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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

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<u> </u>	For the	e 2013 cale	ndar year, or tax year beginning , 2013, and endi	ng	-	, 20		
В	Check ı	f applicable	C Name of organization Duluth 1200 Fund, Inc		D Employer identification number			
	Address	s change	Doing Business As			41-1520829		
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	reet address) Room/suite E Telephone nur				
	Initial re	eturn	411 West First Street			218-730-5322		
	Termina	ated	City or town, state or province, country, and ZIP or foreign postal code					
$\overline{\Box}$		ed return	Duluth, MN 55802		G Gross re	eceipts \$ 1,655		
\exists		tion pending	F Name and address of principal officer Betty George, President	H'al le the a		subordinates? Yes No		
	Аррііса	tion pending		1 ''		s included? Yes No		
_	T		411 West First Street / Duluth, MN 55802			a list (see instructions)		
÷		empt status	√ 501(c)(3)	 				
7	Website				exemption	•		
`-			✓ Corporation Trust Association Other L Year of forma	tion 1985	M State	of legal domicile MN		
	art I	Summ						
-	1	-	escribe the organization's mission or most significant activities: The pu					
Governance		no intere	st loans and other financial assistance to eligible businesses located in or	near the City	of Duluth	in order to create		
'n			ain jobs and confront eoconomic deterioration within the area.					
ē	2		is box ▶☐ if the organization discontinued its operations or disposed	of more thar	1 25% of	its net assets		
မ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	7		
∞ 5	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	7		
ë	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a) .		5	0		
Activities &	6	Total nur	nber of volunteers (estimate if necessary)		6	7		
Ac	7a		elated business revenue from Part VIII, column (C), line 12		7a	0		
	ь		ated business taxable income from Form 990-T, line 34		7b	0		
_	<u> </u>			Prior Y		Current Year		
_	8	Contribu	tions and grants (Part VIII, line 1h)					
Revenue	9		service revenue (Part VIII, line 2g)		10 414	20 567		
	1	_			19,414	20,567		
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d).		1,161	-18,912		
	11	Other rev	renue (Part VIII, column (A)) illes 5,60/86,9c, 10c and 11e)					
	12	Total revi	enue—add lines 8 through 11 must equal Part VIII, column (A), line 12)		20,575	1,655		
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines (-3) paid to or for members (PartAIX, column (A)) lines (-3)		0	0		
	14	Benefits	paid to or for members (PartAIX, column (A)) Ine 4)		0	0		
es	15	Salaries,	other compensation, employee benefits (Part IX, dolumn (A), lines 5–10)		0	0		
Expenses	16a		onal fundraising fees (Part X, column (A), line 11e)		0	0		
ğ	b	Total fun	draising expenses (Part 📈, column (Ď), line 25) ▶ 0					
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,288	34,173		
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,288	34,173		
	19	Revenue	less expenses. Subtract line 18 from line 12		-12,713	-32,518		
es of				Beginning of Cu	rrent Year	End of Year		
sets or	20	Total ass	ets (Part X, line 16)		3,410,896	3,347,064		
Ass	21		ilities (Part X, line 26)		31,314	0,011,001		
Net Ass Fund Ba	22		ts or fund balances. Subtract line 21 from line 20		3,379,582	3,347,064		
_	art II		ture Block		3,313,302			
Un	der pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and state ete Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and belief, it is		
		T	by O					
Sig	n	Stan	arres Volticer L. 11 1/11 Le au	L Da	ıte			
He	_		TURAPITA IN JURIA					
110		Type	or print name and title Allahorted M. Chara					
		1	CHAPETH TYCOTY RESIDEN	ate		- PTIN		
Pa	id	Fillivity	po proparer 3 name Treparer 3 signature /	410	Check	if		
Pr	epare	er		1	self-emp	Jioyea		
	e Onl		ame ▶	Firm	n's EIN ▶			
		Firm's a	ddress ▶	Pho	one no			
Ма	y the If	RS discus	s this return with the preparer shown above? (see instructions)			. 📋 Yes 🗌 No		

	0 (2013) Page	2
Part		_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	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	ıе
	City of Duluth in order to confront economic deterioration and loss of jobs around 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.	
2	The primary requirement of the assistance is that the recipient provides for new job creation and/or retention of existing jobs. 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 to	Эy
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s,
	the total expenses, and revenue, if any, for each program service reported	
		_
4a	(Code:) (Expenses \$ 34,173 including grants of \$ 0) (Revenue \$ 1,655)	
	One new loan in the amount of \$60,000 was approved and drawn down in 2013. A total of \$53,445.60 and \$16,587.18 in principal and	
	interest repayments were collected during the year. Several amendments to loan agreements were approved during the year,	
	allowing for additional time for loan repayment and/or interest-only payments for a specified period of time. No loans were paid off	
	during 2013	

4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)	_
70	/ (Line of the control of the contro	
	•	
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 34,173	_

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Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		<u>,</u>
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	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i>	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, 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	-	√
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		✓
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		√
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		>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
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		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		✓
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		✓
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
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		1
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 25a	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		√
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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		✓
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		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 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.	35b		✓
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,	36		
38	Part VI	37		1
•	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

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Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u>. </u>
1.	5-1	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable [1 .		l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4 i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		_
Za	Obstantiants filed for the extra decreased as all all all all all all all all all			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.5		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	<u>ٿ</u>		
	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	-	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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 as charitable contributions?	6a		✓
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_	_
	and services provided to the payor?	7a		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u>		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		✓.
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11	-	
	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	ŀ	
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		Ī	
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		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100			
U	Enter the amount of reserves on hand		- 1	

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI		•	<u>. Ц</u>
Secti	on 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 1a 7		''	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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		✓
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		✓
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		1
6 7a	Did the organization have members or stockholders?	-		\ <u> </u>
, u	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u></u>		<u> </u>
_	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			١.
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	7- \	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
10-	Did the executation have level charters branches or effiliates?	10a		1
10a b	Did the organization have local chapters, branches, or affiliates?	IUa		V
•	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		1
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		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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		/
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?			
9	The organization's CEO, Executive Director, or top management official	15a	√	
a b	Other officers or key employees of the organization	15b	√	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ĺ
	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 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	only
10	available for public inspection. Indicate how you made these available. Check all that apply	. 501(U)(U)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 intermediate of the conflict of the	erest i	policy	, and
-	financial statements available to the public during the tax year		<i>J</i>	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	:	
	organization: ► Duluth City Auditor / 411 West First Street - Room 107 / Duluth, MN 55802			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line 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.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee
					C)					
(A) Name and Title	(B) Average hours per	verage box, unless person is both an one urs per officer and a director/trustee) com						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Betty George	1									
President / Director		✓		✓				0	0	0
(2) Jeff Anderson	.1			١.						
Secretary / Director		✓		✓			_	0	0	0
(3) Linda Krug	.1									
Treasurer / Director		✓		✓			_	0	0	0
(4) Mary Moldenhauer	.1									
Director		✓					<u> </u>	0	0	0
(5) Julie Pierce	.1	,	i							
Director		✓				ļ		0	0	0
(6) Brian Hanson	.1	,						_		_
Director (7)		✓					-	0	0	0
(7) Al France	1	1	•							
Director (9)		_						0	0	0
(8)										
(9)										
(10)										
(11)										_
(12)							_			
(13)										
(14)	-									

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (conti	nued)		
	(A) Name and title	(B) Average hours per week (list any	box, ι	unies	Pos neck ss pe	rson	e than on the thick that the thick t	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensa forn th anizat d relat	e tion ted
(15)					_								
(16)									 				
(17)					-								
(18)													-
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	•						> > >	0	0			(
2	Total number of individuals (including but reportable compensation from the organi	t not limited	l to th					e) w		·	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc	tor, o					emp	oloyee, or high	est compensate	ed 3	Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? II	f "Ye	s, "	complete Sch		ne 🗀		1
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	ısat	ion	fror	n any	un	related organiz	ation or individu			
Section	on B. Independent Contractors		0111,010							· · · · ·	3		_ ♥
1	Complete this table for your five highest compensation from the organization Repyear.												tax
	(A) Name and business add	ress					·		(B) Description of s	ervices	(C) Compen		1
None													
							-						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Par	VIII	Statement of Revenue Check if Schedule O contains	a response or note to	o any lino in this	Dart VIII		
		Crieck ii Scriedule O contains	a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns .	1a ·				7.
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
چ پي چ ک	С	Fundraising events	1c				
ar t	d	Related organizations	1d				
S, E	е	Government grants (contributions)	1e	1			
ë is	f	All other contributions, gifts, grants,		1			
둁		and similar amounts not included above	1f	İ			
<u> </u>	g	Noncash contributions included in lines 1a	-1f \$				
a Co	h	Total. Add lines 1a-1f					
e			Business Code				
Ven	2a	Consumer Lending	522291	20,567	20,567		
æ	b						
jc J	С						·
Sen	d						
E	е						
Program Service Revenue	f	All other program service revenu					
4	g	Total. Add lines 2a-2f		20,567			
	3	Investment income (including	_				
		and other similar amounts)		-18,912			-18,912
	4	Income from investment of tax-exe	mpt bond proceeds ▶				
	5	Royalties					<u> </u>
	_	(ı) Rea	l (ii) Personal	<u> </u>			
	6a	Gross rents .					
	b	Less: rental expenses					
	C .	Rental income or (loss)				·	
	d	Net rental income or (loss) . Gross amount from sales of (i) Securit	▶				
	7a	Gross amount from sales of assets other than inventory	iles (ii) Otriei	}			
	b	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>	-			
	u	Net gain or (1033)	· ·				
nue	8a	Gross income from fundraising					
		events (not including \$					
Other Reve		of contributions reported on line 1	c)				
e.		See Part IV, line 18	a				
Ĕ	b	Less: direct expenses	b				
O		Net income or (loss) from fundra	using events . ►				=
	9a	Gross income from gaming activi	ties				
		See Part IV, line 19	· a				
	b	Less: direct expenses	b				
		Net income or (loss) from gamin					
	10a	Gross sales of inventory,	less				
		returns and allowances	а				
		Less. cost of goods sold					
	С	Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					-
	12	Total revenue See instructions			20.567		-10 013
	17	TOTAL FORMALIA SAA INSTRUCTIONS		1 1 ()	20 5671		_10 013

	90 (2013)				Page 1 (
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			ns must complete co	olumn (A)
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	⊔ (D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			gandarayonsas	- CAPONEGE
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 Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				 -
11 a	Fees for services (non-employees) Management	32,253		32,253	
b	Legal	402		402	
c	Accounting	402			
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 O)				
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			*
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				
23	Insurance	1,518		1,518	
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.)				
а					
b					 -
C					
d	All other eveness		_ · _ ·		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	24 470		24 472	
25 26	Joint costs. Complete this line only if the	34,173		34,173	
	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)				

Form 990 (2013)

Part X Balance Sheet

	art /t	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		The state of the s	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,318,074	1	2,259,130
	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_	
ţ.	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	mount no no n	6	
Assets	7	Notes and loans receivable, net	1,091,619	7	1,087,934
ĕ	8	Inventories for sale or use	·-	8	
	9	Prepaid expenses and deferred charges	1,203	9	
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D			
	b	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)	3,410,896	16	3,347,064
	17	Accounts payable and accrued expenses	31,314	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Œ		trustees, key employees, highest compensated employees, and			_
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	31,314	26	0
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	3,379,582	27	3,347,064
Ba	28	Temporarily restricted net assets		28	
nd	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	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
å	33	Total net assets or fund balances	3,379,582	33	3,347,064
	34	Total liabilities and net assets/fund balances	3,410,896	34	3,347,064
					Form 990 (2013)

_	4	•
Page		4

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,655
2	Total expenses (must equal Part IX, column (A), line 25)	2			34,173
3	Revenue less expenses Subtract line 2 from line 1	3			-32,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	379,582
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
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,	347,06 <u>4</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐	_	_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ı	n		1
_	Schedule O			- -	
2a	,		2	1	✓.
	If "Yes," check a box below to indicate whether the financial statements for the year were compared as a consistence of the second details as a consistency of the second deta	ollea c	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 21)	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	a on	a		1 '
	·				
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	areiah	,		-
C	of the audit, review, or compilation of its financial statements and selection of an independent accou	_			,
	If the organization changed either its oversight process or selection process during the tax year, ex			_	+
	Schedule O	piairi i	··		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	n	-	1
Ja	the Single Audit Act and OMB Circular A-133?		'' 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		•	+
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ັ 3t	,	
	, , , , , , , , , , , , , , , , , , , ,				0 (2013)
					- (20.0)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					Employer ic	lentificatio	n number				
Duluth 1200 Fund, Inc.						41-1520829			_		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The c 1 2 3	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
4	The board of decorated decorated and a 470/EV/AV/AV/SIX Fatour the										
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 7	An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of	scribed ir its suppo	n section ort from a	n 170(b)(1 a governi	I)(A)(v). mental ur	nit or fror	m the general publ	IC
8 9	An organization receipts from support from acquired by the	n that normally activities related gross investme e organization a	n section 170(b)(1)(A) receives (1) more that d to its exempt function int income and unrel fter June 30, 1975 Se	an 331/3% ions—sul lated bus ee sectio	6 of its subject to desiness table. in 509(a)(upport fro certain ex xable inc 2). (Com	xceptions come (les plete Par	s, and (2) ss sectio t III)	no more n 511 ta	e than 331/3% of 1	ts
10 11	An organization purposes of o 509(a)(3). Che	on organized an ine or more pub	operated exclusively ad operated exclusive allicly supported organ describes the type of	ely for th nizations supportin	ne benefi described ng organiz	t of, to p d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 50 1e throu	19(a)(2). See sectio gh 11h.	ne)n
е	a ☐ Type I☐ By checking the other than four or section 509	ndation manage	II c Type III that the organization ers and other than one	is not co	ntrolled o	lirectly or	r ındırectl	y by one	or more	tionally integrated disqualified persor d in section 509(a)(าร [1)
f	If the organization, organization, or		written determination	on from 1	the IRS t	that it is	a Type	I, Type	ll, or Typ	oe III supporting	
g	Since August following person		he organization accep	oted any	gift or co	ontributio	on from a	iny of the	;		
			ndirectly controls, eithody of the supported of			her with	persons	describe	d in (ii) a	nd Yes No	-
	(ii) A family m	ember of a perso	on described in (i) abo	ove?						11g(iı)	_
L	• •	-	a person described in				•		•	11g(iii)	_
ty reaction of supported the same in the					(vii) Amount of moneta support	ıry					
			, , ,	Yes	No	Yes	No	Yes	No		_
(A)				_							_
(B)		45.4									_
(C)											_
(D)			_		ļ						_
(E)							-				_
		1	ł	1	1		1	1	Ī	1	

Total

instructions

Par							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Soot		o quality unde	er the tests iis	stea below, p	lease comple	ete Part III.)	
	ion A. Public Support	(=) 0000	(h) 0010	(=) 0011	(4) 0040	(-) 0010	(6 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
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	<u> </u>					
	on B. Total Support		·	T			
Caler 7 8	Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Net income from unrelated business activities, whether or not the business is regularly carried on	. <u> </u>					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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	re		d, third, fourth	-		on 501(c)(3) · · · ► [
	on C. Computation of Public Suppor			4 1 (6)			
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test – 2013. If the organization	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and		14 15 /3% or more, o	
	box and stop here. The organization qua			_			▶ [
b	331/3% support test—2012. If the organ check this box and stop here. The organ					: 15 is 331/3% · · · ·	or more, ► [
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mere Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu 	and-circumsta imstances" tes	nces" test, chest. The organiza	eck this box ar ation qualifies 	nd stop here. I as a publicly s 	Explain in upported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the	facts-and-ci	rcumstances"	test, check th	ns box and st	op here
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .	23,960	28,146	21,861	19,414	20,567	113,948
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		Ì		l	i	
5	The value of services or facilities						
	furnished by a governmental unit to the			ľ		i	
	organization without charge .				j	1	
6	Total. Add lines 1 through 5	23,960	28,146	21,861	19,414	20,567	113,948
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			_			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					_	
¢	Add lines 7a and 7b	0	0	o	0	0	0
8	Public support (Subtract line 7c from				İ		
	line 6)			. <u> </u>			113,948
	on B. Total Support					<u>-</u> -	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 .	23,960	28,146	21,861	19,414	20,567	113,948
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	1,009	982	1,046	1,161	-18,912	-14,71 <u>4</u>
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	1,009	982	1,046	1,161	-18,912	-14,714
11	Net income from unrelated business	ļ	ļ]		j	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or	ì					
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			-		_	
	and 12)	24,969	29,128	22,907	20,575	1,655	99,234
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he	-					. ▶ □
Secti	on C. Computation of Public Suppor		<u> </u>				
15	Public support percentage for 2013 (line 8			3. column (f))		15	115 %
16	Public support percentage from 2012 Sch		•			16	90 %
	on D. Computation of Investment Inc				 		
17	Investment income percentage for 2013 (line 13, colum	nn (f)) .	17	-15 %
18	Investment income percentage from 2012					18	19 %
19a	331/3% support tests - 2013. If the organi			on line 14, an	d line 15 is mo		
-	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .						
b	b 331/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
-	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	=	_				_

schedule A (F	Form 990 or 990-EZ) 2013	Page 4
Párt IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	
•		
		**
		
· · · · · · · · · · · · · · · · · · ·		

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Duluth 1200 Fund, Inc	41-1520829
Form 990 - Part VI, Line 11b - 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 re	eturn and supporting schedules are
proposed it is reviewed by the City Auditor and the corporation's administrator, before it is signed by	an afficer of the corporation
prepared, it is reviewed by the City Auditor and the corporation's administrator, before it is signed by a	an officer of the corporation.
<u></u>	
Form 990 - Part VI, Lines 15a & 15b - Compensation Process for Top Management Officials, Other Offi	cers, or Key Employees
No amount of compensation is paid to any top management official, other officer, or any key employee	s of the corporation. The corporation
has no employeesall are volunteers	
nas no empre reconstruction and	
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	quest at City Hall / Room 401 /
411 West First 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 Di	uluth's recommended retention policy
Lines 6, 7a, & 7b - The Mayor of the City of Duluth appoints, and if necessary, removes the members of	this corporation. All members of the
corporation shall constitute the Board of Directors. The business affairs of the corporation are manage	ed by the Board of Directors
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