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SCANNED NOV 0 7 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements JUL 1, 2011 and ending JUN 30, A For the 2011 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change THE EDINA COMMUNITY FOUNDATION Name change 41-1315037 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-5280 GRANDVIEW SQUARE (952)833-9573 Amended 440,464. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-EDINA, MN 55436 H(a) Is this a group return pending F Name and address of principal officer RICHARD CROCKETT JYes Ϫ No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.EDINACOMMUNITYFOUNDATION.ORG **H(c)** Group exemption number ▶ Year of formation: 1977 M State of legal domicile: MN K Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS ORGANIZED AND Governance OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 388,653. 380,137. Contributions and grants (Part VIII, line 1h) 54,813 52,006. Program service revenue (Part VIII, line 2g) 9,137. 8,321. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 452,603 440,464. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 183,634 178,966. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 14 51,334 49,006. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Ran X, column (A), line 11e) 0. 33,856. b Total fundralsing expenses (Part IX, column (D), line 25) 83,418. Other expenses (Part 1X, column (A), lines (Q)a-11d, 11f-24e) 79,561 Total expenses. Add lines \$3.37 Must equal Part IX, column (A), line 25) 314,529 311,390. 18 Revenue less expenses. Subtract line-18 from line 12 138,074 129,074. 19 **Beginning of Current Year** End of Year 845,567. 706,841 Total assets (Part X/line 16) 20 24.224 33,876. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 682,617 811,691 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Croo Sign RICHARD CROCKETT, EXECUTIVE DIRECTOR Here Type or print name and title Preparer's signature Print/Type preparer's name 10/9/2012 P00632775 Paid JANE M. EHRESMANN self-employed Firm's name 🕨 ELLINGSON & ELLINGSON Preparer Firm's EIN 41-1399624 Firm's address \searrow 5101 VERNON AVE $V_{S.}$, Use Only

LHA For Paperwork Reduction Act Notice, see the separate instructions.

EDINA, MN 55436

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

Form 990 (2011)

Phone no. (952)929-0315

Yes No

| Da- | 1 III Statement of Program Service Accomplishments |
|------------|---|
| rar | Check if Schedule O contains a response to any question in this Part III |
| | Briefly describe the organization's mission |
| • | THE EDINA COMMUNITY FOUNDATION EXISTS TO ADVANCE OUR COMMUNITY AS A |
| | PREMIER PLACE FOR LIVING, LEARNING, RAISING FAMILIES AND NURTURING |
| | LEADERSHIP THROUGH THE DEVELOPMENT OF A STRONG PROGRAM OF |
| | PHILANTHROPY. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to |
| 4- | others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 204,792 including grants of \$ 178,966 including grant |
| 4a | (Code) (Expenses \$204,792. including grants of \$178,966.) (Revenue \$) PROVIDE A CENTRAL SOURCE FOR RECEIVING GIFTS AND MAKING GRANTS FOR THE |
| | BENEFIT OF CITY OF EDINA AND OTHER LOCAL CIVIC GROUPS. |
| | DHIGHTI OF CITY OF BETHE TARE CITED CONTROL OF CONTROL |
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| | |
| 4b | (Code) (Expenses \$ 48,074 • including grants of \$) (Revenue \$ 52,006 •) |
| | PROVIDE PROGRAMS AND CELEBRATIONS TO ENCHANCE THE EDINA COMMUNITY. |
| | PROGRAMS INCLUDED JULY 4TH PARADE AND FIREWORKS, CONNECTING WITH KIDS, |
| | AND THE HEALTH & WELLNESS EXPO. |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4c | (Code) (Expenses \$ |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4c | (Code) (Expenses \$ |
| | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4 c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4c | |
| | Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) |
| | Other program services (Describe in Schedule O) |

| | † IV Checklist of Required Schedules | 03/ | P | age 3 | |
|------|--|--------------|------|--|--|
| T GI | Officerist of frequired ochedules | | V | T | |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | Yes | No | |
| 1 | If "Yes," complete Schedule A | 1 | х | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | | |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | - | |
| 3 | | ا ۾ ا | | х | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | x | |
| c | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | | |
| 5 | · · · · · · · · · · · · · · · · · · · | 5 | | х | |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | x | |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | - | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | х | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | - | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x | |
| ^ | Schedule D, Part III | 8 | | | |
| 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 | 9 | | х | |
| 40 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 9 | | <u> </u> | |
| 10 | | 40 | х | | |
| 4.4 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | | |
| 11 | | | | | |
| _ | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | - | | ٠. | |
| а | Part VI | 11a | | х | |
| | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | l la | | <u> </u> | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | | |
| _ | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 110 | - 11 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х | |
| a | 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 | - ' <u>`</u> | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х | |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | |
| 124 | Schedule D, Parts XI, XII, and XIII | 12a | х | | |
| 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 | | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X | |
| | 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, Parts I and IV | 14b | | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | | |

Form **990** (2011)

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20a

20b

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| Form | 990 (2011) THE EDINA COMMUNITY FOUNDATION 41-131! | <u> 5037</u> | <u>'</u> P | age 4 |
|------|---|--------------|------------|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | · | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | L |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25 | 24a | | X |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | T | |
| _ | 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 | | X |
| 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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 | - | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| • | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | x | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| • | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| • | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ь | 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 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |

Form **990** (2011)

37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form 990 (2011) THE EDINA COMMUNITY FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

| • | Check if Schedule O contains a response to any question in this Part V | | | | | | | |
|--------|---|-----------|----------------|--------------|--|--|--|--|
| | | | Yes | No | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | |
| | (gambling) winnings to prize winners? . | 1c | | | | | | |
| 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 return 2a 2 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | |
| 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 | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u> X</u> | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u>5b</u> | | <u> X</u> | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | 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 | | _ <u>X</u> _ | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | ŀ | v | | | | |
| a | 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 | | <u>X</u> | | | | |
| 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 | | Х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | ł | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | |
| g 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 | | | | | | |
| 8 | 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? | 8 | | - | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | İ | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the | | į | | | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of receives an hand | | | | | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indeed tanging convect during the tay year? | 10- | | | | | | |
| 14a | | 14a | | | | | | |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 990 (| 2011) | | | | |
| | | OTH | (, | ~UII) | | | | |

Page 6

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

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|-----|---|---------|------|----|
| Sec | tion A. Governing Body and Management | | | |
| • | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 16 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | - | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | - |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | x | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | . [| Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | 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 | İ | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MN | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | l finan | cıal | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | ion: 🕨 | | |
| | RICHARD CROCKETT - 952.833.9573 | | | |
| | 5280 GRANDVIEW SQUARE, EDINA, MN 55436 | | | |

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) Name and Title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | h an | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|----------|--|--|--|
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JAMES HOVLAND | | | | | | | | | | |
| BOARD MEMBER | 1.00 | _ | _ | _ | | | | 0. | 0. | 0 |
| (2) CAROLYN SCHROEDER | 1 | | | | | | | | • | • |
| PRESIDENT | 1.00 | | | _ | | | | 0. | 0. | 0 |
| (3) JAMES VAN VALKENBURG | 4 00 | | | | | | | | 0 | • |
| ASSISTANT TREASURER | 1.00 | ļ | | | | | <u> </u> | 0. | 0. | 0 |
| (4) GRETHE LANGELAND DILLON | 1 00 | 1 | | | | | | | 0 | 0 |
| BOARD MEMBER | 1.00 | _ | | | | <u> </u> | | 0. | 0. | 0 |
| (5) BRAD BEARD | 1 00 | | | | | | | | 0 | 0 |
| BOARD MEMBER | 1.00 | _ | | | | _ | | 0. | 0. | 0 |
| (6) BONNIE MCGRATH | 1 00 | | | | | | | | 0 | 0 |
| SECRETARY | 1.00 | | _ | | | | | 0. | 0. | 0 |
| (7) BRENDA QUAYE | 1 00 | | | | | | | 0. | 0. | 0 |
| BOARD MEMBER | 1.00 | | | | | | | - 0. | 0. | 0 |
| (8) RICHARD CROCKETT | 25.00 | | | | | | | 45,000. | 0. | 0 |
| EXECUTIVE DIRECTOR | 25.00 | | H | | | | _ | 43,000. | 0. | <u> </u> |
| (9) TIM MURPHY | 1.00 | | | | | | | 0. | 0. | 0 |
| VICE-PRESIDENT | 1.00 | | | | | - | | - · · | <u> </u> | <u> </u> |
| (10) BERNIE BEAVER | 1.00 | | | | | | | 0. | 0. | 0 |
| TREASURER | 1.00 | | | | | - | | 1 | . 0. | <u> </u> |
| (11) PETER DAHL | 1.00 | | | | | | | 0. | 0. | 0 |
| BOARD MEMBER (12) PAUL MOOTY | 1.00 | | | | | - | | | | <u> </u> |
| BOARD MEMBER | 1.00 | | | | | | | 0. | 0. | 0 |
| (13) RON ERHARDT | 1.00 | | _ | | | - | | | | |
| BOARD MEMBER | 1.00 | | | | | | | 0. | 0. | 0 |
| (14) SCOT HOUSH | | | | | _ | | | | | <u> </u> |
| BOARD MEMBER | 1.00 | | | | | | | 0. | 0. | 0 |
| (15) MAXINE WALLIN | | | | | | | | | | |
| BOARD MEMBER | 1.00 | | | | | | | 0. | 0. | 0 |
| | | | | | | | | | | |
| | | 1 | | 1 | 1 | 1 | ı | | | |

| Par | t VII Section A. Officers, Directors, Tre | ustees, Key Er | mple | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|-----|--|--|-------------|-----------------------|---------|--------|------------------------------|----------|---------------------------|------------------------------|----------|--|-------------------|-------|
| | (A) | (B) (C) | | | | | | | (D) | (E) | | | (F) | |
| | Name and title | Average Position (do not check more than one box, unless person is both an | | | | | | | Reportable | Reportable | | l l | stımat | |
| | | hours per week | | , unle cer ar | | | | | compensation | compensation from related | 1 | aı | mount other | |
| | | (describe | 흥 | | | | | | the | organizations | | con | npens | |
| | | hours for | or director | | | ĺ | ted | | organization | (W-2/1099-MIS |) | | rom th | |
| | | related organizations | <u> </u> | Institutional trustee | | | Highest compensated employee | | (W-2/1099-MISC) | | | | ganıza | |
| | | in Schedule | | thonal | | ploye | st com | | | | | I . | id rela anızat | |
| | | 0) | Individual | Institu | Officer | (ey en | Helpe | Former | | | | 0.9 | ainzai | 10113 |
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| | | | | | | | | | | | | İ | | |
| 1h | Sub-total | | | <u> </u> | l | | | <u> </u> | 45,000. | | 0. | | | 0 . |
| | Total from continuation sheets to Part V | II Section A | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | ., 000 | | | | | | | 45,000. | | 0. | | | 0. |
| 2 | Total number of individuals (including but r | ot limited to th | ose | liste | ed al | bove | e) wh | no re | | ,000 of reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | , . | (|
| | | | | | | | | | | | ı | | Yes | No |
| 3 | Did the organization list any former officer, | | uste | e, ke | y en | nplo | yee. | , or | highest compensated e | mployee on | | | - | |
| _ | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | - | 3 | | X |
| 4 | For any individual listed on line 1a, is the si | | | | | | | | | the organization | - 1 | | | х |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | | | | | | | | | dual for senuces | ŀ | 4_ | - | ^ |
| 3 | rendered to the organization? If "Yes," com | • | | | | • | | Ciai | ed organization of indivi | dual for services | ŀ | 5 | | x |
| Sec | tion B. Independent Contractors | | | | | | | | | · | | | | |
| 1 | Complete this table for your five highest co | mpensated inc | depe | ende | nt c | ontr | acto | ors t | hat received more than | \$100,000 of comp | ens | ation | from | |
| | the organization. Report compensation for | the calendar y | ear | endi | ng v | vith | or w | ıthır | the organization's tax | year. | | | | |
| | (A) | | | | | | | | (B) | | _ | | C) . | |
| | Name and business address NONE Description of services | | | | | | | | | | ompe | nsatio | n | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (| = | ot li | mıte | d to | | _ | sted | above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organi | zation 📂 🔃 | | | | (| J | | | | | | | |

41-1315037 Page 9

| | • | | | ï | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|--------|---|-----------------|-------------|-------------|----------------------|--|---|---|
| တ္ တ | 4 . | _ | Federated campaigns | 1a | | | | | | 0.10, 0.10.4 |
| u au | | | Membership dues | 1b | | | | | | |
| ع ق | | | Fundraising events | 1c | | | | | | |
| ar A | | | Related organizations | 1d | | | | | | |
| Q.E | | u e | Government grants (contribut | | | | | | | |
| Sig | | f | All other contributions, gifts, gran | | | | | | | |
| je či | | • | similar amounts not included abo | · I I | 380,13 | 7. | | | | |
| ĒÖ | | g | Noncash contributions included in lines | | 500,20 | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | _ | Total. Add lines 1a-1f | - 11 φ | | ▄▕ | 380,137. | | | |
| | | ·- | | | Business C | ode | 1 | | | |
| ايو | 2 : | а | 4TH JULY PARADE | 3 | 81321 | | 18,383. | 18,383. | | |
| ξ | _ | b | 4TH OF JULY FIR | | 81321 | | 16,000. | 16,000. | | · |
| Se | | c | CONNECTING WITH | • | 81321 | | 11,518. | 11,518. | | |
| e a | | d | HEALTH & WELLNE | | | | 6,105. | 6,105. | | |
| Program Service Revenue | | e | | | | | | | | |
| 4 | 1 | f | All other program service reve | enue | | | · · · · · · | | | <u>.</u> |
| | | g | Total. Add lines 2a-2f | | | | 52,006. | | | |
| } | 3 Investment income (including dividends, interest, and | | | | | | | | | |
| | | | other similar amounts) | | | | 8,321. | | | 8,321. |
| ŀ | 4 | | Income from investment of ta | x-exempt bon | d proceeds | | | | | |
| | 5 | | Royalties | | | ▶ | | | | |
| | | | | (i) Real | (ii) Persor | al | | ! | | |
| | 6 | _ | Gross rents | | | | | | | |
| ŀ | ı | | Less rental expenses | | | | | | | |
| | | | Rental income or (loss) | | | | | | | |
| ł | | | Net rental income or (loss) | | 1 (2.0) | | | | | |
| | 7 : | а | Gross amount from sales of | (i) Securitie | s (ii) Othe | r | | | | |
| | | | assets other than inventory | | 1 | | | | | |
| | , | D | Less: cost or other basis | | | | | | | |
| | | _ | and sales expenses Gain or (loss) | | | | | | | |
| | | | Net gain or (loss) | | | — | | | | |
| _ | | | Gross income from fundraisin | a events (not | | | | | | |
| J.G | • | _ | including \$ | of | | | | | | |
| Other Reven | | | contributions reported on line | | | | | | | |
| Ę. | | | Part IV, line 18 | 7 | a | | | | | |
| the l | | ь | Less: direct expenses | • | b | | | | | |
| 0 | | | Net income or (loss) from fund | draising event | s | | | | | |
| | | | Gross income from gaming ad | - | | | | | | |
| | | | Part IV, line 19 | • | a | | | | | |
| | | b | Less direct expenses | | b | | 1 | | | |
| | | С | Net income or (loss) from gam | ning activities | | > | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | | |
| | | | and allowances | | a | | | | | |
| | | | Less: cost of goods sold | | b | | | | | |
| ļ | | С | Net income or (loss) from sale | | | ▶ | - | | | |
| } | | | Miscellaneous Revenu | ie | Business C | ode | | | | |
| | 11 | | | | _ | \dashv | · | | | |
| | | b | | | _ | \dashv | | | | |
| | | C | All other revenue | | | | | | | |
| | | d | All other revenue Total. Add lines 11a-11d | - | | | | | | - |
| | 12 | C | Total revenue See instructions. | | | | 440,464. | 52,006. | 0. | 8,321. |
| 13200 01-23 | 9 | | | - | | <i>F</i> | | | | Form 990 (2011) |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respons | | s Part IX | · (C) | (D) |
|--------|--|--------------------|------------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | 150 066 | 170 066 | | |
| | organizations in the United States. See Part IV, line 21 | 178,966. | 178,966. | | |
| 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 Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 45,000. | 13,500. | 13,500. | 18,000. |
| 6 | Compensation not included above, to disqualified | 43,000 | 13,300. | 13,300. | 10,000. |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| Ü | section 40 1(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes . | 4,006. | 1,843. | 921. | 1,242. |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | - | | | |
| b | Legal | | | | |
| С | Accounting | 17,414. | 5,224. | 5,224. | 6,966. |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | · |
| 12 | Advertising and promotion | | | | ····· |
| 13 | Office expenses . | 623. | 187. | 187. | 249. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,800. | 540. | 540. | 720. |
| 17 | Travel _ | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 1 000 | 5.6.4 | F.C.4 | |
| 19 | Conferences, conventions, and meetings | 1,880. | 564. | 564. | 752. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,358. | 1,179. | 943. | 236. |
| 23 | Insurance | 2,336. | 1,1/9. | 743. | 230. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | SEE ATTACHMENT | 59,343. | 50,863. | 2,789. | 5,691. |
| a b | | 3373101 | 30,0001 | | |
| C | | | - | | |
| d | | | | | |
| | All other expenses | | | | ······································ |
| 25 | Total functional expenses. Add lines 1 through 24e | 311,390. | 252,866. | 24,668. | 33,856. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 0 01-23-12 | - | | | Form 990 (2011) |

Form 990 (2011) 41-1315037 Page 11 THE EDINA COMMUNITY FOUNDATION Part X | Balance Sheet (A) Beginning of year End of year 24,323. 1 Cash · non-interest-bearing 482,378. 467,672. 2 Savings and temporary cash investments 2 194,103. 145,890. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 8 1,417. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 226,870. 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 Intangible assets 14 14 6,037. 3,718. 15 Other assets See Part IV, line 11 15 706,841. 845,567. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 24,224. 21,179. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 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 0. 12,697. Schedule D 24,224. Total liabilities. Add lines 17 through 25 26 33,876. Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 268,716. 339,507. 27 Unrestricted net assets 225,209. 283,492. 28 Temporarily restricted net assets 28 Permanently restricted net assets 188,692. 188,692. Organizations that do not follow SFAS 117, check here complete lines 30 through 34.

> 845,567. Form 990 (2011)

811,691.

30

31

32

33

34

682,617.

706,841.

30

31

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

| Forn | 1990 (2011) THE EDINA COMMUNITY FOUNDATION | 41-131 | 5037 | Pad | ge 12 | | | |
|------|---|------------|--------|-------|--------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | _ | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 440 | , 4 | 64. | | | |
| 2 | 2 Total expenses (must equal Part IX, column (A), line 25) | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 129 | 0,0 | 74. | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 682 | 2,6 | 17. | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. | | | |
| 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 | 811 | .,6 | 91. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | \mathbf{x} | | | |
| | | | , | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | i | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | 1 | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | edule O. | i i | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued | d on a | | | | | | |
| | separate basis, consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audrt | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | Form 9 | 90 (2 | 2011) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

| | | | THE EDI | NA COMMUNITY | FOUN | DATIO | N | | İ | 4 | 1-1315 | 5037 | |
|--------|--------|---|-----------------------------|---|--------------|---|-------------|---------------------|------------------------|------------------|--------------|------------------|------------|
| Pa | rt I | Reason | for Public Char | rity Status (All organiz | zations mu | st comple | te this par | t) See ins | tructions. | | | | |
| he | organı | | | because it is: (For lines | | | | | | | | | |
| 1 | | A church, cor | nvention of churche | s, or association of chur | ches desc | nbed in se | ction 170 | (b)(1)(A)(i |). | | | | |
| 2 | | | | 70(b)(1)(A)(ii). (Attach Sc | | | | | • | | | | |
| 3 | 一 | | | ital service organization | | | 170(b)(1) | (A)(iii). | | | | | |
| 4 | 一 | | | operated in conjunction | | | | | Yb)(1)(A)(ii | ii). Enter t | the hospita | l's name | a . |
| • | | city, and stat | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 1-11 -11 -11. | , | | | -, |
| 5 | | | | benefit of a college or un | niversity o | wned or or | nerated by | a govern | mental uni | t describ | ed in | | |
| _ | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| c | | | | ete rart ii.) ient or governmental unr | t docombo | d in acatia | 470/b\/· | 1\/ A \/\ | | | | | |
| 6 7 | H | | | | | | | | ou fuana dha | | | | |
| • | ш | | | eives a substantial part | oi its supp | on nom a | governme | intai unit t | or ironi the | general | public desc | inbed in | 1 |
| _ | \Box | | b)(1)(A)(vi). (Comple | | (Camplata | Dent II \ | | | | | | | |
| 8 | 퓜 | | | section 170(b)(1)(A)(vi). | | | | L.A | | | | | |
| 9 | LX. | | | eives (1) more than 33 | | | | | | | - | | |
| | | | • | nctions - subject to certa | • | • | • | | | • • | • | | |
| | | | | axable income (less sect | tion 511 ta | x) from bu | sinesses a | icquirea c | y tne orga | inization a | aπer June 3 | 30, 1975 |) . |
| | | | 509(a)(2). (Complete | • | | | | | | | | | |
| 0 | H | | | perated exclusively to te | | | | | | | | _ | |
| 1 | ш | | | perated exclusively for the | | | | | | - | | | r |
| | | | | ations described in section | | | | 2). See se e | ction 509(| a)(3). Che | eck the box | tnat | |
| | | | <u></u> | organization and comple | | • | | | | | 1 | 0.1 | |
| | | a Type I | | _ ,, | | e III - Func | • | - | | d ∟ | Type III - (| | |
| e | | | | at the organization is not | | | | | | | | | 1 |
| | | | | han one or more publicly | | | | | | ∃(a)(1) or : | section 509 |)(a)(≥). | |
| f | | _ | | tten determination from t | the IRS tha | atitisa ly | pe I, Type | II, or Type | e III | | | | |
| | | | rganization, check th | | • | | | | | _ | • | | ш |
| g | | _ | | organization accepted ar | | | - | | • | | | [<u>[</u> | |
| | | •• | • | lirectly controls, either al | one or tog | etner with | persons c | iescribea | ın (ii) and (i | III) below, | | Yes | No |
| | | _ | | upported organization? | | | | | | | 11g(i) | - | |
| | | | - | n described in (i) above? | | - 0 | | | | | 11g(ii) | T | |
| | | | | person described in (i) o | | | | | | | 11g(iii) | | |
| h | | Provide the to | ollowing information | about the supported or | ganization | (S). | | | | | | | |
| | | | | (iii) Type of | L. | | | | (vi) lo | tho T | | | |
| (i) | | of supported | (ii) EIN | organization | | organization sted in your | | | (vi) Is organizatio | on in col. | | nount of | |
| | orga | nızatıon | | (described on lines 1-9 | | document? | | | (i) organiz U.S | ed in the | sup | port | |
| | | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | (acc instructions)) | 163 | - 140 | 163 | 140 | 165 | 140 | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011

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

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

| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support | ec | tion A. Public Support | _ | | | | | |
|--|------|---|---|--------------------|-------------------------|----------------------|----------------------|------------------------|
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| stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | | on line 13, and line | 1/ is 33 1/3% or | | |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | | | 1413 33 1/3/0 01 | more, check this be | Nand I |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | _ | | Hipo 15 is 33 1/30 | % or more check th | . PL |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | | | a m ie 10 i3 00 1/07 | o or more, check ti | ▶ □ |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | • | · · · · · · | | | a 13 162 or 165 | and line 14 is 100/ | P |
| · | | | _ | | | | | |
| meets the fracts and circumstances fest in eorganization qualifies as a publicly supported organization | | • | | | | • | art iv now the organ | iization ⊾ □ |
| 1 400 F A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | • | • | | - | 47a and har 45 | 100/ -:: |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | • | • | | | | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the | | • | | | | • | | , |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | · · | | • | • | | • | · ► |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-E | 8 | Private foundation. If the organization | n did not check a | box on line 13, 16 | sa, 16b, 17a, or 17 | | | |

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

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

| Se | ction A. Public Support | | | | | | | | |
|------------|--|----------------------|-----------------------|----------------------|-------------------|----------|-----------|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 330,402. | 209,480. | 289.203. | 388,653. | 380.137. | 1597875. | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | _ | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 330,402. | 209,480. | 289,203. | 388,653. | 380,137. | 1597875. | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | İ | | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | ; | | : | 0. | | |
| | Add lines 7a and 7b | | | | | | 0. | | |
| | Public support (Subtract line 7c from line 6) | | | | | | 1597875. | | |
| | ction B. Total Support | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| | Amounts from line 6 | 330,402. | 209,480. | 289,203. | 388,653. | 380,137. | 1597875. | | |
| 10a | Gross income from interest, | | | • | • | • | | | |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,010. | 10,582. | 8,364. | 9,137. | 8,321. | 50,414. | | |
| b | Unrelated business taxable income | | | | - | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | |
| c | Add lines 10a and 10b | 14,010. | 10,582. | 8,364. | 9,137. | 8,321. | 50,414. | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 344,412. | 220,062. | 297,567. | 397,790. | 388,458. | 1648289. | | |
| | First five years. If the Form 990 is for | | | | | | | | |
| | check this box and stop here | | | | • | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | | | |
| 15 | Public support percentage for 2011 (| ine 8, column (f) di | vided by line 13, c | olumn (f)) | | 15 | 96.94 % | | |
| 16 | Public support percentage from 2010 | Schedule A, Part | III, line 15 | | | 16 | 96.17 % | | |
| | ction D. Computation of Inves | | | | | | | | |
| 17 | Investment income percentage for 20 |)11 (line 10c, colun | nn (f) divided by lin | e 13, column (f)) | | 17 | 3.06 % | | |
| 18 | Investment income percentage from | | | | | 18 | 3.83 % | | |
| | 33 1/3% support tests - 2011. If the | | | on line 14, and line | 15 is more than 3 | | | | |
| | more than 33 1/3%, check this box a | | | | | | ►X | | |
| t | 33 1/3% support tests - 2010. If the | | | | _ | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | ▶□ | | |
| 20 | | | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization THE EDINA COMMUNITY FOUNDATION 41-1315037 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? . . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sche | dule D (Form 990) 2011 THE EDI | NA COMMUNI | TY FOUNDAT | ION | | <u>41-13</u> | <u> 15037</u> | Page 2 |
|--------|---|------------------------|-----------------------|-----------------------|-------------|-------------------|-------------------|-----------|
| | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Oth | er Simila | ar Asse | ts (contin | ued) |
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| | (check all that apply) | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange programs | | | | |
| ь | Scholarly research | е | Other | | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further th | ne organization's ex | empt purpo | se in Par | t XIV. | |
| 5 | During the year, did the organization solicit o | | | | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | | | Form 990 | , Part IV, I | line 9, or | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for contribution | s or other assets no | t included | | | |
| | on Form 990, Part X? | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fol | llowing table: | | | | | |
| | , , | | | | | | Amount | |
| С | Beginning balance | | | | 1c | | _ | |
| d | Additions during the year | • | | | 1d | | | |
| e | Distributions during the year | • | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIV. | | | | | | | |
| | t V Endowment Funds. Complete it | | swered "Yes" to Fo | rm 990, Part IV, line | 10 | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three y | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | 313,692. | 268,392. | 255,892. | | | | |
| b | Contributions | 51,000. | 45,300. | 12,500. | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities | | · | | | | | |
| _ | and programs | | | | | , | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 364,692, | 313,692. | 268,392. | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1g, column (a | i)) held as: | | | | |
| _ a | Board designated or quasi-endowment | 48.00 | % | | | | | |
| b | Permanent endowment ► 52.00 | % | _ | | | | | |
| c | Temporarily restricted endowment ▶ | .00 % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | ıld equal 100% | | | | | | |
| За | Are there endowment funds not in the posse | | ation that are held a | nd administered for | the organiz | ation | | |
| | by: | | | | | | | es No |
| | (i) unrelated organizations | | - | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Schedule R? | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | organization's endo | wment funds. | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | nent. See Form 990 |), Part X, line 10. | | | | | |
| | Description of property | (a) Cost or o | ther (b) Cost | or other (c) | Accumulate | ∌d | (d) Book | value |
| | | basis (investr | nent) basis | (other) de | epreciation | | | |
| 1a | Land | | | | | | | |
| b | Buildings . | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | \longrightarrow | | |
| е | Other | | | | | | | |
| Taka | L Add lines 1a through 1e (Column (d) must e | oual Form 990 Part | X column (R) line 1 | 10(c)) | | | | 0. |

| | | | | |
|--|--|---------------------------------------|-------------------------------------|-------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | Method of valua r end-of-year ma | |
| (1) Financial derivatives | - " | | | <u></u> |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) CENTRAL MN COMMUNITY | | | | |
| (B) FOUNDATION INVESTMENTS | 226,870. | END-OF-YEA | R MARKET | VALUE |
| (C) | | | | |
| (D) | | | | |
| (E) | <u> </u> | | | |
| | | | | |
| (G) | | · · · · · · · · · · · · · · · · · · · | · | |
| (H) | | . | | |
| (1) | 006 070 | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | 226,870. | | | |
| Part VIII Investments - Program Related. S | ee Form 990, Part X, line 13 | | Madhad - Coolean | |
| (a) Description of investment type | (b) Book value | | Method of valua end-of-year mar | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | - |
| (5) | | | | * 400 |
| (6) | | | | |
| | | | | |
| | | | | |
| (9) | | | | |
| (10) | | | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line | . 15 | | | |
| | Description | | | (b) Book value |
| | Description | | | (b) Book value |
| | · | | | P.E E. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | · · · | |
| (6) | | | - | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | | | . • | |
| Part X Other Liabilities. See Form 990, Part X, | | | | |
| 1. (a) Description of liability | (| b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) FUNDS DRAWN IN EXCESS OF | AVAILABLE | | | |
| (3) CASH BALANCES | | 12,697. | | |
| | | | | |
| (5) | | | | |
| (6) | | | | |
| <u></u> | | | | |
| (8) | | | | |
| (9) | | - | | |
| (10) | | | | |
| (11) Total (Column (h) must equal Form 990, Part V col (R) line | 9 25 1 | 12,697. | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to EIN 48 (ASC 740) | o the organization's financial statement | ents that reports the organization | n's liability for uncerta | n tax positions under |
| 132053 01-23-12 | | | | edule D (Form 990) 2011 |

| | dule D (Form 990) 2011 THE EDINA COMMUNITY FOUNDATION | oial Sta | | 15037 Page 4 |
|--------------|---|---------------|----------------|--|
| | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan | | tements | 440 464 |
| | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 440,464 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 311,390 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | 129,074 |
| 4 | Net unrealized gains (losses) on investments | 4 | | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | Investment expenses | 6 | | |
| 7 | Prior period adjustments | 7 | | |
| 8 | Other (Describe in Part XIV.) | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | | 100 054 |
| 10 Par | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With Revenue Per Audited Financial Statements With | 10 | Return | 129,074 |
| 1 | Total revenue, gains, and other support per audited financial statements | ро. | 1 | 440,464 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | • | | 110,101 |
| a | Net unrealized gains on investments | | | |
| b | Donated services and use of facilities 2b | | | |
| c | Recoveries of prior year grants 2c | ~···· | 7 | |
| d | Other (Describe in Part XIV.) | | 7 | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 440,464. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | 110/101 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIV) | | 7 | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 440,464. |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statements With Expe | nses pe | r Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 311,390. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities 2a | | | |
| b | Prior year adjustments 2b | | | |
| С | Other losses 2c | | | |
| d | Other (Describe in Part XIV.) | , | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 311,390. |
| 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 | | | |
| b | Other (Describe in Part XIV.) | | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| _5_ | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 311,390. |
| Pai | t XIV Supplemental Information | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa | ırt IV, lines | 1b and 2b, | Part V, line 4; Part |
| | e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to pro | vide any a | dditional info | ormation. |
| PAI | RT X, LINE 2: UNCERTAIN TAX POSITIONS | | | |
| mii | ODGANITAMIONOG INGOME MAY DEMITDIG EOD MILE EIGGAL V | . ממגם | | TIPITE 20 |
| THE | E ORGANIZATIONOS INCOME TAX RETURNS FOR THE FISCAL Y | EARS . | ENDING | JUNE 30, |
| 201 | 0, 2011 AND 2012 ARE SUBJECT TO EXAMINATION BY THE | TDC (| CENTED A | I.I.V POD |
| <u> 20</u> . | 2011 AND 2012 ARE BODDECT TO EXAMINATION BY THE | IIID, | GRINEIW | DDI FOR |
| THE | REE YEARS AFTER THEY WERE FILED. | | | |
| | | | | <u>. </u> |
| | | | | |
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Department of the Treasury Internal Revenue Service

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

2011 Open to Public

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

2 9 Schedule I (Form 990) (2011) Employer identification number 41-1315037 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part ii can be duplicated if additional space is needed ame and address of organization

(c) IRC section or government if applicable cash grant assistance or government assistance or government assistance assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 128,809 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE EDINA COMMUNITY FOUNDATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization SEE ATTACHED SCHEDULE Name of the organization Internal Revenue Service Part Part II

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 27 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

41-1315037

(Form 990) (2011) THE EDINA COMMUNITY FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2011)

Part III | Grants and Other

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE EDINA COMMUNITY FOUNDATION

Employer identification number 41-1315037

| Pai | rt I Types of Property | | | | | _ | |
|-----|--|-------------------------------|--------------------------------------|--|--------------------------------------|-------------|----------|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on | (d Method of d noncash contrib | etermining | ts |
| | And Mandra of and | Х | items contributed | Form 990, Part VIII, line 1g | SEE EXPLANA | ΔΨΤΩNI | |
| 1 | Art - Works of art | Λ | <u></u> | | DEE EXTERNA | 111011 | |
| 2 | Art - Historical treasures | | | | - | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | <u> </u> | | | | |
| 5 | Clothing and household goods | | | | - | | |
| 6 | Cars and other vehicles | | | | - | | |
| 7 | Boats and planes | | | | - | | |
| 8 | Intellectual property | | _ | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| 10 | Securities - Closely held stock | | <u></u> | | | | |
| 11 | Securities - Partnership, LLC, or | | | | - | | |
| | trust interests | | <u>.</u> | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution · Other | • | | | | | |
| 15 | Real estate - Residential | | <u> </u> | | | | |
| 16 | Real estate · Commercial | | | | | | |
| 17 | Real estate - Other . | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory . | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other • () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other (| | | | J | | |
| 29 | Number of Forms 8283 received by the organiz | | | | | | |
| | for which the organization completed Form 828 | 83, Part IV, | Donee Acknowled | gement 29 | . . | <u> </u> | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | |
| | at least three years from the date of the initial of | contribution | , and which is not | required to be used for exer | npt purposes for | | |
| | the entire holding period? | | • | •• | | 30a | X |
| b | If "Yes," describe the arrangement in Part II | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any non-standard contrib | utions? | 31 | X |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncast | ı | | |
| | contributions? | | | | | 32a | X |
| b | If "Yes," describe in Part II | | | | | | |
| 33 | If the organization did not report an amount in | column (c) t | or a type of prope | rty for which column (a) is cl | necked, | | |
| | describe in Part II | | | | | | <u> </u> |
| LHA | For Paperwork Reduction Act Notice, see | the Instruc | tions for Form 99 | 0. | Schedule M | (Form 990) | (2011) |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE EDINA COMMUNITY FOUNDATION

Employer identification number 41-1315037

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

THE EDINA COMMUNITY FOUNDATION ATTACHMENT TO 990 SCHEDULE I - GRANT DETAIL 06/30/12

GRANTS FROM TEMPORARY RESTRICTED NET ASSETS

| NAME | AMOUNT ADDRESS | PURPOSE |
|--|---|---|
| Cool Planet Country Club Neighborhood Edina Senlor Class Party Edina Park and Recreation Edina Art Center-Edina Film Festival Edina Youth Juggling Ikola Cup Edina Athletic Field Terry Anderson Memorial Fund | 7,071 C/O Paul Thompson, 4244 Crocker Ave, Edina, MN 55423 9,925 C/O Rob Webb, President, 4516 Drexel Ave, Edina, MN 55424 30,438 5013 Park Terrace Edina, MN 55436 10,802 4801 W 50th Street, Edina MN 55436 11,111 4701 W 64th Street, Edina, MN 55435 7,650 5901 Concord Ave, Edina, MN 55424 16,714 C/O Casey Hankinson, Chair, 7149 Valley View Rd, Edina, MN 55436 17,514 5701 Normandale Rd, Edina, MN 55424 17,584 C/O Edina Community Foundation, 5280 Grandview Square, Edina, MN 55436 | Support for conservation programs in Edina Support for improvements & activities for area Support for Senior Class Party Support for Edina Parks & Recreation Support for Public Art in Edina Community Support for Juggling program activities Support for Hockey Programs & scholarships Support for Pavers at Kuhman field Support for various programs in Edina Community |
| Total | 128,809 | |
| Contributions less than \$5000 | 50,157 | |
| Total Grants Part II Line 1(d) | 178,966 | |

THE EDINA COMMUNITY FOUNDATION FORM 990 ATTACHMENT - FUNCTIONAL EXPENSES 06/30/12

| ADDITIONAL EXPENSES | TOTAL | PROGRAM SERVICE | MGMT & GENERAL | FUND- RAISING |
|--------------------------|--------|--------------------|-------------------|------------------|
| 4TH JULY PARADE | 21,565 | 21,565 | | |
| 4TH JULY FIREWORKS | 16,000 | 16,000 | | |
| CONNECTING WITH KIDS | 5,203 | 5,203 | | |
| HEALTH & WELLNESS EXPO | 4,773 | 4,773 | | |
| EDINA TORCHLIGHT PARADE | 200 | 200 | | |
| EDINA DAY OF SERVICE | 20 | 20 | | |
| EDINA READS | 313 | 313 | | |
| | 48,074 | 48,074 | - | - |
| PROFESSIONAL DEVELOPMENT | 1,513 | 454 | 454 | 605 |
| POSTAGE | 224 | 45 | 45 | 134 |
| BANK FEES | 1,210 | 363 | 363 | 484 |
| MISCELLANEOUS | 126 | 38 | 38 | 50 |
| PLEDGE RESERVE | 2,500 | 750 | 750 | 1,000 |
| DEVELOPMENT | 5,696 | 1,139 | 1,139 | 3,418 |
| | 59,343 | 50,863 | 2,789 | 5,691 |

THE EDINA COMMUNITY FOUNDATION #41-1315037
SCHEDULE M ATTACHMENT
TAX YEAR:06/30/12

METHOD OF DETERMINING NON-CASH CONTRIBUTIONS AMOUNTS

Determined by officers based on best available information