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DLN: 93493312018682

93

Department of the Treasury

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)

OMB No 1545-0047

Internal R	levenue	Service	► The organization may have to use a copy of t	this return to satisfy	state reporting	requireme	nts	Inspection	
A For	the 2	2011 cal	endar year, or tax year beginning 07-01-2011	and ending 06-30-20:	12				
B Chec	ck ıf ap	oplicable	C Name of organization THE SHELTERING ARMS FOUNDATION			D Employ	er ider	ntification number	
✓ Addr	ess ch	ange	Doing Business As			41-069 E Telepho			
Nam	ne chai	nge	boing business as			-			
☐ Initia	al retui	m ·	Number and street (or P O box if mail is not delivered to	street address) Room/s	suite	(612) 8		5 8,516,343	
Term	nınated	i i	1730 CLIFTON PLACE NO 100			G Gloss le	ceipts ‡		
☐ Ame	nded i	eturn	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55403	•					
☐ Appl	ıcatıon	pending	11M112/11 CES, 1111 33 103						
			F Name and address of principal officer		H(a) Is th		return		
			DENISE MAYOTTE 1730 CLIFTON PLACE NO 100		affilia	tes?		⊤Yes ▼ No	
			MINNEAPOLIS,MN 55403		H(b) Are al	l affiliates i	nclude	ed?	
	ovom	pt status	▼ 501(c)(3)	7/->/4>				(see instructions)	
		•		/(a)(1) or 52/	H(c) Grou	ip exemption	on nur	mber 🟲	
J We	bsite	:: ► WW\	N SHELTERING-ARMS ORG		<u> </u>				
K Form	of org	janization	Corporation Trust Association Other		L Year of fo	rmation 198	Μ ε	State of legal domicile	
Par	tΤ	Sumi	mary				1411	<u> </u>	
			scribe the organization's mission or most signific	cant activities					
		-	ST IN THE LIVES OF MINNESOTA'S CHILDRE		EACH THEIR	FULL POT	ENTIA	A L	
უ									
€	_								
Ī	_								
Activities & Governance	2 (Check th	s box 🔭 if the organization discontinued its op	erations or disposed	of more than 2	5% of its i	net as	sets	
<u>အ</u>	3 1	Number o	f voting members of the governing body (Part VI	, line 1a)	-		3	18	
ွိ ့	4 1	Number o	f independent voting members of the governing b	oody (Part VI, line 1b	o)		4	18	
ě l	5 7	otal nun	nber of individuals employed in calendar year 20	11 (Part V, line 2a)			5	2	
ਓ	6 7	Total nun	nber of volunteers (estimate if necessary)				6	20	
۲	7a 7	Total unr	elated business revenue from Part VIII, column	(C), line 12			7a	0	
	ь١	Net unrel	ated business taxable income from Form 990-T,	line 34			7b	0	
					Prio	r Year		Current Year	
_			outions and grants (Part VIII, line 1h)		•	29,5	91	24,114	
Revenue			m service revenue (Part VIII, line 2g)				0	0	
9.6	10	Investr	ment income (Part VIII, column (A), lines 3, 4, a	ınd 7d)	-	644,3	5 5	954,145	
<u> </u>	11	Othern	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9		2,7	41	8,080		
	12		evenue—add lines 8 through 11 (must equal Part		ne	676,687		986,339	
-	13		and similar amounts paid (Part IX, column (A), I			492,0	_	476,000	
	14		s paid to or for members (Part IX, column (A), Ir			492,0	0	470,000	
			s, other compensation, employee benefits (Part 1				\dashv	0	
8	15	5-10)	s, other compensation, employee benefits (Fart)	ix, column (A), mes		185,7	5 2	192,517	
Ехрепзез	16a	Profess	sional fundraising fees (Part IX, column (A), line	11e)	0			0	
ੜੇ	ь	Total fun	draising expenses (Part IX, column (D), line 25) 🕨 6,791						
	17		expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		176,8	40	179,673	
	18	Total e	xpenses Add lines 13–17 (must equal Part IX,	column (A), line 25)		854,667 848,19			
	19	Revenu	e less expenses Subtract line 18 from line 12	<u></u>		-177,9	80	138,149	
8 gg						of Curren	t	End of Year	
Net Assets or Fund Balances	22	_	Control (Book V. L. 16)		Y	ear	1.4		
Ass Ba	20		ssets (Part X, line 16)			16,165,7		15,021,326	
₹ <u>\$</u>	21		abilities (Part X, line 26)			483,1	_	458,000	
	22		sets or fund balances Subtract line 21 from line	20		15,682,6	01	14,563,326	
	penal edge a	ties of pe	ature Block rjury, I declare that I have examined this return, inc . it is true, correct, and complete. Declaration of pre						
		****)12-11-07			
Sign		Signat	ure of officer			ate			
Here			E MAYOTTE EXECUTIVE DIRECTOR						
			or print name and title				_		
Paid		Preparer's signature	20	ate 012-09-17	Check if self-employed	Preparer's (see instru P0120919	ictions)	er identification number	
Prepa	rer's	Fırm's na	me (or yours 🕨 WILKERSON GUTHMANN & JOHNSON LTD		'	1 .			
Use O		ıf self-em	ployed),			EIN ▶ 41-	099621	10	
	-	address,	and ZIP + 4 55 EAST FIFTH STREET SUITE 1300						

ST PAUL, MN 551011790

May the IRS discuss this return with the preparer shown above? (see instructions)

▼ Yes **「**No

Phone no 🕨 (651) 222-1801

Part	3111	Statement of Program S Check if Schedule O contains				୮
1	Briefl	y describe the organization's mi	ssion			
POTE	NTIA	ERING ARMS FOUNDATION I _ THE FOUNDATION FUNDS I FAMILIES WHO HAVE THE LI	NOT-FOR-PROFIT ORGAN	IZATIONS AND		
2	Did th	e organization undertake any si	anificant program services o	furing the year w	hich were not listed on	
	the pr	or Form 990 or 990-EZ? .				Yes V No
		s," describe these new services				
		e organization cease conductin es?	= =			Yes V No
	If "Yes	s," describe these changes on S	chedule O			
	expen	ibe the organization's program s ses Section 501(c)(3) and 501 and allocations to others, the t	.(c)(4) organizations and se	ction 4947(a)(1)	trusts are required to repo	
4a	(Code) (Expenses \$	644,660 includin	g grants of \$	476,000) (Revenue \$)
-	THE S PROM OTHE	HELTERING ARMS FOUNDATION (SAF) OTED THE WELFARE OF DISADVANTAG R NOT-FOR-PROFIT ORGANIZATIONS V IE NEED FOR EARLY CHILDHOOD EDUC	PROVIDED GRANTS AND SUPPORT ED CHILDREN IN THE STATE OF M VITH SIMILAR GOALS THE PURPOS	TING SERVICES TO 48 INNESOTA IN ADDIT SE OF COLLABORATIO	B ORGANIZATIONS, WHICH PROVI ION, THE FOUNDATION TAKES LEAD IN IS TO EDUCATE EACH OTHER,	ADERSHIP IN ORGANIZING LEGISLATORS AND THE PUBLIC
4b	(Code) (Expenses \$	ıncludına	grants of \$) (Revenue \$)
40	(Code	(Expenses a	including	giants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4d		r program services (Describe i enses \$	n Schedule O) including grants of \$) (Revenue \$)
) (Nevenue ψ	,
<u>4e</u>	Гota	l program service expenses►\$	644,660			

Part IV	Checklist	of Rea	uired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
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	Yes	
		F	orm 990	(2011)

•	<u>, , , , , , , , , , , , , , , , , , , </u>
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u>.</u>	• 1	
_	Enter the number reported in Pox 2 of Form 1006. Enter 10 if not applicable		Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
b	return	21.	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
,	were not tax deductible?	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
}	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 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.	8		No
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			_
	Initiation fees and capital contributions included on Part VIII, line 12 10a Grees receipts uncluded on Form 990. Part VIII, line 12 for public use of club.			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management				
			Yes	No	
	Enterphysical Control of Control of the Control of				
1a	Enter the number of voting members of the governing body at the end of the tax year				
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 officer, director, trustee, or key employee?	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No	
6	Did the organization have members or stockholders?	6		Νo	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
ь	Each committee with authority to act on behalf of the governing body?	8b		No	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal				
Re	evenue Code.)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		No	
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?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes		
13	Did the organization have a written whistleblower policy?	13	Yes		
14	Did the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
ь	Other officers or key employees of the organization	15b	Yes		
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
b	16b				
Se	ection C. Disclosure				
17					

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 DIANE GROSSMAN
 1730 CLIFTON PLACE SUITE 100
 MINNEAPOLIS, MN 55403

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

◆ 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 (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11130)	organizations
(1) LAURA BATHKE BOARD TRUSTEE	30	х						0	0	0
(2) JULIA GUTZ MOLLER BOARD TRUSTEE	30	х						0	0	0
(3) JENNIFER HASKIN MCCAFFERTY BOARD TRUSTEE	30	х						0	0	0
(4) JUDITH GOFF BOARD TRUSTEE	30	Х						0	0	0
(5) CHRISTABEL GRANT BOARD PRESIDENT	1 00	х		Х				0	0	0
(6) REBECCA HAWTHORNE BOARD SECRETARY	50	х		Х				0	0	0
(7) MARGO HERMAN PRESIDENT-ELECT	50	Х		Х				0	0	0
(8) TINA PFAU GONZALES BOARD TRUSTEE	30	Х						0	0	0
(9) KAY KRAMER BOARD TREASURER	50	Х		Х				0	0	0
(10) KATHERINE LEWIS BOARD TRUSTEE	30	Х						0	0	0
(11) ANNA LOVE-MICKELSON BOARD TRUSTEE	30	х						0	0	0
(12) MARGY MATTLIN BOARD TRUSTEE	30	Х						0	0	0
(13) MARIA MITCHELL BOARD TRUSTEE	30	х						0	0	0
(14) ANN NERLAND BOARD TRUSTEE	30	Х						0	0	0
(15) SANDY WITTMANN BOARD TRUSTEE	30	х						0	0	0
(16) KRIS NEWCOMER BOARD TRUSTEE	30	х						0	0	0
(17) BARBARA SWAN BOARD TRUSTEE	30	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amo	(F) Estimated amount of othe compensation from the organization ar	
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC	org	janizat	
	CIM WISEMAN D TRUSTEE	30	х							0				0
	DENISE MAYOTTE JTIVE DIRECTOR	40 00			х					83,105				16,722
1b	Sub-Total							>						
<u>c</u>	Total from continuation sheets t				•	•		<u> </u>		83,105	(16,722
d 	Total (add lines 1b and 1c)	udıng but not lım	nited to	thos	e lıs		above) who	receive	, ,				10,722
												<u> </u>	Yes	No No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch									t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization individual											4		No
5	Did any person listed on line 1a is services rendered to the organiza											5		No
Se	ection B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest compen the organization												
	-	(A) ne and business add	lress							Desci	(B) ription of services		(C) ompens	ation
												\pm		
	Total number of independent contr \$100,000 of compensation from t			ot lin	nited	to	those	liste	d above)	who receiv	ved more than			

Form 99								Page 9
Part	/1111	Statement o	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
\$ \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
s, g	С	Fundraising eve	ents 1c					
<u>#</u> _≅	d	Related organiz	zations 1d					
E, E	e	Government grant						
ıtío∣ er ş	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	24,114				
돌 돌	g		butions included in					
<u>5</u> 5	h		 s 1a-1f	▶	24,114			
	┞"	Total. Add filles	3 1 4 - 11	Business Code				
Program Serwce Revenue	2a			Busiliess Code				
eve Eve	ь							
е. П	c	-	_					
er M	d		_					
ري د	e							
Ž Ē	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a - 2f					
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		318,766			318,766
	4		stment of tax-exempt bond	-				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	L me or (loss)	<u> </u>				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	8,165,383					
	ь	Less cost or other basis and sales expenses	7,530,004					
	c	Gain or (loss)	635,379					
	d		ss)	▶	635,379			635,379
Other Revenue	8a	events (not inc \$ of contributions	rom fundraising luding s reported on line 1c) ne 18					
法			a					
Ě	b		penses b (loss) from fundraising	avents •				
•	9a	Gross income f	rom gaming activities ne 19	events ·				
	b c		a penses b (loss) from gaming acti	vities 🏲				
		Gross sales of returns and allo	inventory, less owances .					
	b c	_	a oods sold b (loss) from sales of invo	entory 🏲				
		Miscellaneous		Business Code				
	11a	MISCELLANEC	DUS	900099	8,080	8,080		
	ь							
	С							
	d		ue					
	12	Total rayanya			8,080			
	**	iocai ievenuė.	See Instructions .	• • • [986,339	8,080	0	954,145

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 response to any question in this Part IX

Da ==	st include amounts reported on lines 6h	/A\	(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	476,000	476,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	106,263	70,080	34,785	1,398
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	66,202	27,143	36,411	2,648
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,993	1,096	837	60
9	Other employee benefits	6,252	3,439	2,626	187
10	Payroll taxes	11,807	6,494	4,959	354
11	Fees for services (non-employees)	,		,	
а	Management				_
b	Legal	1,890		1,890	
c	Accounting	14,000		14,000	
d	Lobbying			·	
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	68,862		68,862	
g	Other	9,987	7,909	2,030	48
12	Advertising and promotion				
13	Office expenses	22,241	12,233	9,341	667
14	Information technology	3,343	1,839	1,404	100
15	Royalties				
16	Occupancy	24,164	13,290	10,149	725
17	Travel	3,433	1,888	1,442	103
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,589	1,424	1,087	78
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,251	2,338	1,785	128
23	Insurance	2,795	1,537	1,174	84
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROFESSIONAL DEVELOPMEN	9,613	7,925	1,688	
b	ALL OTHER EXPENSES	6,016	3,536	2,269	211
c	SPECIAL EVENTS	3,739	3,739		
d	ADVOCACY EXPENSES	2,750	2,750		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	848,190	644,660	196,739	6,791
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,065	1	2,845
	2	Savings and temporary cash investments	43,567	2	415,057
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	3,097	9	3,087
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 128,504			
	b	Less accumulated depreciation 10b 92,859	7,097	10 c	35,645
	11	Investments—publicly traded securities	14,239,965	11	12,870,675
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,867,923	15	1,694,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,165,714	16	15,021,326
	17	Accounts payable and accrued expenses .	8	17	
	18	Grants payable	483,000	18	458,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
o.	21	Escrow or custodial account liability Complete Part IV of Schedule D	105	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D Total liabilities. Add lines 17 through 25	483,113		458,000
	20	Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27	400,110	20	400,000
Fund Balance		through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	13,825,184	27	12,869,312
$\overline{\mathbf{g}}$	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets	1,857,417	29	1,694,014
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	15,682,601	33	14,563,326
~	34	Total liabilities and net assets/fund balances	16 165 714	34	15 021 326

	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		g	986,33
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		1	.38,14
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,6	82,60
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,2	257,42
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		14,5	563,32
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
		ı		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493312018682

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization THE SHELTERING ARMS FOUNDATION

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

41-0693926

			ıblic Charity Sta						structions	
The o			te foundation becaus							
1	Γ ,	A church, convent	ion of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical researc nospital's name, c	h organization opera ity, and state	ted ın conjun	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(iii). Er	nter the
5	r 7	An organization op	perated for the benefi	t of a college	or universi	ty owned or o	perated by a	a government	al unit descr	ribed in
		section 170(b)(1)	(A)(iv). (Complete P	art II)						
6		A federal, state, or	r local government o	r government	al unit desc	rıbed ın secti	ion 170(b)(1	.)(A)(v).		
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
8	_		(A)(vi) (Complete P t described in sect io i		A)(vi) (Cor	nnlete Dart II	r \			
9			at normally receives					autions mam	harchin faac	and gross
9			/ities related to its e							
			oss investment inco ganization after June						cax / Holli bus	11163363
10			ganization after June ganized and operated							
11			ganized and operated						o carry out th	ne nurnoses of
		one or more public	ly supported organized by supported organized by Type I	ations descr porting organ	ibed in sect ization and o	ion 509(a)(1) or section s 11e throu	509(a)(2) So gh 11h	ee section 5 0	
e		other than foundat section 509(a)(2)		her than one	or more pub	olicly support	ed organizat	ions describ	ed in section	509(a)(1) or
f	(check this box	received a written d						III supportin	g organization,
g	f	ollowing persons?	2006, has the organ irectly or indirectly c							Yes No
			governing body of th			_			11g(i) No
	((ii) a famıly memb	er of a person descri	bed in (i) abo	ve?				11g(
	((iii) a 35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	ibove?			11g(i	
h			ng information about							
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organızatı col (ı) lıst your govel documel	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) organithe U	on in anized	(vii) A mount of support?
			instructions))	Yes	No	Yes	No	Yes	No	
(A) THE DIOCESE OF MINNESOTA OF THE EPISCOPAL CHURCH		410694727	1	Yes			No		No	0
										_
Total										0

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493312018682

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Nar	ne of	the o	rganız	ation	
THE	SHELT	FERING	ARMS	FOUND	ATION

Employer identification number

41-0693926

Part I-A	Complete if	the organization i	s exempt under s	ection 501(c) (or is a section 527	organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete	<u>if the org</u>	ganization i	s exemp	<u>t under</u>	section	501(c)(3	<u>3).</u>

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

chedule C ((FOIII 990 01 990-12) 2011	Page
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 576	8 (election
	under section 501(h)).	
Check	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's na	ne, address, EI

expenses, and share of excess lobb Check if the filing organization checked bo	oying expenditures) x A and "limited control" provisions apply		
Limits on Lobbying E (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0	
Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	7,107	
Total lobbying expenditures (add lines 1a and 1	b)	7,107	
O ther exempt purpose expenditures		841,083	
Total exempt purpose expenditures (add lines 1	c and 1d)	848,190	
Lobbying nontaxable amount Enter the amount toolumns	from the following table in both	152,229	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (enter 25% of lir	ne 1f)	38,057	
Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
Subtract line 1 f from line 1 c If zero or less ente	or - 0 -	0	

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	160,588	151,795	153,211	152,229	617,823			
b	Lobbying ceiling amount (150% of line 2a, column(e))					926,735			
c	Total lobbying expenditures	5,656	6,577	6,366	7,107	25,706			
d	Grassroots non-taxable amount	40,147	37,949	38,303	38,057	154,456			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					231,684			
f	Grassroots lobbying expenditures				1.0/5				

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493312018682

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

HE SHELTERING ARMS FOUNDATION			Emp	loyer identification number
				0693926
Organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part	IV, line 6.		_	
	(a) Donor adv	ised funds	+	(b) Funds and other accounts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advisors in a funds are the organization's property, subject to the organization			nor advı	sed Yes No
Did the organization inform all grantees, donors, and donor a used only for charitable purposes and not for the benefit of th conferring impermissible private benefit				
art II Conservation Easements. Complete if the o	vraanization a	newered "Vec"	to Form	<u> </u>
Purpose(s) of conservation easements held by the organizat Preservation of land for public use (e g , recreation or plane) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified con	easure)	Preservation of a	ı certified	cally importantly land area d historic structure onservation
easement on the last day of the tax year				Held at the End of the Year
Total number of conservation easements			2a	neid at the Elid Of the Year
Total acreage restricted by conservation easements			2b	
Number of conservation easements on a certified historic sti	ructure include	dın (a)	2c	
		a iii (a)	2d	
Number of conservation easements modified, transferred, rel	ieased, extingt	iisned, or terminai	tea by th	e organization during
Number of states where property subject to conservation ea	sement is loca	ted ►		
Does the organization have a written policy regarding the perent of the conservation easements it holds?	rıodıc monitorii	ng, inspection, hai	ndling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting a	and enforcing c	onservation ease	ments dı	uring the year ►
A mount of expenses incurred in monitoring, inspecting, and				·
▶ \$,
Does each conservation easement reported on line 2(d) about $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	ve satisfy the r	equirements of se	ection	┌ Yes
In Part XIV, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the footr the organization's accounting for conservation easements				
rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" to	Art, Historic	cal Treasures, Part IV. line 8.	, or Oth	her Similar Assets.
If the organization elected, as permitted under SFAS 116, no art, historical treasures, or other similar assets held for publiprovide, in Part XIV, the text of the footnote to its financial s	ot to report in i	ts revenue statem ducation or resea	rch in fu	
If the organization elected, as permitted under SFAS 116, to historical treasures, or other similar assets held for public exprovide the following amounts relating to these items				
(i) Revenues included in Form 990, Part VIII, line 1				► \$
(ii) Assets included in Form 990, Part X				► \$
If the organization received or held works of art, historical tro- following amounts required to be reported under SFAS 116 re			for finan	cial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Treası</u>	ıres, or Ot	her S	<u>Similar Asse</u>	ts (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that ai	re a sıgnıfıcar	nt use	of its collection	า	
а	Public exhibition		d	Γ	Loan or exc	:hange progra	ms			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y further the	organızatıon's	exem	npt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	"Yes'	" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontributions	or other asse	ts not		Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able					
							_	Amou	ınt	
c	Beginning balance					_	lc			105
d	Additions during the year					<u> </u>	.d			
е	Distributions during the year					_	.e			105
f	Ending balance					_ 1	lf			0
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•				Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete								.	
4_	Deginning of week belongs	(a)Current Year	(b))Prior `	Year (c)Tv	wo Years Back	(d)Thre	ee Years Back (e)Four Y	ears Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses					-				
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as		•	•		•		
а	Board designated or quasi-endowment									
ь	Permanent endowment -									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held and a	administered	for the	:		
	organization by	_							Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations						•	3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						В		<u> </u>
4	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipme									
Par	t VI Land, Buildings, and Equipme	int. See roilli 95	70, Pa			10.5	. T		Π	
	Description of property				a) Cost or other sis (investment			(c) Accumulated depreciation	(d) B	look value
1a	Land		•							
	Buildings		•							
C	Leasehold improvements					57,	755	33,983		23,772
	Equipment					1	740	E0 076	1	44.070
d	Equipment		•			70,	749	58,876		11,873
е (Other	· · · · · ·					749			11,8/3

Part VII Investments—Other Securities. See (a) Description of security or category	(b)Book value		od of valuation
(including name of security)	(b)Book value	Cost or end-of	f-year market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		(b) Book value
(1) INTEREST/DIVIDEND RECEIVABLE			3
(2) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS HE	ELD BY OTHERS		1,694,014
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)		1,694,017
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
	•	•	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	986,339
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	848,190
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	138,149
4	Net unrealized gains (losses) on investments	4	-1,094,021
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-163,403
9	Total adjustments (net) Add lines 4 - 8	9	-1,257,424
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,119,275
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	-271,085
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-1,257,424
3	Subtract line 2e from line 1	3	986,339
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	986,339
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	848,190
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	848,190
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	848,190
Pa	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE FOUNDATION SERVED AS THE FISCAL AGENT FOR THE MINNESOTA EARLY CHILDHOOD FUNDERS NETWORK IN 2010-2011 FISCAL YEAR CASH RECEIPTS AND DISBURSEMENTS RELATED TO THE FISCAL AGENCY RELATIONSHIP WERE RECORDED AS INCREASES OR DECREASES IN THE RELATED LIABILITY ACCOUNT THE FOUNDATION HAD NO DISCRETION IN DETERMINING HOW THE RELATED FUNDS WOULD BE USED \$105 WAS THE FINAL DISBURSEMENT MADE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION'S FEDERAL AND STATE TAX FILINGS FOR 2008-2010 ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET DECREASE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS -163,403
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET DECREASE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS -163,403

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

OMB No 1545-0047

DLN: 93493312018682

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Name of the organization Employer identification number THE SHELTERING ARMS FOUNDATION 41-0693926 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

IN THE U S

Use Schedule I-1 (Form 9	90) if additional space	ıs needed.			
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, June 22,

 Part IV
 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

 Identifier
 Return Reference
 Explanation

 PROCEDURE FOR MONITORING GRANTS
 PART I, LINE 2
 SCHEDULE I, PART I, LINE 2 GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT AND EXPENDITURE STATEMENT ON USE OF GRANT FUNDS TO THE FOUNDATION THE GRANTS COMMITTEE REVIEWS THESE GRANT

REPORTS AND REPORTS BACK TO THE BOARD OF TRUSTEES

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 41-0693926

Name: THE SHELTERING ARMS FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZEPO BOX 17417 MINNEAPOLIS, MN 55417	41- 1972162	501(C)3	10,000	other)		TO PARTNER WITH THE MN TRIBAL RESOURCES IN EARLY CHILDHOOD CARE TO IMPROVE ACCESS AND QUALITY CHILDHOOD EDUCATION FOR NATIVE CHILDREN ON RESERVATIONS ACROSS THE STATE OF MINNESOTA SUPPORT WOULD ENABLE AMAZE TO CREATE A NATIVE- CENTERED VERSION OF THE EXISTING FAMILIES ALL MATTER EARLY CHILDHOOD CURRICULUM AND TRAIN EARLY CHILDHOOD STAFF FROM EACH OF THE 12 NATIVE RESERVATIONS OR COMMUNITIES TO BOTH IMPLEMENT THE PROGRAM AND TO TRAIN COLLEAGUES
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION202 W 2ND STREET DULUTH, MN 55802	41- 1782394	501(C)3	15,000			TO ENHANCE RESILIENCY IN AMERICAN INDIAN CHILDREN BY BUILDING SOCIAL SKILLS, COMMUNITY CONNECTION, ACADEMIC ACHIEVEMENT, AND CULTURAL KNOWLEDGE AND PRIDE TO ALSO IMPROVE HEALTH AND SAFETY THROUGH SUPERVISION DURING OUT-OF- SCHOOL TIME, HEALTHY SNACKS, AND DAILY PHYSICAL RECREATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSTART1459 ST CLAIR AVE SAINT PAUL, MN 55105	41- 1618333	501(C)3	10,000				TO EXPAND ITS AFTER-SCHOOL ARTS PROGRAMMING FOR YOUTH AGES 5-12 INSTRUCTED BY ARTSTART ROSTER ARTISTS AT ST PAUL HOUSING DEVELOPMENTS, COMMUNITY CENTERS, LIBRARIES AND PUBLIC AND CHARTER SCHOOLS WORKING WITH UNDER SERVED URBAN YOUTH TO LIKE ORGANIZATIONS IN MINNEAPOLIS
BABY'S SPACE A PLACE TO GROW 18TH AVE SE MINNEAPOLIS, MN 55414	20- 4502788	501(C)3	10,000				TO SUPPORT EXPANSION OF BABY'S SPACE TO INCLUDE A 15- STUDENT PRE- KINDERGARTEN CLASSROOM AT TATANKA ACADEMY, AN ALTERNATIVE SCHOOL OF THE MPLS PUBLIC SCHOOLS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN COMMUNITY2647 BLOOMINGTON AVE S MINNEAPOLIS, MN 55407	41- 1922813	501(C)3	10,000			TO SUPPORT CHANGES IN PROGRAM DESIGN, DEFINED QUALITY IMPROVEMENTS FOR THE AFTER-SCHOOL AND SUMMARY PROGRAM SERVING CHILDREN LIVING IN THE PHILLIPS NEIGHBORHOOD OF SOUTH MINNEAPOLIS
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES2550 UNIVERSITY AVE W 410N SAINT PAUL, MN 55114	32- 0017737	501(C)3	10,000			TO ENHANCE CAPACITY TO SERVE DIVERSE POPULATIONS IN GREATER ST PAUL WITH CULTURALLY- APPROPRIATE MENTORING SERVICES FUNDS WILL SUPPORT CREATION OF A NEW MENTORING INITIATIVE IN PARTNERSHIP WITH OROMO COMMUNITY CENTERED IN THE SUMMIT/UNIVERSITY NEIGHBORHOOD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				other)	assistance	
BOYS & GIRLS CLUB OF ROCHESTER 1026 EAST CENTER STREET ROCHESTER, MN 55904		501(C)3	10,000			TO PROVIDE OUTREACH TO YOUTH FROM DISADVANTAGED CIRCUMSTANCES IN THE NORTHWEST SIDE OF ROCHESTER
BRIGHT WATER MONTESSORI SCHOOL5140 FREMONT AVE N MINNEAPOLIS, MN 55430	20- 0366261	501(C)3	10,000			TO INCREASE THE CAPACITY OF STAFF, PARENTS AND CHILDREN TO MANAGE AND PROTECT THE EMOTIONAL WELLNESS OF ITS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER CITY HOUSING CORPORATION105 1/2 WEST FIRST ST DULUTH, MN 55802	36- 3485584	501(C)3	15,000				TO SUPPORT INCREASED STAFFING FOR THE TOTS OF TOMORROW (TOT) PROGRAM FOR FAMILIES RESIDING IN SUPPORTIVE HOUSING THE TOT PROGRAM IS DESIGNED TO SUPPORT EACH INDIVIDUAL CHILD'S DEVELOPMENT STAGE AND BUILD FROM THAT PLACE TO IMPROVE OUTCOMES
CENTRO GUADALUPANO 2424 - 18TH AVE S MINNEAPOLIS, MN 55404	41- 0731799	501(C)3	10,000				TO ENHANCE AND EXPAND THE NEW HEALTHY LIFESTYLES COMPONENT OF THE PROGRAM BASED ON LESSONS LEARNED AND THE RESULTS OF THE YOUTH PROGRAM QUALITY ASSESSMENT CONDUCTED THIS YEAR

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST METRO WOMEN'S COUNCIL 3521 CENTURY AVENUE N WHITE BEAR LAKE, MN 55110	36- 3578158	501(C)3	10,000				TO CONTRACT WITH WATERCOURSE COUNSELING CENTER TO PROVIDE PARENTING THROUGH CHANGE (PTC) GROUPS TO FORMERLY HOMELESS PARENTS RESIDING IN SUPPORTIVE HOUSING PTC IS AN EVIDENCE- BASED, TRAUMA- INFORMED PARENTING CURRICULUM THAT TEACHES PARENTS HOW TO SUPPORT THEIR CHILDREN THROUGH SIGNIFICANT LIFE EVENTS SUCH AS DEATH, DIVORCE, HOMELESSNESS AND OTHER TRAUMA PARENTS LEARN TO DECREASE COERCIVE INTERACTIONS WITH THEIR CHILDREN AND INCREASE POSITIVE SOCIAL BEHAVIOR THROUGH SKILLS ENCOURAGEMENT, LIMITED-SETTING, MONITORING, PROBLEM SOLVING AND BECOMING INVOLVED IN THEIR CHILDREN'S SOCIAL, EMOTIONAL, BEHAVIORAL AND ACADEMIC DEVELOPMENT
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVE MINNEAPOLIS, MN 55411	41- 1277423	501(C)3	10,000				TO SUPPORT A PARTNERSHIP DEVELOPMENT STRATEGY AS WELL AS FUNDS TO CREATE A NEW SUB-CONTRACTING PARTNERSHIP WITH EDIT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILYMEANS1875 NORTHWESTERN AVE S STILLWATER, MN 55082	41- 6045574	501(C)3	12,000			TO CREATE AND SUSTAIN AN ABILITY TO OFFER QUALITY LEARNING OPPORTUNITIES IN SCIENCE AND MUSIC TO CHILDREN WHO PARTICIPATE IN THE LANDFALL AND CIMARRON YOUTH DEVELOPMENT PROGRAMS
GRANT COMMUNITY SCHOOL COLLABORATIVE NETTLETON ELEMENTARY SCHOOL108 EAST 6TH STREET DULUTH,MN 55805	41- 2002724	501(C)3	15,000			CREATING OPPORTUNITIES THAT MOTIVATE PARTICIPANTS TO ACHIEVE SUCCESS IN SCHOOL TAKES A PREVENTATIVE APPROACH TO POVERTY AND ITS EFFECT ON YOUTH BY PROVIDING ART, CULTURAL, SOCIAL AND ACADEMIC ENRICHMENT THAT STRENGTHEN DEVELOPMENTAL ASSETS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG AMERICAN PARTNERSHIP1075 ARCADE STREET SAINT PAUL, MN 55106	41- 1667580	501(C)3	18,000				TO FUND START-UP COSTS OF A NEW, CULTURALLY- APPROPRIATE MONTESSORI PRESCHOOL CLASSROOM FOR UP TO 30 HMONG CHILDREN AGES 3- 4 FUNDS WILL BE USED TO ADAPT THE CURRICULA AND EDUCATIONAL TOOLS TO ADDRESS THE NEEDS OF HMONG FAMILIES AND ACCOMMODATE A BILINGUAL LEARNING ENVIRONMENT, DESIGN A CULTURALLY- APPROPRIATE PARENT ENGAGEMENT PLAN, DESIGN THE CLASSROOM IN ACCORDANCE WITH MONTESSORI GUIDELINES, AND COMPLETE CERTIFICATION WITH THE ASSOCIATION MONTESSORI INTERNATIONALE
HOPE COMMUNITY INC611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41- 1292817	501(C)3	10,000				LEARNING IN COMMUNITY IS A COMMUNITY- BASED LITERACY PROGRAM (READING, WRITING AND MEDIA), INVOLVING CHILDREN AGES 6- 9, THEIR FAMILIES AND COMMUNITY VOLUNTEERS

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KINSHIP PARTNERS INCPO BOX 642 BRAINERD, MN 56401	36- 3477485	501(C)3	10,000			TO EXPAND OUTREACH TO AT- RISK CHILDREN AGES 5-12 IN ONE OF THE MOST GEOGRAPHICALLY ISOLATED REGIONS OF SERVICE AREA, PINE RIVER- BACKUS
KWANZAA COMMUNITY CHURCH PCUSA 2100 EMERSON AVE N MINNEAPOLIS, MN 55411	27- 0031853	501(C)3	10,000			FREEDOM SCHOOL CELEBRATES AFRICAN AMERICAN CULTURAL HERITAGE AND FOSTERS COMMUNITY, AND PROVIDES YOUTH ENRICHMENT SERVING YOUTH WITH LIMITED ACCESS TO TRADITIONAL ENRICHMENT OPPORTUNITIES TO SUPPORT THE INCREASING NUMBER OF STUDENTS BEING SERVED AS WELL AS A NEW PARENTING AND TRAUMA SUPPORT PROGRAM

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MAYFLOWER EARLY CHILDHOOD CENTER106 E DIAMOND LAKE RD MINNEAPOLIS, MN 55419	27- 1543720	501(C)3	5,000				TO SUPPORT THE CONTINUED WORK OF THE PART-TIME COMMUNITY OUTREACH COORDINATOR TO CULTIVATE SUPPORTIVE RELATIONSHIPS WITH LOW- INCOME FAMILIES AND FURTHER DEVELOPMENT OF A NEW, INNOVATIVE PARENT RESOURCE CENTER
MENTORING PARTNERSHIP OF MINNESOTA81 SOUTH 9TH ST SUITE 200 MINNEAPOLIS, MN 55402	41- 1859085	501(C)3	10,000				TO ADDRESS THE NEED FOR MORE EFFECTIVE ADVOCACY EFFORTS TO STRENGTHEN AND SUSTAIN THE YOUTH MENTORING FIELD

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CHORALE HENNEPIN CENTER FOR THE ARTS528 HENNEPIN AVE SUITE 407 MINNEAPOLIS, MN 55403	23- 7272193	501(C)3	10,000				TO SUPPORTING SPLITTING THE CHORUS INTO TWO, FORMING A JUNIOR CHOIR THAT WILL PROVIDE A MORE TAILORED AND REWARDING EXPERIENCE FOR GRADES 3-5 MYC ENGAGES YOUNG PEOPLE IN MAKING TOP- QUALITY ART, FOSTERS COGNITIVE AND SOCIAL DEVELOPMENT, STRENGTHENS MUSICAL AND VERBAL LITERACY, AND EMPOWERS MEMBERS TO SERVE AS MODELS FOR OTHERS
NEIGHBORHOOD HOUSE179 ROBIE ST EAST SAINT PAUL, MN 55107	41- 0693916	501(C)3	10,000				TO BUILD FAMILY LITERACY AND SCHOOL- READINESS BY ENHANCING PRE- LITERACY SKILLS, APPROPRIATE SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT FOR YOUNG CHILDREN OF IMMIGRANTS AND PROVIDING CULTURALLY APPROPRIATE EDUCATION TO BOTH CHILD AND ADULT REGARDING THE AMERICAN SCHOOL SYSTEM AND EARLY CHILDHOOD NEEDS BOTH IN THE HOME AND CLASSROOM

Form 990,Schedule	e I, Part II,	Grants and (Other Assist	tance to Gov	ernments a	nd Organizati	ions in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHFIELD HEALTHY COMMUNITY INITIATIVE1651 JEFFERSON PKWY STE HS128 NORTHFIELD, MN 55057	26- 2852506	501(C)3	15,000		other)		TO RAISE AWARENESS AND ASSURE THAT CHILDREN AND YOUTH ARE THE COMMUNITY'S TOP PRIORITY THROUGH AN AMBITIOUS ADVOCACY INITIATIVE THIS WILL INCLUDE THE DEVELOPMENT OF A COLLABORATE COMMUNITY PLAN FOR CHILDREN'S IMPACT ASSESSMENT TOOL FOR MAKING COMMUNITY DECISIONS, HOSTING CANDIDATE FORUMS ON CHILDREN AND YOUTH ISSUES PRIOR TO THE 2012 ELECTION, LEADING A PUBLIC AWARENESS MEDIA CAMPAIGN, BUILDING A NETWORK OF LOCAL CHILDREN'S ADVOCATES AND WORKING TO INCREASE LOCAL PUBLIC AND FOUNDATION FUNDING TARGETED FOR CHILDREN AND
NORTHLAND FOUNDATION202 WEST SUPERIOR STREET DULUTH, MN 55802	41- 1554455	501(C)3	15,000				YOUTH TO IMPLEMENT A PILOT PROJECT THAT IS AN OUTGROWTH OF THE SUCCESSFUL "AGE TO AGE BRINGING GENERATIONS TOGETHER PROGRAM "THREE RURAL COMMUNITIES, MCGREGOR, MOOSE LAKE AND PROCTOR WILL UNDERTAKE THIS INTER- GENERATIONAL PROJECT AIMED AT HELPING YOUNG CHILDREN AGE 3 TO GRADE 3 IN A VARIETY OF COMMUNITY- BASED AND SCHOOL SETTINGS, BECOME SUCCESSFUL READERS BY CONNECTING THEM WITH CARING OLDER ADULT VOLUNTEERS

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RESOURCE INC 1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41- 0828779	501(C)3	10,000				TO EXPAND PROGRAM BY INCLUDING A FAMILY AND CHILD DEVELOPMENT INITIATIVE THE NEW INITIATIVE WILL WORK WITH CHILDREN, AGES 0- 5, WHOSE PARENTS ARE SEEKING TREATMENT FOR CHEMICAL DEPENDENCY
SOUTHSIDE FAMILY NURTURING CENTER2448 - 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41- 1274177	501(C)3	10,000				TO SUPPORT THE ESTABLISHMENT OF A PILOT POSITION OF THERAPEUTIC EARLY CHILDHOOD CONSULTANT TO PROVIDE SUPERVISION AND LEADERSHIP TO THE CORE EARLY CHILDHOOD EDUCATION SERVICES THE PERSON IN THIS ROLE WILL SUPERVISE DIRECT SERVICE STAFF AND PROVIDE LEADERSHIP IN CURRICULUM IMPLEMENTATION, ASSESSMENT, CLASSROOM STRATEGIES, AND CONTRIBUTE TO THE ENHANCEMENT OF THE OVERALL THERAPEUTIC NATURE OF THE PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST DAVID'S CENTER FOR CHILD & FAMILY DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41- 1429208	501(C)3	15,000				THE MULTI- DISCIPLINARY TEAM EXTENDS A MOBILE TEAM WITH PROFESSIONAL EXPERTISE IN PSYCHOLOGY, EARLY CHILDHOOD MENTAL HEALTH, AND PEDIATRIC THERAPY INTO THE COMMUNITY TO ASSESS THE NEEDS OF CHILDREN AT OR BELOW 200% POVERTY AT RISK OF EDUCATIONAL FAILURE SUPPORT WOULD LAUNCH THIS PILOT PROGRAM IN PARTNERSHIP WITH DAYCARE CENTERS IN MINNEAPOLIS AND THE SURROUNDING COMMUNITIES, MEET SOME OF THE COMMUNITY'S MOST DYSREGULATED CHILDREN IN THEIR NATURAL SETTINGS, PROVIDE A COMPREHENSIVE ASSESSMENT, AND LINKS TO INTERVENTION THAT WILL IMPROVE THEIR FUNCTIONING BOTH IN CHILDCARE AND AT HOME BY IDENTIFYING THE ROOT CAUSE OF THEIR CHALLENGES
ST PAUL AREA COUNCIL OF CHURCHES1671 SUMMIT AVENUE SAINT PAUL, MN 55105	41- 0694741	501(C)3	10,000				TO SUPPORT FREEDOM SCHOOL, SIX WEEKS OF DAILY ACADEMIC, CULTURAL, AND SOCIAL SUMMER ENRICHMENT FOR AFRICAN AMERICANS IN GRADES K-9

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THE FAMILY PARTNERSHIP414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41- 0693858	501(C)3	17,000				TO MAKE THE CCAP SYSTEM WORK BETTER FOR FAMILIES AND CHILDREN BY BRING TOGETHER HENNEPIN CO STAFF, EMPLOYMENT COUNSELORS, PROVIDERS, AND PARENTS WORKING COLLABORATIVELY TO CONVENE AND CONNECT THESE GROUPS TO IDENTIFY THE POLICY AND SYSTEM REFORMS NECESSARY AND HELP FAMILIES DEVELOP THE SKILLS NECESSARY TO EFFECTIVELY ADVOCATE FOR THEMSELVES
THINK SMALL10 YORKTON COURT SAINT PAUL, MN 55117	41- 1260581	501(C)3	10,000				TO SUPPORT TRANSITIONAL PLANNING AND COMMUNICATIONS AROUND THE RECENT ACQUISITION OF READY 4 K

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN STRATEGIES INC 720 OLIVE ST SUITE 2600 ST LOUIS, MO 63101	43- 1141027	501(C)3	10,000				IN COLLABORATION WITH PHYLLIS WHEATLEY COMMUNITY CENTER AND THE U OF M URBAN 4-H, URBAN STRATEGIES SEEKS SUPPORT FOR EXPANSION OF THE HERITAGE PARK EXPLORERS PROGRAM, AN 8- WEEK SUMMER YOUTH PROGRAM CREATING ENRICHMENT OPPORTUNITIES IN THE AREAS OF SCIENCE TECHNOLOGY ENGINEERING AND MATHEMATICS (STEM), NUTRITION/HEALTHY LIFESTYLES, AND LEADERSHIP DEVELOPMENT THROUGH EXPLORATION IN HIGHER EDUCATION AND CAREERS, WHILE CONNECTING FAMILIES SERVED BY URBAN STRATEGIES WITHIN THE HERITAGE PARK HOUSING DEVELOPMENT TO THE PHYLLIS WHEATLEY
WASHBURN CENTER FOR CHILDREN2430 NICOLLET AVE S MINNEAPOLIS, MN 55404	41- 0711618	501(C)3	12,000				TO SUPPORT THE EXPANSION OF THE DAY TREATMENT PROGRAM, THAT PROVIDES INTENSIVE EARLY INTERVENTION FOR CHILDREN WHOSE SOCIAL, EMOTIONAL AND BEHAVIORAL PROBLEMS SEVERELY IMPACT THEIR ABILITY TO PARTICIPATE IN DAILY LIFE

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WAY TO GROW125 WEST BROADWAY 110 MINNEAPOLIS, MN 55411	71- 0956749	501(C)3	10,000		other)		AN EARLY CHILDHOOD AND ELEMENTARY LEARNING PROGRAM, GREAT BY 8 WILL ENHANCE AND EXPAND EXISTING SERVICES WHICH CURRENTLY SERVE AT-RISK CHILDREN AGES 0-6 AND FAMILIES IN MINNEAPOLIS FUNDS WILL BE USED TO EXPAND OUR PROGRAMS TO INCLUDE CHILDREN IN KINDERGARTEN THROUGH THIRD GRADE
WEST 7TH COMMUNITY CENTER INC265 ONEIDA STREET SAINT PAUL, MN 55102	23- 7319301	501(C)3	10,000				TO EXPAND SUMMER HOURS OF THE WEST 7TH CHILDREN AND YOUTH PROGRAMS, WHICH PROVIDE HIGH-QUALITY, INTENSIVE PROGRAMMING FOR YOUTH FOR ALL AGES TO SUPPORT CHILDREN'S SCHOOL SUCCESS AND HEALTHY DEVELOPMENT

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WILDER FOUNDATION451 LEXINGTON PKWY N SAINT PAUL, MN 55104	41- 0693889	501(C)3	10,000				TO SUPPORT THE LAUNCH OF A NEW EARLY CHILDHOOD EDUCATION NETWORK TO SUPPORT CHILDREN BIRTH TO 3RD GRADE WITH EARLY LITERACY AND READING SUPPORTS
YMCA OF THE GREATER TWIN CITIES30 S NINTH ST MINNEAPOLIS, MN 55402	45- 2563299	501(C)3	10,000				TO SUPPORT EFFORTS TO SERVE CHILDREN AND YOUTH FROM URBAN, MINORITY, IMMIGRANT AND LOW-INCOME BACKGROUNDS IN THE GREATER MINNEAPOLIS COMMUNITY THROUGH THE AFTER-SCHOOL BEACONS CENTER BEACONS USES AFTER-SCHOOL ACTIVITIES THAT ARE BOTH FUN AND EDUCATIONAL TO HELP YOUTH IMPROVE ACADEMIC, SOCIAL AND LEADERSHIP SKILLS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHCARE INC 2701 UNIVERSITY AVE SE 205 MINNEAPOLIS, MN 55414	41- 1322470	501(C)3	10,000				TO SUPPORT THE EXPANSION OF STYLING SCIENCE, A STEM PROGRAM IN THE LITTLE EARTH OF UNITED TRIBES COMMUNITY IN SOUTH MINNEAPOLIS THE EXPANSION WILL PROVIDE TWICE-WEEKLY STEM LEARNING OPPORTUNITIES FOR 80-90 ECONOMICALLY DISADVANTAGED GIRLS, AGES 6-12 YEAR SOLD
YOUTHPRISE615 FIRST AVE NE SUITE 125 MINNEAPOLIS, MN 55413	27- 4126970	501(C)3	10,000				TO DEVELOP AND ADVOCATE FOR PUBLIC POLICIES THAT EXPAND ACCESS TO QUALITY OPPORTUNITIES FOR LEARNING BEYOND THE CLASSROOM AND THAT SUPPORT THE DEVELOPMENT OF COMPREHENSIVE LEARNING SYSTEMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF MANKATO 500 S BROAD STREET MANKATO, MN 56001	41- 0711619	501(C)3	15,000				THIS PROGRAM PROVIDES HOME VISITS FROM AN OUTREACH WORKER AND TRAINED VOLUNTEERS TO ISOLATED IMMIGRANT FAMILIES TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
YWCA OF MINNEAPOLIS1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41- 0693891	501(C)3	15,000				TO SUPPORT A ONE-YEAR PARTNERSHIP WITH CHILD CARE WORKS' TO ADVANCE PUBLIC POLICY ADVOCACY EFFORTS IN PARTNERSHIP WITH PARENTS AND CAREGIVERS OF YOUNG CHILDREN AND EARLY CHILDHOOD TEACHERS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL CHURCH OF ST DAVID13000 ST DAVID ROAD MINNETONKA, MN 55305	41- 0797362	501(C)3	1,000				ST DAVID'S WILL PROVIDE TUTORING, ACTIVITIES, GAMES, AND SUPPLIES FOR CHILDREN HOUSED IN THE CHURCH AS A PART OF ITS HOMELESS OUTREACH PROGRAM
MESSIAH EPISCOPAL CHURCH1631 FORD PARKWAY SAINT PAUL, MN 55116	41- 0855651	501(C)3	1,000				MESSIAH WILL MORE FULLY INTEGRATE KAREN REFUGEE YOUTH INTO THE CHURCH YOUTH PROGRAM AND YOUTH ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GEORGE'S EPISCOPAL CHURCH5224 MINNETONKA BLVD ST LOUIS PARK, MN 55416	41- 0706157	501(C)3	1,000				ST GEORGE'S WILL PURCHASE BACK TO SCHOOL SUPPLIES FOR 30 LOW-INCOME ST LOUIS PARK CHILDREN AS A PART OF ITS PARTNERSHIP IN THE ST LOUIS PARK EMERGENCY PROGRAM BACK- TO-SCHOOL PROGRAM
ST MARY'S EPISCOPAL CHURCH1895 LAUREL AVE SAINT PAUL, MN 55104	41- 0711507	501(C)3	1,000				ST MARY'S VOLUNTEERS WILL TUTOR CHILDREN AT THE GALTIER SCIENCE & MATHEMATICS TECHNOLOGY MAGNET SCHOOL IN ST PAUL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DEFENSE FUND- MINNESOTA555 PARK ST SUITE 410 SAINT PAUL, MN 55103	52- 0895622	501(C)3	3,000			TO SUPPORT SENDING TWO OR THREE REPRESENTATIVES OF THE EPISCOPAL COMMUNITY AS A CHILDREN'S ACTION TEAM TO ATTEND THE CHILDREN'S DEFENSE FUND'S NATIONAL CONFERENCE PURSUING JUSTICE FOR CHILDREN AND THE POOR - WITH URGENCY AND PERSISTENCE A COMMUNITY AND YOUTH EMPOWERMENT CONFERENCE
GREATER TWIN CITIES UNITED WAY404 SOUTH EIGHTH ST MINNEAPOLIS, MN 55404	41- 1973442	501(C)3	10,000			TO ENHANCE LEADERSHIP, ACCOUNTABILITY AND FUNDING TO IMPROVE EARLY CHILDHOOD SYSTEMS AND OUTCOMES IN MINNESOTA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHPRISE615 FIRST AVE NE SUITE 125 MINNEAPOLIS, MN 55413	27- 4126970	501(C)3	2,000				TO SUPPORT LEARNING LABS FOR PRACTITIONERS FROM THE FIELD, FUNDERS AND OTHER KEY STAKEHOLDERS COMMITTED TO BUILDING OPPORTUNITIES FOR QUALITY YOUTH PROGRAMMING
MINNEAPOLIS AMERICAN INDIAN CENTER1530 E FRANKLIN AVE MINNEAPOLIS, MN 55404	41- 0966005	501(C)3	1,500				TO SUPPORT YOUTH DEVELOPMENT STAFF TO ATTEND QUALITY MATTERS AT THE YOUTH WORK INSTITUTE AT THE UNIVERSITY OF MINNESOTA

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CENTRO GUADALUPANO 2424 - 18TH AVE S MINNEAPOLIS, MN 55404	41- 0731799	501(C)3	1,500			TO SUPPORT YOUTH DEVELOPMENT STAFF TO ATTEND QUALITY MATTERS AT THE YOUTH WORK INSTITUTE AT THE UNIVERSITY OF MINNESOTA

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DLN: 93493312018682

OMB No 1545-0047

2011

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization THE SHELTERING ARMS FOUNDATION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-0693926

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES ARE KEPT FOR ALL BOARD, EXECUTIVE COMMITTEE AND FINANCE COMMITTEE MEETINGS, PER OUR BY LAWS OTHER COMMITTEES MINUTES MAY BE KEPT BY THE CHAIR OR OTHER COMMITTEE MEMBERS AS DEEMED APPROPRIATE
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE ANNUALLY REVIEWS THE AUDIT AND 990 TAX RETURN AS PRESENTED BY THE INDEPENDENT AUDITING FIRM ONCE APPROVED BY THE FINANCE COMMITTEE, THE REPORT IS MADE TO THE FULL BOARD OF TRUSTEES BY THE TREASURER THE 990 RETURN IS AVAILABLE FOR FULL REVIEW BY ALL TRUSTEES ON THE SECURE SECTION OF THE FOUNDATION'S WEBSITE PRIOR TO FILING THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE RECEIVES A CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE STATEMENT AT THE BEGINNING OF THE FISCAL YEAR THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR REGULARLY MONITOR THE ACTIVITIES OF THE TRUSTEES TO MAKE SURE ANY VOTING OR DISCUSSION OF REPORTED CONFLICTS ARE IN COMPLIANCE WITH THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR OVER THE PREVIOUS YEAR THE EXECUTIVE DIRECTOR DOES A SELF REVIEW AND THE COMMITTEE SEEKS TRUSTEE INPUT FROM THE FULL BOARD VIA A WRITTEN QUESTIONNAIRE OR BY CONDUCTING PHONE INTERVIEWS BASED ON THIS INFORMATION, THE COMMITTEE AND EXECUTIVE DIRECTOR ESTABLISH A VISION FOR THE COMING YEAR THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR PERFORM A SIMILAR REVIEW PROCESS THE EXECUTIVE COMMITTEE RECOMMENDS ANY SALARY ADJUSTMENTS FOR BOTH KEY STAFF, THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR COMPARABLE DATA (INCLUDING SALARY SURVEYS FROM THE COUNCIL ON FOUNDATIONS, ASSOCIATION OF SMALL FOUNDATIONS AND GRANT MANAGERS NETWORK) IS USED IN DETERMINING SALARY ADJUSTMENTS FOR BOTH KEY STAFF
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE FOUNDATION'S WEBSITE UNDER "ABOUT US" THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS OF THE FOUNDATION ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,094,021 NET DECREASE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS -163,403 TOTAL TO FORM 990, PART XI, LINE 5 -1,257,424

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493312018682

Employer identification number

OMB No 1545-0047

2011

Open to Public
Inspection

SCHEDULE R (Form 990)

Name of the organization THE SHELTERING ARMS FOUNDATION

Department of the Treasury Internal Revenue Service Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

41-0693926 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (b) (c) (e) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes No (1) THE DIOCESE OF MINNESOTA OF THE EPISCOPAL CHURCH 1730 CLIFTON PLACE SUITE 201 CHURCH MN501(C)(3) N/A No MINNEAPOLIS, MN 55403 41-0694727

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

(a) Name, address, and EIN of related organization	Primary activity domicile Direct		, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) (f) Share of total income		(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
							Yes	No		Yes	No			
												i		

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part	<u> </u>	s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No					
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO					
	ng the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	1a		No					
	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s)										
	Louis of four guarantees to of for related organization(s)										
e L	oans or loan guarantees by related organization(s)			1e	+	No					
f S	ale of assets to related organization(s)			1f		No					
	urchase of assets from related organization(s)			1g		No					
	xchange of assets with related organization(s)			1h		No					
	ease of facilities, equipment, or other assets to related organization(s)			1i		No					
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No					
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No					
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No					
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No					
n S	haring of paid employees with related organization(s)			1n		No					
o F	eimbursement paid to related organization(s) for expenses			10		No					
p F	eimbursement paid by related organization(s) for expenses			1 p		No					
q	ther transfer of cash or property to related organization(s)			1 q		No					
r C	ther transfer of cash or property from related organization(s)			1r		No					
2 I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt					
1) 2)											
2)											
3)											
4)											
5)											
6)		1		I							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	Share of end-of-year amount it all income assets assets amount if 20 of Scheol (Form 1		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 41-0693926

Name: THE SHELTERING ARMS FOUNDATION

Form 990, Special Condition Description:

Special Condition Description