax returns?  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  By 1st least one during the calendar year, did the organization have an interest in, or a separature or other authority over, a financial account; a form 990-Ti for this year? If Yo, "provide an explanation in Schedule O  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See in Yes, 1so line 6a of 5b, did the organization file Form 88867?  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See If Yes, 1so line 6a of 5b, did the organization file form 88867?  See Instructions for filing requirements for Form 88867?		Check it contentie o contains a response to any question in this rait v		V	<u> </u>
b Enter the number of Forms W-26 included in line 1a. Enter 0-fi not applicable  Did the organization comply with backing withfolding fulles for reportable payment to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  If the calendar year ending with or within the year covered by this return  Bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lane 1a and 2 is greater than 250, you may be required to e-file (see instructions)  Bit if Yes, *in as if fed a Form 990-fir fith year /fi */%, *provide an explanation in Scheduls O  Bit if Yes, *in as if fed a Form 990-fir fith year /fi */%, *provide an explanation in Scheduls O  Bit if Yes, *in as if fed a Form 990-fir fith year /fi */%, *provide an explanation in Scheduls O  Bit if Yes, *in as if fed a Form 990-fir fith year /fi */%, *provide an explanation in Scheduls O  Bit Yes, *in a state of the organization fith it was or is a perity to a prohibited tax whether transaction at any time during the fax year?  Bit Yes, *in the San of Sb, did the organization fith it was or is a perity to a prohibited tax whether transaction?  Bit Yes, *in the san of Sb, did the organization fith it was or is a perity to a prohibited tax whether transaction are young to the organization had it was or is a perity to a prohibited tax whether transaction are young to the organization include with even young to the organization fith it was or is a perity to a prohibited tax whether transaction are young to the organization include with even young to the organization fith it was or is a perity to a prohibited tax whether transaction?  Bit Yes, *id the organization include with even young to the organization fith organization shall really respective deductible?  Organizations that may receive deductible outributions under section 170(c).  Bit the organization shall really respective the organization s	4	Estar the number reported in Box 2 of Form 1006 Estar 0, if not applicable		res	NO
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If it all east one is reported on line 2a, did the organization file affecting elderal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If Yes, has if filed a Form 990-T for this year? If Y-No. *provide an explanation in Schedule O  If Yes, and during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial accounts?  If Yes, enter the name of the foreign country: Pose instructions for filing requirements for Form To F.90.22.1, Report of Foreign Bank and Financial Accounts.  So was the organization a party to a prohibited tax sholter transaction at any time during the tax year?  So be any taxable party nority the organization file Form 8888-17  If Yes, to line Sa or Sb, did the organization file Form 8888-17  If Yes, to the sa or Sb, did the organization file Form 8889 are reported on any contributions that were not tax deductible?  If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If Yes, did the organization include with every solicitation an express transmin that such contributions or gifts were not tax deductible?  If Yes, did the organization notify the done of the value of the apposition and party for goods and services provided to the payor?  If Yes, did the organization neceive any funds, diffectly or indirectly, to pay premiums on a personal benefit contrac		· · · · · · · · · · · · · · · · · · ·			
Gambling) winnings to prize winners?  Effect for the calendaryear ending with or within the year covered by this return  filed for the calendaryear ending with or within the year covered by this return  Note. If the sum of lanes ta and 2 is greater than 250, you may be required to effect (see instructions)  Note. If the sum of lanes ta and 2 is greater than 250, you may be required to efficie en instructions  Note. If the sum of lanes ta and 2 is greater than 250, you may be required to e-file (see instructions)  Note. If the sum of lanes ta and 2 is greater than 250, you may be required to e-file (see instructions)  Note. If the sum of lanes ta and 2 is greater than 250, you may be required to e-file (see instructions)  Note the organization have unrelated business gross income of \$1,000 or more during the year?  10 If Yes, 1 and 1 file a file of possible of the organization in have an interest in, or a signature or other authority over, a financial account; or other financial account; or the financial account; or		Effet the hornoer of Forms W-2d included in line 1a. Lines of it not applicable			į
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary year anding with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3 b If the veganization have unrelated bosiness gross income of \$1,000 or more duming the year?  3 a X  X  b If Yes, has it filed a Form 990-T for this year? If Y-No, *provide an explanation in Schedule O  3 b If Yes, and during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  5 b If Yes, and the foreign country (such as a bank account, securities account, or other financial account?)  5 b If Yes, and the foreign country of year and the foreign country.  5 a Vas the organization and the foreign country of year and the foreign country of year and year and year.  5 b Use the organization file Form 898-6.7?  5 b C If Yes, to line 5 aor 55, did the organization file Form 898-7.7  5 c If Yes, to line 5 aor 55, did the organization file Form 898-7.7  6 b If Yes, and the organization and prose receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 b If Yes, and the organization include with very solicitation an express statement that such contributions or grifts were not tax deductible?  6 b If Yes, if the organization include with very solicitation an express and property for which it was required to the flag form 8322?  6 c Dos the organization received and only the docre of the value of the goods or services provided?  7 b If Yes, if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  7 if Yes, if Yes, indicate the			10	ı	İ
tilled for the calendary year ending with or within the year covered by this return    2a					
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 bit the organization have unrelated business gross income of \$1,000 or more during the year?  3 bit 1 Yes, *has it filed a Form 990-Tile or this year?  3 bit 1 Yes, *has it filed a Form 990-Tile or this year?  3 bit 1 Yes, *has it filed a Form 990-Tile or this year?  4 bit 1 Yes, *has it filed a Form 990-Tile or this year?  5 bit 1 Yes, *has it filed a Form 990-Tile or this year?  5 bit 1 Yes, *has it filed a Form 990-Tile or this year?  5 bit 1 Yes, *her the name of the foreign country (such as a bank account, securities account, or other financial account)?  5 bit 1 Yes, *her the name of the foreign country (such as a bank account, securities account, or other financial account).  5 bit 1 Yes, *the the financial part of Form 10 F 90-22.1, Report of Foreign Bank and Financial accounts.  5 bit 1 Yes, *the financial part of the organization has that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5 bit 1 Yes, *to line 5 as of 5b, did the organization file Form 8896-T?  6 cit 1 Yes, *to line 5 as of 5b, did the organization file Form 8896-T?  7 bit 1 Yes, *to line 5 as of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 bit 1 Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 bit 1 Yes, *did the organization notify the donor of the value of the goods or services provided?  7 contributions that many receive deductible contributions under section 170(c).  8 bit the organization receive any apment in excess of 375 made party as a contribution of qualified presentations are presented to the propartization received and contribution of qualified the leftential property for which it was required to file Form 82982 filed during the year.  9 bid the organization received a contributio					İ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		,	2b		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  5b If Yes, and the financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization fore foreign foreign financial accounts.  5c Was the organization filt of the organization filt form 8886-17  6c If Yes, to line 5a or 5b, did the organization filt form 8886-17  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, include the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d If Yes, include the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d If Yes, include the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d If Yes, include the organization notify the donor of the value of the goods or services provided?  7d If Yes, include the organ					
b if Yes,* has filled a Form 990-T for this year? If YNo,* provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial account?  **Note:** financial account in a foreign country; leuch as a bank account, securities account, or other financial accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  **See instructions for filing fil			3a	l	X
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financial account in a foreign country (such as a bank account, secunities account, or other financial accountity?  b   f '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.  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   X    Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c   Yes,' did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6b   Yes,' did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6c   Yes,' did the organization notify the donor of the value of the goods or services provided?  7c   Did the organization notify the donor of the value of the goods or services provided?  8d   I'Yes,' did the organization notify the donor of the value of the goods or services provided?  8d   I'Yes,' indicate the number of Forms 8282? filed dump the year  9   Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e   X    10   If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7   Ex   X    11   If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Borm 1098-C?  7h   The organization maintaining donor advised funds and settlen 509(3)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  12   Did the organization make any taxable distributions under section 49667  13   Section 501(c)(7) organizations.		·			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12c  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoo	_		/c		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule U					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		gon /	(2011)

41-1424522 THE DORSEY & WHITNEY FOUNDATION Form 990 (2011) 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 Section A. Governing Body and Management No Yes 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 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? ... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? ... . .. .. .. .. .. .. .. .. Яa **b** Each committee with authority to act on behalf of the governing body? 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? ....... 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 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? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done . X 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization . . . 15b 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 X 16a taxable entity during the year? .. .. .. ... . ..... 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 List the states with which a copy of this Form 990 is required to be filed ▶MN 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. X Upon request Own website Another's website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROSE WILSON - 612 340 2847 55402-1498 S SIXTH STREET, SUITE 1500, MINNEAPOLIS,

132006 01-23-12

# 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.

X Check this box if pather the organization nor any related organization companyated any current officer director, or trustee

- 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.

(A) Name and Title	(B) Average hours per week	offi	not c	(C) Position check more than one ess person is both ai und a director/trustee			one h an tee)	(D) Reportable compensation from	(E)  Reportable  compensation  from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KIM SEVERSON	-1 *,	v		v						•	
CHAIR & DIRECTOR	<del> </del>	X	-	Х	-	_		0.	0.	0	
(2) PETER CARTER	1	X		х				0.	. o.	0	
SEC/TREASURER & DIRECTOR	2.23	┢	<del> </del> —	^	├	-		<u> </u>	0.		
(3) TERRENCE DANYSH DIRECTOR		x						0.	. o .	0	
(4) SANDRA EDELMAN		^			-	-					
DIRECTOR		X						0.	. o.	0	
(5) WILLIAM JONASON	<del>                                     </del>	<del>                                     </del>			_						
DIRECTOR		X						0.	. o.	0	
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Form 990 (2011)

Name and title    Average   Nours per   Week   Glescribe   Nours per   Week   Glescribe   Nours per   Week   Glescribe   Nours per   Week   Glescribe   Nours per   Feet	Part VII Section A. Officers, Directors, Tr		mple	oyee			High	est		ees (continued)	<del></del>			
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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 ▶  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  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  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  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)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  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	c Total from continuation sheets to Part V	II, Section A												0
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization of services  (A)  Name and business address  NONE  Pyes, "completed to those listed above) who received more than \$100,000 of compensation from the organization. Sectived more than \$100,000 of compensation. The organization of independent contractors that received more than \$100,000 of compensation. Services or generation for the calendar year ending with or within the organization of services. Section B. 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 of services. Section B. 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 of services. Section B. Independent contractors that received more than \$100,000 of compensation. Services organization or the calendar year ending with or within the organization or services. Compensation or the organization or services. Section B. Compensation or services.							<u> </u>		·	<u> </u>				0
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  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  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  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 NONE  Description of services  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. In the organization of compensation from the organization. In the organization of services organization of services.  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. In the organization of compensation from the organization. In the organization of compensation from the organization. In the organization of compensation from the organization. In the organization of compensation from the organization. In the organization of compensation from the organization. In the organization of compensation from the organization of received more than \$100,000 of compensation from the organization. In the organization of received more than \$100,000 of compensation from the organization or from the organization of received more than \$100,000 of compensation from the organization of received more than \$100,000 of c	2 Total number of individuals (including but a	not limited to th	nose	liste	ed al	bov	e) wi	ho re	eceived more than \$100	,000 of reportable	<del>)</del>			
line 1a? If "Yes," complete Schedule J for such individual  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  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  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)  (B)  (C)  Compensation  Compensation  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 from the organiza	compensation from the organization						-		· · · · · · · · · · · · · · · · · · ·				Yes	No
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  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  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  NONE  Description of services  Compensation  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 is the organization in the organization is the organization or organization is the organization is the organization is the organization is the organization organization is the organization organization is the organization organization is the organization organization is the organization organization is the organization organization is the organization organization is the organi	3 Did the organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on	ſ			***************************************
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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  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)  (B)  (C)  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of compensation from the organization or individual for services individual for s	line 1a? If "Yes," complete Schedule J for	such individual										3	]	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  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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	•	•		-					· ·	the organization	ł	1		
rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Compensation  Name and business address  NONE  Description of services  Compensation  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	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	or such individual		. ļ	4		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) (B) (C)  Name and business address NONE Description of services Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim \)								relat	ed organization or indivi	dual for services		1	1	.,
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)  (B)  (C)  Compensation  None  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  O		nplete Schedui	e J f	for s	uch	pen	son					_5		X
Name and business address NONE Description of services Compensation  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		ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	pensa	ation fr	om	
Name and business address NONE Description of services Compensation  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	the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	<u>rithır</u>	the organization's tax	year.				
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	• •		27/	~>TT	,					00000	C.			_
\$100,000 of compensation from the organization   0	Name and business	aduress	N	INC	<u> </u>			-	Description of s	ervices			Salioi	<u></u>
\$100,000 of compensation from the organization   0								_						
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0								Ī						
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0					-									
Viou, our of the first the organization v	Total number of independent contractors	including but r	not li	mite	d to	tho	se li	l sted	l above) who received m	nore than		<del></del>		
	\$100,000 of compensation from the organ	ization >				(	U		<del></del>		<del></del>	<del></del>	)00 (c	

Pa	<u>rt V</u>	Ш	Statement of Revenue				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1	а	Federated campaigns 1a				,
퉏됬			Membership dues 1b				
اغ ق			Fundraising events 1c				
# La			Related organizations 1d				
S,E			Government grants (contributions) 1e				•
is is			All other contributions, gifts, grants, and				
돌림			similar amounts not included above 11 2,757,301.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines 1a-1f \$				
aSo		-	Total. Add lines 1a-1f	2,757,301.			
		•	Business Code		· ·		
9	2	а					
Program Service Revenue		b					
Se		c					-
E S		d					
Ř		e					
<u>4</u>			All other program service revenue				
			Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	614.			614.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	_		(i) Real (ii) Personal				
	6	а	Gross rents				
	_	b	Less: rental expenses				
			Rental income or (loss)	-	İ		
			Net rental income or (loss)				
			Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory				
		b	Less: cost or other basis				
			and sales expenses				
		С	Gain or (loss)				
			Net gain or (loss)				
6	8	а	Gross income from fundraising events (not				
Š			including \$ of				
eve			contributions reported on line 1c). See				
Other Revenue			Part IV, line 18			`	
돭		b	Less: direct expenses b	·			
O		С	Net income or (loss) from fundraising events				
	9	а	Gross income from gaming activities. See				
			Part IV, line 19 a		]		
		b	Less: direct expenses b		1		
		c	Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances a				
		b	Less: cost of goods sold b		1	,	
		С	Net income or (loss) from sales of inventory				
	<u></u>		Miscellaneous Revenue Business Code		] .		*
	11	а					
		b					
		C					
		d	All other revenue	<del></del>	ļ		
		е	Total. Add lines 11a-11d	<u></u>			ļ
	12	_	Total revenue. See instructions	2,757,915.	0.	0.	
1320 01-2	υ9 3-12						Form <b>990</b> (2011

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se to any question in thi	s Part IX		
	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		-		
	organizations in the United States See Part IV, line 21	2,834,240.	2,834,240.		
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	11.11(1111
	the United States. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to governments,			<u> </u>	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	4,172.	4,172.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			<del> </del>	
16	Occupancy				
17	Travel	<del> </del>		·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			:	
а	NEW CHECKS	161.		161.	
b	STATE OF MINNESOTA FILI	25.		25.	
С	SERVICE CHARGE	5.		5.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,840,603.	2,840,412.	191.	0.
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 Beginning of year End of year 1 1 Cash - non-interest-bearing 281,682. 364,370. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 instructions) 6 7 7 Notes and loans receivable, net . ... 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10c Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 364,370. 281,682. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses .. ..... 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities ........ 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets . 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 281,682.364,370. 32 32 Retained earnings, endowment, accumulated income, or other funds 364,370. 281,682. 33 33 Total net assets or fund balances 364,370. 281,682. Total liabilities and net assets/fund balances

Form 990 (2011)

Form 990 (2011)

# SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE DORSEY & WHITNEY FOUNDATION

Employer identification number
41-1424522

Part	f	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he org	anı	zation is not a	private foundation l	because it is: (For lines 1	through 1	1, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з [		A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)	(A)(iii).					
4				perated in conjunction					(b)(1)(A)(ii	i). Enter th	he hospital	's nam	e,
		city, and state					_				<u> </u>		
5		An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governi	mental uni	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1	)(A)(v).					
7 🖸	X 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		-		eives: (1) more than 33 1			om contri	butions, m	embershi	p fees, an	d gross red	eipts 1	from
				nctions - subject to certa									
				axable income (less sect									
			<b>509(a)(2).</b> (Complete										
10 🗀				perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	i).				
11 🗀	$\bar{\Box}$			perated exclusively for th						y out the	purposes o	f one o	or
				ations described in section									
				organization and comple									
		a Type I	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	: 🔲 Тур			egrated		d [	Type III · C	Other	
e 🗀				t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	ersons oth	er thai	n
				han one or more publicly									
f				ten determination from t									
			rganization, check th										
9			•	rganization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
				rectly controls, either al								Yes	No
				upported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
				person described in (i) o		∍? .					11g(iii)		
h				about the supported or									
			_		_								
(1) 615	me	of supported	(ii) EIN	(III) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(yi) Is		(vii) An	nount of	•
		nization	(11, 211)	organization		sted in your			organizatı (i) organiz			port	
				(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
								-					
							}		}				
												_	_
						1							
			:					^					
Total			ļ					<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 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.)

							<del>.</del>			
Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1961983.	2248414.	2544492.	3245429.	2757301.	12757619.			
2	Tax revenues levied for the organ-									
	ization'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	1961983.	2248414.	2544492.	3245429.	2757301.	12757619.			
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)				····		6696495.			
6	Public support. Subtract line 5 from line 4						6061124.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	1961983.	2248414.	2544492.	3245429.	2757301.	12757619.			
8	Gross income from interest,									
	dividends, payments received on	1								
	securities loans, rents, royalties									
	and income from similar sources	38,923.	22,203.	949.	1,614.	614.	64,303.			
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.)						<u> </u>			
11			-				12821922.			
12		, etc. (see instructi	ons)			12				
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and sto						▶□			
Se	ction C. Computation of Pub	lic Support Pe	rcentage							
14	Public support percentage for 2011 (	(line 6, column (f) d	ivided by line 11, o	olumn (f))		14	47.27 %			
15	Public support percentage from 2010	O Schedule A, Part	II, line 14			15	51.41 %			
168	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization	١ .			<b>&gt;</b> X			
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/39	6 or more, check t	his box			
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation .			▶∟			
178	17a 10% -facts-and-circumstances test - 2011. 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									
ı	10% -facts-and-circumstances tes					17a, and line 15 is	10% or			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizate						ns 🕨			
							0 or 990-EZ) 2011			

# Schedule A (Form 990 or 990-EZ) 2011 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

Se	ction A. Public Support	now, please comp	Siete Fait II.)	·- ·- · · · · ·		<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
	formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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						
	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
	O 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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	' '					
	ction B. Total Support		•	<u> </u>		<u> </u>	-
	indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
42	assets (Explain in Part IV.)		<u> </u>		<del>                                     </del>	<del> </del>	
	Total support (Add lines 9, 10c, 11, and 12)					504(-)(0)	
14	First five years. If the Form 990 is for	the organization:	s tirst, second, thii	a, tourth, or titth to	ax year as a secti	on 50 i (c)(3) organiz	ation,
<u></u>	check this box and stop here ction C. Computation of Publi	o Support Po	roontogo			<del> </del>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·			(A)		15	
_	Public support percentage for 2011 (li		•	column (I))		15	<u>%</u>
16				<del></del>	<del></del>	16	%
	ction D. Computation of Inves					-	
	Investment income percentage for 20	•	•	ne 13, column (t))		17	%
18	, ,				. 45	18	% 17:0 - 04
19:	33 1/3% support tests - 2011. If the	-					I / Is not
	more than 33 1/3%, check this box ar	=	•	, ,	• • •		. ▶□
	33 1/3% support tests - 2010. If the	-					. —
	line 18 is not more than 33 1/3%, che			•			
20	Private foundation. If the organization	1 did not check a	box on line 14, 19	a, or 19b, check the	nis box and see ir	structions	<u> </u>

# (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. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	THE DORSEY & WHITNE		·			41-1424	
Par	t I Organizations Maintaining Donor Advise	d Funds or (	Other Similar F	Funds or A	ccou	<b>nts.</b> Complete if	the
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Dono	or advised funds		b) Fund	ls and other acco	ounts
1	Total number at end of year			2			
2	Aggregate contributions to (during year)		1,757,19				
3	Aggregate grants from (during year)		1,757,19	96.			
4	Aggregate value at end of year		.,				
5	Did the organization inform all donors and donor advisors in v	vriting that the	assets held in donc	r advised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal o	control?			X Yes	L No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writin	g that grant funds	can be used o	only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor,	or for any other pu	urpose confer	ring		
	Impermissible private benefit?					X Yes	No_
Par	t II Conservation Easements. Complete if the org	anization answ	ered "Yes" to Form	990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all the	at apply).				
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of	f an historical	y impoi	rtant land area	
	Protection of natural habitat	L	Preservation o	f a certified hi	storic s	tructure	ť
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation	n contribution in th	e form of a co	nservat	tion easement on	the last
	day of the tax year.				······		
					·	Held at the End of t	the Tax Year
а	Total number of conservation easements			• •••	2a		
b	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified historic stru				2c		
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, ar	nd not on a historic	structure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, releasements	eased, extinguis	shed, or terminated	by the organ	ization	during the tax	
_	year -						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per		, inspection, nand	ling of		Yes	□ No
_	violations, and enforcement of the conservation easements it						140
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and of						
7	Does each conservation easement reported on line 2(d) above						_
8		e satisfy the rec	duttettiettis of secti	OII 170(II)(4)(E	7/(1)	Yes	□ No
9	and section 170(h)(4)(B)(ii)?	on escemente i	n tte revenue and e	 Vnanca stator	nent si		
9	include, if applicable, the text of the footnote to the organization						
	conservation easements.	ion s initariolar s	tatements that oo		jai neam	on a dooddnang i	•
Pa	t III Organizations Maintaining Collections of	Art. Histor	ical Treasures.	or Other	Simila	ır Assets.	
L	Complete if the organization answered "Yes" to Form			,			
1a	If the organization elected, as permitted under SFAS 116 (AS			statement ar	nd balaı	nce sheet works	of art,
	historical treasures, or other similar assets held for public exh						
	the text of the footnote to its financial statements that descri				·	•	
ь	If the organization elected, as permitted under SFAS 116 (AS			tement and b	alance	sheet works of a	rt, historical
	treasures, or other similar assets held for public exhibition, ed						
	relating to these items:	•			-		
	(i) Revenues included in Form 990, Part VIII, line 1	_			▶ \$	;	
	(ii) Assets included in Form 990, Part X				▶ \$	- <del></del>	
2	If the organization received or held works of art, historical trea				provide		
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	•			▶ \$	i	
b	Assets included in Form 990, Part X	••	-	•	▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

15391115 400715 DORSEY

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)			<del></del>	
(D)				
(E)				
(F)				
(G)	_			
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	<u> </u>			
Part VIII Investments - Program Related.	See Form 990, Part X, III	ne 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua est or end-of-year mar	
(1)				
(2)			····	
(3)			<u>-</u>	
(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, III				
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		<del> </del>		
(5)	<del></del>			
(6)				
(7)				
(8)		- · · · · · · · · · · · · · · · · · · ·		
(9)		<u> </u>		
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) II			<u> </u>	
Part X Other Liabilities. See Form 990, Part X	K, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)			-	
(4)			-	
(5)				
(6)		·	1	
(7)				
(8)			1	
(9)				
(10)			ļ	
(11)			ļ	
Total. (Column (b) must equal Form 990, Part X, col (B) II. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	ne 25.)	talaments that monte the organ	ization's liability for uncertain	- toy positions undo

2. FIN 48 (ASC 740) 132053 01-23-12

132054 01-23-12

# (Form 990)

## **Statement of Activities Outside the United States**

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

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

THE DORSEY & WH	TTNEY FO	UNDATION		41-14245	22
			tside the United States. Compl		
to Form 990, Par				<del></del>	
			ds to substantiate the amount of its gr the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of it	ts grants and other assistance or	itside the
	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) us a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
					4 172
CANADA	0	0	FUNDRAISING AND GRANT	GRANT	4,172.
,					
	-				
3 a Sub-total	0	0			4,172.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	tion Act Notice	see the Instruc	tions for Form 990.	Schedule I	4,172. F (Form 990) 2011

(i) Method of valuation (book, FMV, appraisal, other)

THE DORSEY & WHITNEY FOUNDATION

Schedule F (Form 990) 2011

Part !! | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant Part II can be duplicated if additional space is needed. (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2011

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

:

41-1424522

Page 3

THE DORSEY & WHITNEY FOUNDATION

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance	,				

# Schedule F (Form 990) 2011 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	. Tyes	X No
	• • • • • • • • • • • • • • • • • • • •		

Schedule F (Form 990) 2011

Schedule I (Form 990) (2011) <u>8</u> **Employer identification number** 41-1424522 Open to Public OMB No 1545-0047 Inspection (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 reciplent 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 (b) EIN (c) IRC section or government if applicable cash grant or government of povernment assistance or government of povernment or government or 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. : 2,561,152 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE DORSEY & WHITNEY FOUNDATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SEE ATTACHED SCHEDULE (Form 990) Parti

Schedule I (Form 990) (2011)

30

132102 01-27-12

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

THE DORSEY & WHITNEY FOUNDATION

Employer identification number 41-1424522

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THE FOUNDATION ARE

THE VOTING MEMBERS, FROM TIME TO TIME, OF THE POLICY COMMITTEE OF DORSEY &
WHITNEY LLP.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE FOUNDATION ARE

THE VOTING MEMBERS, FROM TIME TO TIME, OF THE POLICY COMMITTEE OF DORSEY &

WHITNEY LLP. SUCH MEMBERS ELECT, AND MAY REMOVE WITHOUT CAUSE, THE

DIRECTORS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE APPROVAL OF THE MEMBERS IS

REQUIRED FOR AMENDMENTS TO THE FOUNDATION'S ARTICLES OF INCORPORATION AND

BYLAWS, AS WELL AS THE MERGER, CONSOLIDATION, TRANSFER OF SUBSTANTIALLY ALL

OF THE ASSETS, OR DISSOLUTION OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: 11B - THE FOUNDATION'S FORM 990

INITIALLY IS PREPARED BY DORSEY & WHITNEY LLP'S FINANCIAL REPORTING AND

COMPLIANCE CONTROLLER AND THEN IS REVIEWED BY LEGAL COUNSEL TO THE

FOUNDATION. AFTER ANY NEEDED CHANGES ARE MADE, THE COMPLETED FORM 990 IS

PROVIDED TO EACH DIRECTOR. AFTER ANY ADDITIONAL REQUIRED CHANGES ARE MADE,

THE FINAL FORM 990 IS SIGNED BY EITHER THE FOUNDATION'S CHAIR OR THE

FOUNDATION'S TREASURER, WHO REVIEWS THE FORM 990 BEFORE SIGNING IT.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING

DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE TO THE PUBLIC AT THE TIMES AND IN THE MANNER PRESCRIBED BY

SECTION 6104(D) OF THE INTERNAL REVENUE CODE.

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

Schedule O (Form 990 or 990-EZ) (2011)

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 ŝ Open to Public Inspection Employer identification number 41-1424522OMB No 1545-0047 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets Public charity status (if section **e** 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income Exempt Code ত্ section ত্ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) & WHITNEY FOUNDATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE DORSEY Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part #

41-1424522

Page 2

Schedule R (Form 990) 2011 THE DORSEY & WHITNEY FOUNDATION

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

General or Percentage managing ownership partner? Percentage ownership Schedule R (Form 990) 2011 41 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) o Share of end-of-year assets **e** 6 Direct controlling entity o Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত <u>e</u> 34 Primary activity Direct controlling entity ত্ত ۲ ۲ (c)
Legal
domicile
(state or
foreign MN Primary activity LAW FIRM Name, address, and EIN of related organization STE 1500, MINNEAPOLIS, MN 55402 41-0223337, 50 S 6TH ST. Name, address, and EIN of related organization <u>e</u> DORSEY & WHITNEY LLP 132162 01-23-12 Part IV

Page 3

# Schedule R (Form 990) 2011 THE DORSEY & WHITNEY FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	ş
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?	s with one or more re	lated organizations listed	in Parts II-IV?			£
a Receipt of (i) interest (ii) annuttles (iii) royalties or (iv) rent from a controlled entity		•		19		×
b Giff grant or capital contribution to related organization(s)				16		×
				5	×	
	:	•		;		×
d Loans or loan guarantees to or for related organization(s)	:			2	١	4
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				<b>-</b>		×
f Sale of assets to related organization(s)	•			-		×
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				ŧ		×
				;F		×
j Lease of facilities, equipment, or other assets from related organization(s)				<b>;</b>		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
1 Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1	×	
n Sharing of paid employees with related organization(s)	:			12		×
						:
<ul> <li>Reimbursement paid to related organization(s) for expenses.</li> </ul>	•	•		ဍ		×
p Reimbursement paid by related organization(s) for expenses	:			1		×
						,,
a Other transfer of cash or property to related organization(s)				19		×
		· .		=		×
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	who must complete the	is line, including covered	relationships and transaction thresholds.		}	
ļ	(p)	(0)	( <del>5</del> )			
Name of other organization	Transaction type (ạ-r)	Amount involved	Method of determining amount involved			
(1) N/A		0				
(2)						
6						
					ŧ	
(4)				:		
(5)						
132163 01-23-12	35		Schedule R (Form 990) 2011	R (Forn	066 u	) 2011

Page 4

36

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

	3	3			9		1			
(a)	(a)	(c)	(b)	e all	(i)	6	E)	(1)	<b>&gt;</b>	¥ .
Name, address, and EIN of entity	Primary activity	eg g	redominant income particle (related, unrelated, 501 excluded from tax	501(c)(3)	snare of total	snare of end-of-year	tonate tonate allocations?	amount in box 20 managing ownership of Schedule K-1 partner	General o managing partner?	Percentage ownership
		country)	under section 512-514) Yes	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
							_			
				-						
									-	
				_						_
										•
									-	
					•					
					•					
					_					
					•					
								Schedule	R (For	Schedule R (Form 990) 2011

Form 886	8 (Rev. 1-2012)						Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension. c	complete only Part II and check this	box			X
	ly complete Part II if you have already been granted an a				8868.	-	
	are filing for an Automatic 3-Month Extension, complete						
Part II				tinal (n	o conie	es need	ed)
<u> </u>	Traditional (Not Flatorilatio) & Month E	<u> </u>	Enter filer's		-		
Type or	Name of exempt organization or other filer, see instru	otions					nber (EIN) or
	Name of exempt organization of other mer, see instru	Clions		Litipioyei	IGENTING	allon nun	ibei (Eii4) Oi
print	THE DORSEY & WHITNEY FOUNDAT	TON		$\overline{\mathbf{X}}$	41-1	14245	22
File by the due date for							
filing your return See	Number, street, and room or suite no. If a P.O. box, s 50 S SIXTH STREET, NO. 1500	ee instruc	tions.	Social se	cunty nu	mber (55	
instructions	City, town or post office, state, and ZIP code. For a form MINNEAPOLIS, MN 55402-1498	oreign add	lress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return) .	-			0 1
Applicati	on	Return	Application				Return
ls For		Code	Is For				Code
Form 990		01					
Form 990		02	Form 1041-A				08
Form 990-EZ '01 Form 4720						09	
Form 990-PF 04 Form 5227							10
Form 990-T (sec. 401(a) or 408(a) trust)  05 Form 6069						11	
	-T (trust other than above)	06	Form 8870				12
	o not complete Part II if you were not already granted			iously file	d Form 8	3868.	
<u> </u>	ROSE WILSON - 5	50 S	SIXTH STREET, SUIT	E 150	0 -		
■ The bo	ooks are in the care of MINNEAPOLIS, M						
	one No. ► 612 340 2847	.,	FAX No. ▶				
-	organization does not have an office or place of business	n in tha Lir	<del></del>		-	_	
	is for a Group Return, enter the organization's four digit			 Ethia ia foi	 tha who	la grava	check this
- 1							
box 🔼	. If it is for part of the group, check this box		ch a list with the names and EINs of BER 15, 2012.	an memo	ers the e.	Klension	S 101.
	<del></del>	AO A III II	<del> </del>	_			
	calendar year 2011, or other tax year beginning	1 1	, and ending		-4		<del></del> '
6 If th	ne tax year entered in line 5 is for less than 12 months, c	neck reas	on: LInitial return L	Final r	eturn		
	☐ Change in accounting period						
	te in detail why you need the extension	or rong	ENOUGH TO FILE AN	ACCII	DAME	DEMI	RN BY
	NANCIAL RECORDS ARE NOT COM	PLETE	ENOUGH TO FILE AN	ACCU	KAIL	KETU	KN DI
Tr	IE REQUIRED DEADLINE.					<del></del>	
				-1			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				^
	refundable credits. See instructions.			8a	\$		0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,						
	payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid	<u> </u>			^
	eviously with Form 8868.			8b	\$		0.
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using				•
EF	TPS (Electronic Federal Tax Payment System). See Instru			8c	\$		0.
	_		st be completed for Part II o	_			
Under pen it is true, c	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to	the best o	f my know	rledge and	belief,
Signature	► Title ► 3	DIREC'	TOR	Date	<b>&gt;</b>		
						2222	4.0040

Form **8868** (Rev. 1-2012)