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Form 990 A

SCANNED APR

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 201**2**

Open to Public

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service 2012, and ending For the 2012 calendar year, or tax year beginning 20 D Employer identification number C Name of organization Duluth 1200 Fund, Inc. Check if applicable Address change Doing Business As 41-1520829 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 411 West First Street 218-730-5322 Terminated City, town or post office, state, and ZIP code П Amended return Duluth, MN 55802 G Gross receipts \$ F Name and address of principal officer Betty George, President H(a) Is this a group return for affiliates? Yes No Application pending 411 West First Street / Duluth, MN 55802 H(b) Are all affiliates included? Yes No) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c)(3) 501(c) (Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ► L Year of formation M State of legal domicile MN Part I Summary Briefly describe the organization's mission or most significant activities. The purpose of the 1200 Fund is to provide low or no interest loans and other financial assistance to businesses located in or near the City of Duluth in order to create and/or retain Activities & Governance jobs and confront economic deterioration within the area. The financing is intended to provide assistance to businesses that are not able to obtain affordable, adequate, or appropriate financing from other conventional sources. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1b) 8 0 Program service revenue (Part VIII, line 25) 9 21,861 19.414 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) Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10 (226, 430)1.161 11 12 20,575 (204,569) Grants and similar amounts paid (Rait X, column (A)) jhes 1-3) . . 13 218,178 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part X, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38,309 33,288 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 256,487 33,288 19 Revenue less expenses. Subtract line 18 from line 12 (461,056)(12,713)Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 3,393,921 3,410,896 21 Total liabilities (Part X, line 26) . . . 1,626 31,314 22 Net assets or fund balances. Subtract line 21 from line 20 3,392,295 3,379,582 Part II Signature Block Under penalties of perjury, I declare that 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 preparer (other than officer) is based on all officernation of which preparer has any knowledge Sign Here Type or print name Print/Type preparer's name Preparer's signature Date Paid Check I If self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form **990** (2012)

Form 9	90 (2012)		Page 2
Part	III Statement of Program Service Acc	complishments	
	 Check if Schedule O contains a resp 	onse to any question in this Part III	🗆
1	Briefly describe the organization's mission:		
	The purpose of the 1200 Fund is to provide lov	w or no interest loans and other financial assistance to businesses located in	or near the
		eterioration and loss of jobs around the area. The financing is intended to pro	
		obtain affordable, adequate, or appropriate financing from other conventional	
		hat the recipient provides for new job creation and/or retention of existing job	
2	Did the organization undertake any significa	ant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		s 🗹 No
	If "Yes," describe these new services on Sc	hedule O.	
3	Did the organization cease conducting, or	or make significant changes in how it conducts, any program	
	services?		s 🗸 No
	If "Yes," describe these changes on Schedu	ule O.	
4	Describe the organization's program service	e accomplishments for each of its three largest program services, as me	easured by
		rganizations are required to report the amount of grants and allocations	
	(O-d		
4 a		3,288 including grants of \$ 0) (Revenue \$ 20,	
		proved and drawn down in 2012. A total of \$58,518 and \$16,728 in principal a	
		were no approved, but undrawn loan or grant funds outstanding as of 12-31-2	
	no loans were paid off in 2012.		
	•••••		
	**		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•••••••••••••••••••••••••••••••••••••••	
			•••
		•••••••••••••••••••••••••••••••••••••••	***************************************
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	**	······································	
		·	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	·		
	•••••••	••••••	
	***************************************	•	
			•••••
	•	***************************************	
	*		
4d	Other program services (Describe in Schedu		
	(Expenses \$ including grant		
4e	Total program service expenses ▶	33 288	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
_	complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	-	1
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		1
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		1
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
	complete Schedule D, Part III	8_		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
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, line 10? If "Yes," complete Schedule D, Part VI	 11a		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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, Parts I and IV	14b		✓
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		1
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		1
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 (see instructions)	17		1
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		1
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		1
20 a		20a		7
h	If "You" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

	90 (2012)		1	Page 4
Part	Checklist of Required Schedules (continued)			
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	Yes	No ✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	•
	-		000	

Part				
	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u>. </u>
10	Fotos the gumber recented in Day 0 of Faury 1000 Fatos 0 of anti-analysis in Land		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	l		ļ
	reportable gaming (gambling) winnings to prize winners?	10		İ
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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			١,
_	account)?	4a		✓
ь	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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		✓
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7с		✓
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
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?	79 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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		:	
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			İ
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>u</u>	in res, has a filed a form report these payments: In res, provide an explanation in schedule U.	14b		

Form 9	90 (2012)		(Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Secti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	. 🗸
0001	on 71 doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		-	
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		ì	
b	Enter the number of voting members included in line 1a, above, who are independent	<u>.</u>]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2_		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√
6 7-	Did the organization have members or stockholders?	6		✓_
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?	l _		,
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.]
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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 filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
_		45-	,	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	-
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	136	•	
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		1
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	Organization: Dutable City Auditor / 444 Mont de Charles Brand 407 / D. L. M. Arry Cross			

Par	t VII	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. 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 employees."
- 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.

	1	1			C)			T .	it officer, director	<u>,</u>	-
(A)	(B)			Pos	ition			(D)	(E)	(F)	
Name and Title	Average hours per	box,	unles	s pe dad	rson	than one is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	_
(1) Betty George											
President / Director	.1	✓		✓				0	0		<u>o</u>
(2) Kjell Knudsen											
former Director - resigned 06-19-2012	.1	1					<u> </u>	0	0		<u>0</u>
(3) Jeff Anderson											
Secretary / Director	.1	✓		✓				0	0		<u>o</u>
(4) Mary Moldenhauer											
Director	.1	✓				_		0	0		<u>0</u>
(5) Al France											
Director	.1	✓	<u>L</u>					0	0		0
(6) Linda Krug											
Treasurer / Director	.1	✓	L	✓			L	o	0	<u> </u>	<u>o</u>
(7) Julie Pierce											
Director	.1	✓						o	0		<u>o</u>
(8)											/
(9)								-			- 4
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Form **990** (2012)

Par	Section A. Officers, Directors, Irust	ees, Key E	mplo	yees	_		lighes	it C	ompensated E	mpioyees (c	<u>ontinu</u>	ea)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		composition from from from from from from from from	ensatior m the nization related nizations	1
(15)														
(16)								_			-		-	
(17)														
(18)									-					
(19)														
(20)														
(21)														
(22)														
(23)														
(24)												<u>.</u>		
(25)														
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	-			•	· ·	•	<u> </u>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$10		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	oloyee, or high	est comper	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidual 			<u> </u>
Section	on B. Independent Contractors	<u> </u>	•											
1	Complete this table for your five highest compensation from the organization. Repyear.													ЭX
-	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None	9													
2	Total number of independent contracto	rs (ıncludır	ng bu	it n	ot l	ımıt	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens								0	•				

Form **990** (2012)

Par	t VIII	Statement of Revenue											
		Check if Schedule O contains a response to any question in this Part VIII											
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
nts	1a	Federated campaigns	1a	_									
ig a	b	Membership dues	1b										
Am Am	С	Fundraising events	1c		ŀ								
Gif iar	d	Related organizations											
ns,	е	Government grants (cont											
er S	f	All other contributions, gri											
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc											
ᅙ	9	Noncash contributions includ	•										
	h	Total. Add lines 1a-1f	<u> </u>	Business Code									
Š	200	Concumos Landina			40.00								
ě	2a b	Consumer Lending		522291	19,414	19,414							
8	C							·					
ΘZ	ď						.						
S	e												
Program Service Revenue	f	All other program serv											
Р	g	Total. Add lines 2a-2f		▶	19,414			L					
	3	Investment income (
		and other similar amou	unts)	•	1,161			1,161					
	4	Income from investment	of tax-exempt bo	ond proceeds ►									
	5	Royalties		🕨									
			(i) Real	(ii) Personal									
	6a	Gross rents											
	b	Less: rental expenses											
	C.	Rental income or (loss)				-							
	d	Net rental income or (I	(i) Securities										
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other									
	ь	Less. cost or other basis											
		and sales expenses											
	С	Gain or (loss) .											
	d	Net gain or (loss) .		•									
		tion game or (1000)					·						
Σe	8a	Gross income from fur	ndraising										
Other Reven		events (not including \$				İ							
Be		of contributions reported											
ě		See Part IV, line 18 .	a										
O.		Less: direct expenses											
		Net income or (loss) fro		events . >									
	9a	Gross income from gar											
		See Part IV, line 19 .											
		Less: direct expenses Net income or (loss) from		ution									
		Gross sales of inv		villes									
	iva	returns and allowance				1							
	b	Less: cost of goods so	3					,					
	C	Net income or (loss) from		entory ►									
	Ŭ	Miscellaneous Re		Business Code			_	- 1					
	11a		<u>-</u> ·	· · ·				<u> </u>					
	b			-									
	С												
	d	All other revenue .											
	е	Total. Add lines 11a-1			0								
	12	Total revenue. See ins	structions	🕨	20,575	19,414	0	1,161					

	90 (2012)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
Do no	 Check if Schedule O contains a respon of include amounts reported on lines 6b, 7b, 	se to any question (A)	In this Part IX (B)	(c)	
8b, 9l	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
а	Management	31,314		31,314	
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		·		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	54		54	
20	Interest				
21	Payments to affiliates [-		
22	Depreciation, depletion, and amortization .				
23	Insurance [1920		1920	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a					
b					
c d					
u				1	

33,288

0

33,288

All other expenses

25

Total functional expenses. Add lines 1 through 24e

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 following SOP 98-2 (ASC 958-720)

	ո 990 (2 Part X				Page 1
	artx	Check if Schedule O contains a response to any question in this Part >	<u> </u>		
	•	Shook is defined a contains a response to any question in this rate	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,295,111	1	2,318,07
	2	Savings and temporary cash investments	···	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	1,097,130	7	1,091,61
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,680	9	1,20
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,393,921	16	3,410,89
	17	Accounts payable and accrued expenses	1,626		31,31
	18 19	Grants payable		18	
	20	Deferred revenue		19 20	
	21	Tax-exempt bond liabilities		21	
Ø	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,626	26	31,31
<i>'</i> ^		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			· · · · · · · · · · · · · · · · · · ·
ë		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	3,392,295	27	3,379,58
Ba	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ne	33	Total net assets or fund balances	3,392,295	33	3,379,58

Total liabilities and net assets/fund balances .

3,379,582

3,393,921 34

_	4	•
Page		4

01111 50					age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u> </u>	<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 20,575</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			33,288
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	2,713)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,3	92,295
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7_			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9_			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,3	79, <u>5</u> 82
Part	XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or 🔀		
	reviewed on a separate basis, consolidated basis, or both:			ľ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	······································		. 2b	√ .	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a a		
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	-			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant'	? <u>2</u> c	:	✓
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain	ın 💮		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
	the Single Audit Act and OMB Circular A-133?		. 3a	\perp	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ie		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
			Fo	orm 99 ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**12**

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

	th 1200 Fund, Inc									520829	
			rity Status (All orga						instructi	ons.	
			ation because it is: (Fo								
1											
2											
3			spital service organiza								
4			on operated in conjun	ction witl	h a hospit	tal descri	bed ın se	ction 17	0(b)(1)(A))(iii). Enter tl	ne
	·	ne, city, and stat									
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, stat	te, or local gover	nment or government	al unit de	scribed ii	n sectior	170(b)(1)(A)(v).			
7			receives a substantia (A)(vi). (Complete Pai		its suppo	ort from a	a governi	mental ur	nit or froi	m the gener	al public
8			n section 170(b)(1)(A	•	mplete Pa	art II.)					
9	An organization	on that normally	receives: (1) more that	an 331/39	6 of its si	upport fro	om contr	butions,	members	ship fees, a	nd gross
			d to its exempt funct								
			ent income and unre						n 511 ta	ax) from bu	sinesses
	acquired by the	he organization a	ifter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	plete Par	t III.)			
10	An organization	on organized and	f operated exclusively	to test fo	or public s	safety Se	ee sectio	n 509(a)((4).		
11			nd operated exclusive								
			olicly supported organ								section
	509(a)(3). Che	eck the box that	describes the type of	supportir	ng organi	zation an	d comple	te lines 1	1e throu	gh 11h.	
	a 🗌 Type I	b 🗌 Type	II c 🗌 Type II	I–Functio	nally inte	grated	d 🗌	Type III-N	Non-func	tionally integ	grated
е			that the organization								
			ers and other than one	e or more	e publicly	support	ed organ	izations d	described	d in section	509(a)(1)
	or section 509	9(a)(2).									
f			a written determination		the IRS 1	that it is	а Туре	I, Type	ll, or Typ	oe III suppo	orting
	organization,	check this box .									
g			he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
	following pers	ions?									
			ndırectly controls, eitl						d in (ii) a	nd Y	es No
	(III) below,	the governing be	ody of the supported	organızat	ion?					11g(i)	
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
	(iii) A 35% co	ntrolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)	
h	Provide the fo	llowing informati	on about the support	ed organ	ızatıon(s).						
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount o	f monetary
	organization		(described on lines 1–9		sted in your document?		nization in of your		tion in col zed in the	suppo	ort
			above or IRC section (see instructions))	governing	document		ort?		S?		
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No		
A)								1	1		
								_			
B)											
C)											
 D)					 						
-, 											
E)											
		T									

Total

Par							
	(Complete only if you checked the				_	•	alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				T		T
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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	<u> </u>	<u></u>				
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.		L	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		ļ <u> </u>			<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			_			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re	<u></u> <u>.</u>		-		_
14	Public support percentage for 2012 (line 6			1 column (f)		14	%
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organiz	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹	15 /3% or more, o	% check this
	box and stop here. The organization qua			-			
b	331/2% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33½% 	or more,
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mer Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here .	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization means are supported organization	on meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and s	top here.
18	Private foundation. If the organization di	d not check a		, 16a, 16b, 17a	a, or 17b, chec	k this box and	i see

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.)

Secti	on A. Public Support	under the tes	sts listed beid	iw, please co	inplete Fart i		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(6) 2003	(0) 2010	(4) 2011	(0) 2012	(1) 1014
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,260	23,960	28,146	21,861	19,414	118,641
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	25,260	23,960	28,146	21,861	19,414	118,641
b	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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			1			118,641
<u>Secti</u>	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	25,260	23,960	28,146	21,861	19,414	118,641
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.122	1.000	000	1.045	1 404	42 224
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,133	1,009	982	1,046	1,161	13,331
С	Add lines 10a and 10b	9,133	1,009	982	1,046	1,161	13,331
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	- 3,325	,,,,,,				
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.)	34,393	24,969	29,128	22,907	20,575	131,972
14	First five years. If the Form 990 is for the organization, check this box and stop her	•		f, third, fourth,	or fifth tax ye		1 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	,				
15	Public support percentage for 2012 (line 8			3, column (f))		15	90 %
16	Public support percentage from 2011 Sch		•	<u> </u>	<u>.</u>	16	81 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (I	ine 10c, colum	n (f) divided by	line 13, colun	nn (f))	17	10 %
18	Investment income percentage from 2011	Schedule A, F	art III, line 17			18	19 %
19a	331/3% support tests-2012. If the organi	zation did not	check the box	on line 14, an	d line 15 is me		, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	n qualifies as a	publicly suppo	rted organization	on . 🕨 🗸
b	331/3% support tests – 2011. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de		_	•			_

Schedule A (F	orm 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
•••		
·		·
		••
····		
*		

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization	Employer identification number				
Duluth 1200 Fund, Inc	41-1520829				
Form 990 - Part VI, Line 11a - Organization's Process to Review Form 990					
Form 990 is prepared in conjunction with the financial reporting for the City of Duluth, MN. After the return and supporting schedules are					
prepared, it is reviewed by the City's Auditor and the corporation's administrator, before it is signed by	an officer of the corporation.				
Form 990 - Part VI, Lines 15a & 15b - Compensation Process for Top Management Officials, Other Office	ficers, or Key Employees				
No amount of compensation is paid to any top management official, other officer, or any key employee	of the corporation. The corporation				
has an ampleadar all are ashuntare.					
has no employeesall are volunteers.					
Form 990 - Part VI, Line 19 - Governing Documents Disclosure Explanation					
All of the organization's governing documents, policies, and financial statements are available upon re	equest at City Hall / Room 401				
411 West 1st Street / Duluth MN 55802					
	······································				
Additional Information for Form 990, Part VI					
Lines 12, 13, & 14 - The Duluth 1200 Fund has no written conflict of interest or whistleblower policies.	We may consider adopting policies				
on these issues in the future. In regard to document retention and destruction, we follow the City of D	uluth's recommended retention policy.				
Lines 6, 7a, & 7b - The Mayor of the City of Duluth appoints and if necessary removes the members of	the corporation. All members of the				
corporation shall constitute the Board of Directors. The business affairs of the corporation are managed	ed by the Board of Directors				
corporation shall constitute the board of birectors. The business arialis of the corporation are maring	ed by the Board of Directors.				