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DLN: 93493179001342

# Form 990

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

2011

OMB No 1545-0047

nen to Public

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

ntemal Revenu	Service   File organization may have to use a copy	of this return to satisfy	state reporting i	requirements	Inspection
A For the		and ending 12-31-20:	11	D Employer ! 1	entification number
Check if a	DOLOTH SUPERIOR AREA COMMONITY FOUNDATION				
Address c	Doing Business As		—	41-142940 E Telephone n	
Name cha	nge			-	
Initial retu	Number and street (of P O box if mail is not delivere	ed to street address) Room/s	suite	(218) 726-	
Terminate	ZEITGEIST ARTS BLD 222 E SUPERIOR ST NO 302			<b>G</b> Gloss receipts	5 \$ 10,233,207
 Amended		<u> </u>			
- Applicatio	DULUTH, MN 55802 n pending				
	F Name and address of principal officer		H(a) Is this	a group retur	n for
	HOLLY SAMPSON ZEITGEIST ARTS BLD 222 E SUPERIOR		affiliat		ΓYes <b>Γ</b> No
	ST NO 3		H(b) Are all	affiliates inclu	ded?
	DULUTH,MN 55802		1		: (see instructions)
Tax-exer	npt status	4947(a)(1) or	1	exemption n	
Websit	e: ► WWW DSACOMMUNITYFOUNDATION COM		]		
Form of o	ganization 🔽 Corporation 🦵 Trust 🦵 Association 🦵 Other 🕨		L Year of form		M State of legal domicile
Part I	Summary				MN
	Briefly describe the organization's mission or most sign	nificant activities			
	THE DULUTH SUPERIOR AREA COMMUNITY FOUND		RIVATE GIVIN	G FOR THE P	UBLIC GOOD
칼					
<b>≣</b>					
∮   2	Check this box ► if the organization discontinued its	operations or disposed	of more than 25	5% of its net a	issets
¥	Number of voting members of the governing body (Part			3   3	12
	Number of independent voting members of the governir			4	1:
الثا	Total number of individuals employed in calendar year			5	10
6	Total number of volunteers (estimate if necessary) .			6	270
7a	Total unrelated business revenue from Part VIII, colur			7a	
l	Net unrelated business taxable income from Form 990			7b	
		<u> </u>	Prior	Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		. 🗀	1,913,395	1,647,361
<u>9</u> 9	Program service revenue (Part VIII, line 2g)			0	
Biskenue 10	Investment income (Part VIII, column (A), lines 3, 4			1,621,594	2,147,157
ë   <sub>11</sub>	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		38,592	2,243
12	Total revenue—add lines 8 through 11 (must equal P		ne	2 5 7 2 5 2 4	2.706.764
	12)			3,573,581	3,796,761
13	Grants and similar amounts paid (Part IX, column (A			1,459,680	1,855,591
14	Benefits paid to or for members (Part IX, column (A),			0	C
g 15	Salaries, other compensation, employee benefits (Pa 5-10)	art IX, column (A), lines		525,798	556,536
\$\frac{16a}{16a}\$	Professional fundraising fees (Part IX, column (A), lii	ne 11e)		0	С
<u></u> В ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 201,	400			
<sup>™</sup>   <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11c	d,11f-24e)		439,082	509,237
18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		2,424,560	2,921,364
19	Revenue less expenses Subtract line 18 from line 1	2		1,149,021	875,397
Se Special 20 Pund Barance 20 Pund Barance 20 Pund Pund Pund Pund Pund Pund Pund Pund			Beginning Ye	of Current	End of Year
20	Total assets (Part X, line 16)			51,800,410	48,858,345
2日   21	Total liabilities (Part X, line 26)			1,834,263	1,752,004
± 5   2	Net assets or fund balances Subtract line 21 from li			49,966,147	47,106,341
Part II	Signature Block			, ,	, ,
Jnder pena	lties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of				
	****** Signature of officer			2-06-19	
Sign			Dat	E	
Here	HOLLY SAMPSON PRESIDENT Type or print name and title				
	Type of print name and are	<u>                                     </u>			
	Preparer's signature DEBORAH MEDLIN	Date	Check if self-	Preparer's taxpa (see instruction	ayer identification number s)
Paid	Signature		employed 🕨 🦵	P00020263	
Preparer's	Firm's name (or yours   EIKILL & SCHILLING LTD   if self-employed),			EIN ▶ 41-1308	137
Jse Only	address, and ZIP + 4 230 W SUPERIOR ST SUITE 600				
	DIHITH MN 55902	Phone no 🕨 (218) 722-4705			

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

**▽** Yes **┌** No

Par	t III	Statement of Program Check if Schedule O contains				৮
1	Brief	ly describe the organization's n	nission			
THE	DULU	TH SUPERIOR AREA COMMU	NITY FOUNDATION	PROMOTES PRIVATE	GIVING FOR THE PUBLIC GO	OOD
2		ne organization undertake any s rior Form 990 or 990-EZ? .		rvices during the year v	which were not listed on	Yes ┌ No
	If "Y∈	es," describe these new service	s on Schedule O			
3		ne organization cease conducti ces?	ng, or make significan	t changes in how it con		Yes ✓ No
	If "Y∈	es," describe these changes on	Schedule O			
4	expe	ribe the organization's program nses Section 501(c)(3) and 50 s and allocations to others, the	1(c)(4) organizations	and section 4947(a)(1	) trusts are required to report	
4a	(Cod	e ) (Expenses	\$ 2,360,904	ıncludıng grants of \$	1,855,591 ) (Revenue \$	)
	INTE PROC ECON COM	011 THE COMMUNITY FOUNDATION AV RFUND GRANTS) COMPRISED OF 29° GRAM AREA SUPPORTED WAS HUMAN NOMIC DEVELOPMENT, AND 8% IN EN' MUNITY FOUNDATION AWARDED \$151 NDATION PROVIDES SCHOLARSHIP SEF	6 UNRESTRICTED FUNDS, SERVICES WITH 46% OF C /IRONMENT OVER 60% O ,033 SCHOLARSHIPS FROM	34% DESIGNATED, 19% FIE GRANT FUNDS, FOLLOWED B' F THE GRANTS FOR 2011 WI I ENDOWED FUNDS, AND \$1	ELD OF INTEREST AND 18% DONOR A Y 22% IN EDUCATION, 16% IN ARTS, ERE AWARDED WITHIN ST LOUIS CO 19,250 FROM 11 TEMPORARY SCHOL	NOVISED THE LARGEST 8% IN COMMUNITY AND UNTY IN 2011 THE
4b	(Cod	e ) (Expenses	\$ 212,537	ıncludıng grants of \$	) (Revenue \$	
40	PUBL COM ON II	IC EDUCATION IN 2011, THE COMMU MUNITY (SOTC) STUDY THE SOTC ST DEAS TO IMPROVE PERCEPTIONS IN K WED THE NEEDS FOR AND FUNDED GR	NITY FOUNDATION HELD A JDY FOCUSED ON FACTOR EY AREAS THE COMMUNI	PUBLIC PRESENTATION WIT RS THAT RANK HIGH IN CREA TY FOUNDATION INITIATIVE	H PUBLIC WORKSHOPS ON THE KNIG ATING COMMUNITY ATTACHMENT, WI OF ATTRACTING AND RETAINING YOU	HILE WORKSHOPS FOCUSED ING LEADERS EFFORTS
	(Cod	e ) (Expenses	¢:	including grants of \$	) (Revenue \$	)
т.	(000	, (Expenses	4	melading grants or \$	) (Nevende \$	,
	Oth	er program services (Describe	ın Schedule O N			
		penses \$	including grants of	; \$	) (Revenue \$	)
4e	Tota	al program service expenses	2.573.44	1		

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		
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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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		Νo
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
	Tracted strong is reported on time 24, and the organization me an required leaerar employment tax returns.	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 BD , CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Was the against on a party to a such that does not be the standard of the stan	-		NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ——
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
•	services provided to the payor?	, u		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	<b>.</b> .		N a
d	file Form 8282?	7c		No
u	11 Tes, indicate the number of Forms 8282 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	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 against amounts due or received from them )			
_		ایا		
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)			I
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		N.o.
h	taxable entity during the year?	16a		No
J	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		
Se	ection C. Disclosure			<u> </u>
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JOHN M FOSCHI

222 E SUPERIOR ST SUITE 302 DULUTH, MN 55802

(218) 726-0232

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) MARLENE DAVID TRUSTEE	1 00	х						0	0	0
(2) LYLE NORTHEY IMMEDIATE PAST CHAIR	1 00	х						0	0	0
(3) RYAN BOMAN TRUSTEE	1 00	х						0	0	0
(4) JENNIFER CAREY CHAIR	1 00	х		Х				0	0	0
(5) PHILLIP ROLLE TRUSTEE	1 00	х						0	0	0
(6) AREND SANDBULTE TRUSTEE	1 00	х						0	0	0
(7) HOWARD KLATZKY VICE CHAIR	1 00	х		Х				0	0	0
(8) LEROY KOLQUIST TREASURER	1 00	Х		Х				0	0	0
(9) JAMES ZASTROW TRUSTEE	1 00	х						0	0	0
(10) CLAUDIA SCOTT WELTY SECRETARY	1 00	х		Х				0	0	0
(11) AMY KURONEN TRUSTEE	1 00	х						0	0	0
(12) MIA THIBODEAU TRUSTEE	1 00	х						0	0	0
(13) HOLLY SAMPSON PRESIDENT	40 00			х				126,021	0	13,786

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unless person is both an officer and a officer and a director/trustee) from the organization (W					Reportable Reportabl compensation compensation				(F) Estima mount o compens from t rganizati	ated f other sation the on and	
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
												+		
												+		
1b	Sub-Total			<u> </u>		_		<u> </u> ▶						
С	Total from continuation sheets							<b>P</b>						
d	Total (add lines 1b and 1c) .							•		126,021		0		13,786
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above	) who	receive	d more tha	an			
													Yes	No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch									t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											_		
5	Did any person listed on line 1a services rendered to the organiz										or individual for	4		No_
	services rendered to the organiz	ation 11 Tes, 6	Jonipiec	e scii	eaui	e	or suci	i pei:	5011	· · ·	•	5		No
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nited	l to 1	those	liste	d above)	who recei	ved more than			

Part V	4 9 9 1	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Lits	1a	Federated campaigns 1a					
医医	b	Membership dues 1b					
βğ	С	Fundraising events 1c					
£	d	Related organizations 1d					
್ರೌ≝	e	Government grants (contributions) 1e					
Single Single			4.647.264				
j¥ a	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above	1,647,361				
훈통	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ 342,201					
ठ ह	h	Total. Add lines 1a-1f	· · · •	1,647,361			
a)			Business Code				
JUL	2a						
94. 94.	ь						
а П	С						
<u>≥</u>							
Ş	d						
Ę	е						
Program Serwce Revenue	f	All other program service revenue					
ž	g	L Total. Add lines 2a-2f	▶				
	3	Investment income (including dividend					
		and other similar amounts)	· · · · · · · · · · · · · · · · · · ·	855,771			855,771
	4	Income from investment of tax-exempt bond p	<u> </u>				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
		(ı) Real	(II) Personal				
	6a	Gross rents	(II) I CISOIIdi				
	h	Less rental					
		expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🛌				
		(ı) Securities	(II) Other				
	7a	Gross amount 15,747,832					
		from sales of assets other					
		than inventory Less cost or 14,456,446					
	Ь	other basis and					
	_	sales expenses Gain or (loss) 1,291,386					
	С .			1,291,386			1,291,386
	d	Net gain or (loss)		1,291,380			1,291,300
Φ	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
je.	ь	Less direct expenses <b>b</b>					
₹	c	Net income or (loss) from fundraising e	vents ►				
_	9a	Gross income from gaming activities					
		See Part IV, line 19					
		a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities 🛌				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a	REFUNDS	900099	1,171			1,171
	ь	MISCELLANEOUS	900099	1,072			1,072
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	_				
			· · · · •	2,243			
	12	Total revenue. See Instructions	. ▶	3,796,761	0	0	2,149,400

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>		)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,585,245	1,585,245		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	270,346	270,346		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,807	78,777	27,895	33,135
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	333,801	187,969	66,642	79,190
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	51,859	29,388	10,288	12,183
10	Payroll taxes	31,069	17,566	6,115	7,388
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,300	1,015	149	136
С	Accounting	17,000	13,275	1,954	1,771
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	196,147	196,147		
g	Other	46,509	36,318	5,346	4,845
12	Advertising and promotion	28,126	26,922	1,005	199
13	Office expenses	14,098	8,620	1,754	3,724
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy	30,369	16,602	5,848	7,919
17	Travel	4,253	2,318	104	1,831
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19	Conferences, conventions, and meetings	7,702	3,757	3,552	393
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,690	2,605	1,058	1,027
23	Insurance	7,323	4,195	1,586	1,542
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,	,		
а	PRINTING	50,632	15,865	71	34,696
b	PUBLIC EDUCATION MEETIN	32,654	27,604	3,624	1,426
c	EQUIPMENT	30,069	16,274	7,340	6,455
d	MISCELLANEOUS	27,397	24,821	1,333	1,243
е					
f	All other expenses	10,968	7,812	859	2,297
25	Total functional expenses. Add lines 1 through 24f	2,921,364	2,573,441	146,523	201,400
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 719.927 1.382.123 2 3 1,276,645 1,030,234 18.366 6.225 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 232 9 Prepaid expenses and deferred charges . . . . . . 132,257 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 111,381 7,606 **10c** b Less accumulated depreciation . . . . 20,876 34,179,295 11 33,588,263 11 15,398,540 12,630,825 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 199,799 15 15 199,799 51,800,410 48,858,345 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 460,355 17 683,114 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 1,373,908 25 1,068,890 D . . . . . 26 1,834,263 26 1,752,004 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 10,853,924 27 7,180,952 Unrestricted net assets . . . . 32,020,728 28 33,025,686 28 Temporarily restricted net assets . . . . . Fund 29 7,091,495 29 6,899,703 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 49.966.147 33 47,106,341 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 51.800.410 34 48.858.345

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	796,76
2	Total expenses (must equal Part IX, column (A), line 25)	2			921,36
3	Revenue less expenses Subtract line 2 from line 1	3		8	375,39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,9	966,14
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,7	735,20
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		47,1	106,34
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	৮	
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," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

### OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

Inspection

**Employer identification number** 

DULUTH SUPERIOR AREA COMMUNITY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions)) No

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

S	ection A. Public Support	. organization	idilə to qualify t	inder the tests	iisted below, pic	case comp	nete rare III.)
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 201	1 <b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,713,89	3 4,053,018	2,064,180	1,927,709	1,64	7,361 13,406,161
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	3,713,89	4,053,018	2,064,180	1,927,709	1,64	7,361 13,406,161
	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						379,198
_	(f)						
6	<b>Public Support.</b> Subtract line 5 from line 4						13,026,963
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	( <b>f)</b> Total
7	A mounts from line 4	3,713,893	4,053,018	2,064,180	1,927,709	1,647	7,361 13,406,161
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	737,650	600,761	423,179	520,275	85!	5,810 3,137,675
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						16,543,836
12	Gross receipts from related activiti		-			12	
	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) o	organization,
<u>S</u>	ection C. Computation of Pub Public Support Percentage for 2013			11 column (f))		10	70.740.00
15	Public Support Percentage for 2010	-		11 Column (1))		14	78 740 % 79 540 %
	<b>33 1/3% support test—2011.</b> If the	·	•	x on line 13, and l	ıne 14 ıs 33 1/3%		
	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2010.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b> is 10% or more, and if the organization mee organization	organization did n qualifies as a p — <b>2011.</b> If the org tion meets the "	I not check the bo ublicly supported janization did not facts and circums	x on line 13 or 16 organization check a box on lin tances" test, chec	e 13, 16a, or 16t ck this box and <b>st</b>	o and line 14 <b>op here.</b> Ex	<b>▶</b>
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						ine
18	Explain in Part IV how the organiza supported organization  Private Foundation If the organizat	tion meets the "	facts and circums	tances" test The	organization qual	ifies as a pu	ublicly ►
	instructions		•	. ,	•		<b>▶</b> □

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

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

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

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

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

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

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

17

18

17

18

**▶**[

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493179001342

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

Interna	al Revenue Service	► Attach to F	orm 990. ► See separate instructions.	Inspect	ion
	me of the organ			Employer identification numbe	r
DU	LOTH SUPERIOR AR	EA COMMUNITY FOUNDATION		41-1429402	
Pa			dvised Funds or Other Similar Fu		e if the
	organi	zation answered "Yes" to Form 99			
	T - t - l		(a) Donor advised funds	(b) Funds and other accou	nts
1	Total number a	·	24		
2 3		ntributions to (during year)	376,313 215,378		
4	55 5 5	ue at end of year	5,942,745		
5	Did the organi	ı zatıon ınform all donors and donor adv	isors in writing that the assets held in donc organization's exclusive legal control?	or advised	
6	Did the organi used only for c conferring imp	zation inform all grantees, donors, and charitable purposes and not for the ber vermissible private benefit	I donor advisors in writing that grant funds in the donor or donor advisor, or for an	y other purpose	┌ No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.	
2	Preservat Protection Preservat Complete lines	conservation easements held by the o tion of land for public use (e g , recreat n of natural habitat tion of open space s 2a–2d if the organization held a qual the last day of the tax year	cion or pleasure) $\Gamma$ Preservation of an	historically importantly land area ertified historic structure of a conservation	a
		,	Γ	Held at the End of the	Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements	5	2b	
C	Number of con	servation easements on a certified his	storic structure included in (a)	2c	
d	Number of con	nservation easements included in (c) a	cquired after 8/17/06	2d	
3	the taxable ye	ar 🏲	erred, released, extinguished, or terminated	d by the organization during	
4 5	Does the orga		g the periodic monitoring, inspection, hand		<b>–</b>
	enforcement o	if the conservation easements it holds	,	Yes	No
6	Staff and volur	nteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year ►	
7	A mount of exp ► \$		ing, and enforcing conservation easements	during the year	
8		nservation easement reported on line : i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	rion <b>Yes</b>	┌ No
9	balance sheet		onservation easements in its revenue and the footnote to the organization's financial ments		
Pai	rt IIII Organ	nizations Maintaining Collection	ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.	
1a	art, historical	treasures, or other similar assets held	5 116, not to report in its revenue statemer d for public exhibition, education or researc nancial statements that describes these ite	h ın furtherance of public service	),
b	historical trea		5 116, to report in its revenue statement ar public exhibition, education, or research in s		
	(i) Revenues i	ıncluded ın Form 990, Part VIII, lıne 1	L	<b>►</b> \$	
	(ii) Assets inc	luded in Form 990, Part X		<b>&gt;</b> \$	
2	If the organiza	·	corical treasures, or other similar assets for S 116 relating to these items		
а	Revenues incl	uded in Form 990, Part VIII, line 1		<b>►</b> \$	

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tre</u>	asur	es, or O	ther	Similar Ass	sets	(conti	inued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	_		_		se of its collecti	on		
а	Public exhibition		d	Γ	Loan or	exch	ange progi	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	v they	further	the or	ganızatıor	ı's ex	empt purpose ır	1		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									– Yes	Г	- No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiza	atıon			es" to Form 9	90,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary	for c	ontributi	ons or	rotherass	ets n		_ Yes	Г	- No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ıng ta	able		_					
									Am	ount		
С	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Г	_ Yes	Γ	No
	If "Yes," explain the arrangement in Part XI\											
Pai	t V Endowment Funds. Complete											
	Danimum of warmhalana	(a)Current Year 49,298,329	(b)	Prior \	ear 206,525	<b>(c)</b> Two	35,343,03	_	Three Years Back 50,172,041	<b>(е)</b> Fot	ır Year	rs Back
.a	Beginning of year balance	1,040,332			585,047		1,712,49		3,227,555			
b	Contributions	-1,610,231			246,287		9,283,46	_	-15,466,829			
۲ C	Investment earnings or losses	1,558,115		-	252,885		1,318,53	_	1,600,534			
d e	Other expenditures for facilities	1,330,113			232,003		1,310,33	,,,	1,000,554			
е	and programs											
f	Administrative expenses	704,430			486,645		813,93	35	989,203			
g	End of year balance	46,465,885		49,	298,329		44,206,52	25	35,343,030			
2	Provide the estimated percentage of the year	r end balance held a	ıs		•			•				
а	Board designated or quasi-endowment											
ь	Permanent endowment -											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	:hat a	re held a	and ad	lmınıstere	d for t	the			
	organization by									Υe	s l	No
	(i) unrelated organizations			•					3a(i		^	۱o
	(ii) related organizations								3a(i	<del>-                                    </del>	<u>                                     </u>	No_
	If "Yes" to 3a(II), are the related organization	•						•	<u>3b</u>			
4 Dog	Describe in Part XIV the intended uses of the type Land, Buildings, and Equipment					`						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa							. T		
	Description of property				) Cost or o		( <b>b)</b> Cost or basis (oth		(c) Accumulated depreciation	l (d	) Book	value
	and		•							$\perp$		
	Buildings		•							$\perp$		
C	_easehold improvements		•									
	Equipment			1			l 13	2,257	111,3	81		20,876
d				-								
e	Other											

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) CHARITABLE REMAINDER TRUST	781		F
			_
(B) ALTERNATIVE INVESTMENTS	12,630,044		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	12,630,825		
Part VIII Investments—Program Related. Se		13.	
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of elia-o	r-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
Table (Calumen (b) about d a ruel Farma 2000, Part V, and (D) (no.			
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	·, iiiie 25.		
	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes HELD IN TRUST FOR OTHERS	<b>(b)</b> A mount 65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		
HELD IN TRUST FOR OTHERS	65,259		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,796,761
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,921,364
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	875,397
4	Net unrealized gains (losses) on investments	4	-3,735,203
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,735,203
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,859,806
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	96,605
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-3,700,156
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,796,761
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,796,761
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1 1	2,956,412
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	35,048
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,921,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,921,364
Par	t XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER SIMILAR PROVISIONS OF THE MINNESOTA INCOME TAX ACT SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, THE FOUNDATION'S 2010, 2009, AND 2008 TAX YEARS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE

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

Schedule I

(Form 990)

Internal Revenue Service

OMB No 1545-0047

DLN: 93493179001342

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury

**Inspection** 

Name of the organization						Employer Identification	on number
DULUTH SUPERIOR AREA COMMUN	NITY FOUNDATION					41-1429402	
Part I General Information	n on Grants and	l Assistance				1	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	vard the grants or as	sıstance?					F Yes ┌
Part II Grants and Other A Form 990, Part IV, In Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other organization</li></ul>		_					74 6
Linter total number of other orga	imzations listed ill til	e iiile T ranie "		<del></del>		<u> </u>	0

► Attach to Form 990

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	164	270,283			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DULUTH SUPERIOR AREA COMMUNITY FOUNDATION (DSACF) REQUIRES ALL
MONITORING GRANTS		GRANTEES TO SIGN AND ABIDE BY A GRANT AGREEMENT THAT REQUIRES THE GRANTEE TO USE GRANT MONIES
IN THE U S		ONLY FOR THE DESIGNATED PURPOSES DESCRIBED IN GRANT APPLICATION, MAINTAIN THEIR BOOKS/RECORDS
		TO ACCOUNT FOR SEPARATELY THE GRANT FUNDS AND EXPENDITURES, PERMIT DSACF ACCESS TO THEIR
		FILES/RECORDS, RETURN ANY UNUSED FUNDS, SUBMIT THE FINAL PROJECT REPORT BY A SET DATE THE DSACF
		DIRECTOR OF COMMUNITY PHILANTHROPY AND THEIR STAFF MONITORS THE GRANTEE'S COMPLETION OF
		THESE CRITERIA INCLUDING REPORT REVIEWS, RANDOM FIELD AND GRANTEE REQUIRED PROGRESS REPORTS
		AND OTHER WORK AS CONSIDERED NECESSARY TO ENSURE FULL GRANTEE COMPLIANCE WITH ALL TERMS OF
		THE GRANT AGREEMENT

Software ID: **Software Version:** 

**EIN:** 41-1429402

Name: DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

Form 990,Schedule	I, Part II,	Grants and C	Other Assist	tance to Gov	ernments a	nd Organiza	tions in the United St
(a) Name and address of organization or government	(b) EIN			ı		(g) Description of non-cash assistance	T
ANIMAL ALLIES HUMANE SOCIETY 4006 AIRPARK ROAD DULUTH, MN 55811	41- 0917362	501(C)(3)	18,368				INTEREST ALLOCATION, BUILDING FUND, PROGRAM SUPPORT, ANNUAL MEETING THANK YOU, MERGER OF THREE TWIN PORTS HUMANE SOCIETIES
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY702 SOUTH THIRD AVENUE VIRGINIA, MN 55792	41- 6052144	501(C)(3)	20,000				ASSIST INDIVIDUALS IN NEED
ARC OF MINNESOTA800 TRANSFER ROAD SUITE 7A ST PAUL, MN 55114	41- 0795254	501(C)(3)	13,692				HOUSING ACCESS SERVICES, TRANSITION TO COMMUNITY AND EMPLOYMENT
ARROWHEAD REGIONAL CORRECTIONS211 WEST 2ND STREET DULUTH, MN 55802	41- 6005890	501(C)(3)	25,000				JUVENILE DETENTION ALTERNATIVES INTITIATIVE (JDAI)
BAYFIELD COMMUNITY EDUCATION FOUNDATION INC PO BOX 921 BAYFIELD, WI 54814	39- 1843162	501(C)(3)	6,839				PRO GRAM SUPPORT
BONG P-38 FUND INC305 HARBOR VIEW PARKWAY SUPERIOR, WI 54880	39- 1647421	501(C)(3)	10,000				EDUCATION OUTREACH COORDINATOR
CATHOLIC CHARITIES BUREAU1416 CUMMING AVENUE SUPERIOR, WI 54880	39- 1951615	501(C)(3)	6,000				LIVING WELL WITH LESS
CARLTON COUNTY CHILD NETWORK 509 CARLTON AVENUE CLOQUET, MN 55720	41- 6000448	501(C)(3)	7,500				JUMP START 4 KINDERGARTEN
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413	41- 0857929	501(C)(3)	5,000				DENTAL SERVICES EXPANSION IN DULUTH
CITY OF SILVER BAY7 DAVIS DRIVE SILVER BAY, MN 55614	<b>41</b> - 6008798	170(C)(1)	12,000				PLANNING AND ZONING FOR THE SILVER BAY ECO- PARK, PRAIRIE FIRE THEATRE PRODUCTION
COOK COUNTY HIGHER EDUCATIONPO BOX 57 GRAND MARAIS,MN 55604	41- 1920590	501(C)(3)	12,500				TECHNOLOGY ASSISTANCE PROJECT
CLOQUET EDUCATIONAL FOUNDATION302 14TH STREET CLOQUET, MN 55720	41- 1543092	501(C)(3)	40,260				PRO GRAM SUPPO RT
COLLEGE OF ST SCHOLASTICA1200 KENWOOD AVENUE DULUTH, MN 55811	41- 0698301	501(C)(3)	114,138				PLANNING A WEB PORTAL & PROFESSIONAL NETWORK, TOWER FUND - FINANCIAL AID SCHOLARSHIP, THE MYTH OF POLARIZED AMERICA A TALK BY MORRIS FIORINA, THE DISAPPEARING CENTER POLARIZATION AND DEMOCRACY, PERFORMANCE OF SR MARTINA'S "THE HIGHWAYMAN", WEB PORTAL AND PROFESSIONAL NETWORK FOR YOUNG ADULTS, "THE IMMORTAL LIFE OF HENRIETTA LACKS" EVENT, GREEN ROOFTOP GARDEN DEMONSTRATION PROJECT
COMMUNITY ACTION DULUTH19 NORTH 21ST AVENUE WEST DULUTH,MN 55806	41- 1410670	501(C)(3)	39,000				PROGRAM SUPPORT, SEEDS OF SUCCESS URBAN AGRICULTURE, ALLY COMMUNITY ENGAGEMENT
DAMIANO OF DULUTH INC206 WEST FOURTH STREET DULUTH,MN 55802	41- 1453521	501(C)(3)	14,440				BACK TO SCHOOL CLOTHING, SOUP KITCHEN, PROGRAM SUPPORT, MEDICAL ARM EXPANSION
DULUTH CHILDREN'S MUSEUM INC506 WEST MICHIGAN STREET DULUTH,MN 55802	41- 0718361	501(C)(3)	16,536				PROGRAM SUPPORT, BUILDING MARKETING CAPACITY, MUSEUM ON THE MOVE EXHIBIT EXPLORATIONS
DOMESTIC ABUSE INTERVENTION PROGRAMS202 EAST SUPERIOR STREET STE 300 DULUTH, MN 55802	41- 1382134	501(C)(3)	24,420				STRONG MOMS / SAFE KIDS, EVALUATION OF TRANSITION PROGRAM, WOMEN'S EDUCATION GROUPS
DULUTH LIBRARY FOUNDATION520 WEST SUPERIOR ST DULUTH, MN 55802	41- 1696460	501(C)(3)	7,210				PROGRAM SUPPORT, LIBRARY TOYS AND GAMES REPLACEMENT PROJECT
DULUTH PLAYHOUSE INC 506 WEST MICHIGAN STREET DULUTH,MN 55802	41- 0694692	501(C)(3)	20,191				CREATIVE COLLABORATIONS TO CONNECT THE COMMUNITY, ANNUAL MEETING THANK YOU, PROGRAM SUPPORT, PLAY SPONSORSHIP
GENDER MATTERS 2001 WAVERLY AVENUE DULUTH, MN 55807	26- 3603254	501(C)(3)	8,000				PRO GRAM SUPPORT

rm 990.Schedule I.	. Part II. Grants and Other	Assistance to Governments and	Organizations in the United States
in 330,5chedale 1,	, i di c 11, Gi dillo dilla Gelici	Assistance to coveriments and	organizations in the officea states

Form 990,Schedule	I, Part II, G	Frants and C	ther Assis	stance to Go	vernments	and Organi	zations in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF MINNESOTA AND WISCONSIN LAKES AND PINES COUNCIL424 WEST SUPERIOR STREET G3 DULUTH, MN 55802	<b>41</b> - 0877820	501(C)(3)	6,485				PROGRAM SUPPORT
GREAT LAKES AQUARIUM & FRESHWATER DISCOVERY CENTER 353 HARBOR DRIVE DULUTH, MN 55802	41- 1659809	501(C)(3)	5,000				INTERACTIVE VIDEO CONFERENCING DEVELOPMENT PROGRAM
GRANT COMMUNITY SCHOOL COLLABORATIVE 108 EAST 6TH STREET DULUTH,MN 55805	41- 2002724	501(C)(3)	7,500				EXPANDING OPPORTUNITIES FOR YOUTH IN POVERTY
GREATER PROCTOR AREA SCHOLARSHIP FOUNDATION415 ST LOUIS RIVER ROAD DULUTH, MN 55810	36- 3414876	501(C)(3)	5,547				PROGRAM SUPPORT
HAMLINE UNIVERSITY1536 HEWITT AVENUE ST PAUL,MN 55104	41- 0693960	501(C)(3)	5,000				CB CONGDON SCHOLARSHIP FUND
ISD#381 LAKE SUPERIOR PUBLIC SCHOOLS1640 HIGHWAY 2 TWO HARBORS, MN 55616	41- 6001896	170(C)(1)	10,607				TWO HARBORS SCHOOL READINESS SCHOLARSHIPS, TWO HARBORS HIGH SCHOOL BAND TRIP, SCHOOL READINESS PROGRAM SUPPORT, KELLEY HIGH SCHOOL - FINE ARTS SCHOLARSHIP
ISD#709 DULUTH PUBLIC SCHOOLS 215 NORTH FIRST AVENUE EAST DULUTH, MN 55802	41- 6003776	170(C)(1)	27,694				DULUTH EAST ROBOTICS - ANNUAL MEETING THANK YOU, PROGRAM SUPPORT, SCOTT ANDERSON LEADERSHIP FORUM - YEAR IX
KIDS CLOSET OF DULUTH2308 WEST 3RD STREET DULUTH,MN 55806	20- 1878745	501(C)(3)	6,107				SCHOOL CLOTHING FOR RIVERFRONT AREA STUDENTS, WINTER CLOTHING FOR DULUTH'S LOW INCOME CHILDREN, PROGRAM SUPPORT
LITTLE TREASURES CENTER INC4002 LONDON ROAD DULUTH,MN 55804	41- 1942142	501(C)(3)	5,000				INTERGENERATIONAL COMMUNITY
KINSHIP OF AITKIN COUNTYPO BOX 372 AITKIN,MN 56431	41- 1682641	501(C)(3)	8,500				YOUTH DEVELOPMENT PROGRAM
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS360 ROBERT ST N STE 306 ST PAUL, MN 55101	41- 1694717	501(C)(3)	8,000				DULUTH REGIONAL EMPLOYMENT PROGRAM
MINNESOTA MEDICAL FOUNDATION200 OAK STREET SE STE 300 MINNEAPOLIS, MN 55455	41- 6027707	501(C)(3)	5,000				FUND 1312 EDWIN HALLER SCHOLARSHIP
MILLER-DWAN FOUNDATION502 EAST SECOND STREET DULUTH,MN 55805	23- 7396466	501(C)(3)	50,914				AFTER BREAST CANCER A STUDY OF REFLECTIVE WRITING, PEDIATRIC CANCER CARE, AMBER WING, AMBERWING PROGRAM EVALUATION, PEDIATRIC BURN CARE, CHILD ADOLESCENT MENTAL HEALTH
MINNESOTA BALLET 301 WEST FIRST STREET DULUTH,MN 55802	41- 6055588	501(C)(3)	7,450				GUEST CHOREOGRAPHER 2012, "BEHIND THE CURTAIN" SUPERIOR OUTREACH, ARTISTIC ASSISTANT
MINNESOTA PUBLIC INTEREST RESEARCH GROUP 1313 5TH ST SE SUITE 111 MINNEAPOLIS, MN 55414	23- 7389068	501(C)(3)	10,061				TRANSITION DULUTH
NORTHEAST ENTREPRENEUR FUND INC 202 W SUPERIOR STREET SUITE 311 DULUTH, MN 55802	26- 3566632	501(C)(3)	10,000				BE STRATEGIC GROW YOUR BUSINESS
NEIGHBORHOOD HOUSING SERVICES OF DULUTH224 EAST 4TH STREET DULUTH,MN 55805	41- 1465688	501(C)(3)	15,000				DULUTH COMMUNITY SAFETY INITIATIVE
NORTH SHORE COMMUNITY SCHOOL5926 RYAN ROAD DULUTH,MN 55804	41- 2009080	501(C)(3)	7,145				IPAD TECHNOLOGY PROJECT, PROGRAM SUPPORT
NORTH SHORE HEALTH CARE FOUNDATIONPO BOX 454 GRAND MARAIS, MN 55604	41- 1694904	501(C)(3)	10,587				HOSPICE PROGRAM, PROGRAM SUPPORT, CARE PARTNERS CAREGIVER SUPPORT, COOK COUNTY ORAL HEALTH TASK FORCE
NORTH SHORE HORIZONSPO BOX 206 TWO HARBORS,MN 55616	41- 1451736	501(C)(3)	8,000				VOLUNTEER CAPACITY BUILDING, SILVER BAY TRANSITIONAL HOUSING, MISSOULA CHILDREN'S THEATRE RESIDENCY PROGRAM

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I	, Part II, Gr	ants and Otl	ner Assista	nce to Gove	ernments ar	nd Organizat	ions in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN BIBLE SOCIETY129 WEST FARIBAULT STREET DULUTH,MN 55803	41- 0790153	501(C)(3)	6,637				PRO GRAM SUPPO RT
NORTHWOOD CHILDREN'S SERVICES4000 W 9TH ST DULUTH,MN 55807	41- 0706108	501(C)(3)	19,234				PRO GRA M SUPPO RT
NORTHWOODS WOMEN INCPO BOX 88 ASHLAND, WI 54806	39- 1364912	501(C)(3)	6,350				SELF- SUFFICIENCY PROGRAM FOR VICTIMS, CHILDREN'S PROGRAM/TEEN SPEAK-OUT CAMPAIGNS
PILGRIM CONGREGATIONAL CHURCH2310 EAST FOURTH STREET DULUTH,MN 55812	41- 0704218	501(C)(3)	10,038				PRO GRAM SUPPO RT
RANGE TRANSITIONAL HOUSING INCPO BOX 1146 VIRGINIA,MN 55792	41- 1773248	501(C)(3)	6,000				HIBBING TRANSITIONAL HOUSING PROJECT
RONALD MCDONALD HOUSE OF ROCHESTER MN INC 850 2ND STREET SOUTHWEST ROCHESTER, MN 55902	41- 1344744	501(C)(3)	5,000				PRO GRAM SUPPORT
ST LUKE'S FOUNDATION1000 EAST FIRST STREET DULUTH,MN 55805	41- 1448118	501(C)(3)	8,304				PRO GRAM SUPPORT
SUPERIOR HIKING TRAIL ASSOCIATION PO BOX 4 TWO HARBORS, MN 55616	41- 1569104	501(C)(3)	6,187				TWO HARBORS TO DULUTH FINAL CONNECTION, PROGRAM SUPPORT
SUPERIOR PUBLIC LIBRARY1530 TOWER AVENUE SUPERIOR,WI 54880	39- 6005631	170(C)(1)	10,000				SUPERIOR PUBLIC LIBRARY STRATEGIC PLANNING
SILVER BAY PARENT TEACHER STUDENT ORGANIZATION137 BANKS BOULEVARD SILVER BAY, MN 55614	25- 1903810	501(C)(3)	5,000				WILLIAM KELLY ELEMENTARY AFTER SCHOOL PROGRAM
SVCNDA331 N CENTRAL AVENUE UPSTAIRS DULUTH, MN 55807	41- 1367313	501(C)(3)	14,534				LINCOLN PARK BUSINESS CORRIDOR REVITALIZATION
TWO HARBORS AREA CHAMBER OF COMMERCE1330 HIGHWAY 61 TWO HARBORS, MN 55616	41- 0827278	501(C)(3)	7,500				CEOS IN THE CLASSROOM, WEB PRESENCE AND WEB DESIGN PROJECT
THE SALVATION ARMY - SUPERIOR916 HUGHITT AVENUE SUPERIOR,WI 54880	36- 2167910	501(C)(3)	5,000				ASSIST INDIVIDUALS IN NEED
THE SALVATION ARMY - DULUTH215 SOUTH 27TH AVENUE WEST DULUTH,MN 55806	<b>41</b> - 0698597	501(C)(3)	15,035				PROGRAM SUPPORT, ASSIST INDIVIDUALS IN NEED, GENERAL OPERATING SUPPORT, EMERGENCY FOOD SERVICES
UNIVERSITY OF WISCONSIN - SUPERIOROLD MAIN 212 SUPERIOR, WI 54880	39- 6006492	170(C)(1)	24,500				GAINING EARLY AWARENESS AND READINESS IN SUPERIOR
UNITED WAY OF GREATER DULUTH424 WEST SUPERIOR STREET DULUTH,MN 55802	<b>41</b> - 0857077	501(C)(3)	81,792				COMMUNITY INTIATIVES COORDINATOR, DULUTH PROSPERITY AGENDA, PROGRAM SUPPORT, 2-1-1 INFORMATION AND REFERRAL
UNIVERSITY OF MINNESOTA DULUTH 1049 UNIVERSITY DRIVE DULUTH,MN 55812	41- 6007513	501(C)(3)	12,096				THEATER DEPARTMENT SCHOLARSHIP, UMD VOYAGEURS PROGRAM SUPPORT, TUNDRA CONSERVATION AND MONITORING ALONG THE NORTH SHORE
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH,MN 55803	41- 0693848	501(C)(3)	14,400				PROGRAM SUPPORT, OPERATING EXPENSES, NEIGHBORHOOD YOUTH SERVICES JET PROJECT, ANNUAL SUPPORT
WTIP NORTH SHORE RADIOPO BOX 1005 GRAND MARAIS,MN 55604	41- 1754979	501(C)(3)	7,000				DEEPER CONNECTION
YMCA OF DULUTH302 WEST FIRST STREET DULUTH,MN 55802	41- 0693931	501(C)(3)	18,196				PROGRAM SUPPORT, PARTNER WITH YOUTH FUND, MENTOR DULUTH AND FIVE POINTS, HERMANTOWN PROCTOR MENTORING

OOO Sahadula T	Dout II Cuanta and	Othor Assistance to	Coveraments and	Organizations in the	United States
i ili 990,Scheuule 1,	Part II, Grants and	Other Assistance to	Governments and	Organizations in the	United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF DULUTH 32 EAST 1ST STREET SUITE 202 DULUTH,MN 55802	41- 0696493	501(C)(3)	21,128		other)		PROGRAM SUPPORT, INTEREST ALLOCATION, WOMEN OF DISTINCTION LUNCHEON, GIRL POWERI, SPIRIT VALLEY YOUNG MOTHERS PROGRAM
DULUTH LIGHTHOUSE FOR THE BLIND4505 WEST SUPERIOR STREET DULUTH, MN 55806	41- 0706140	501(C)(3)	31,812				WEBSITE EXPANSION AND UPGRADE, PROGRAM SUPPORT, LIVING WELL WITH VISION LOSS A COURSE FOR SENIORS
DULUTH PUBLIC LIBRARY520 WEST SUPERIOR STREET DULUTH,MN 55802	41- 6005105	501(C)(3)	10,719				PROGRAM SUPPORT
DULUTH-SUPERIOR AREA EDUCATIONAL TV CORPORATION - WDSE632 NIAGARA COURT DULUTH, MN 55811	41- 1718449	501(C)(3)	7,572				NATIVE REPORT SERIES, PROGRAM SUPPORT, WDSE - UNDERWRITING
FAMILY ALTERNATIVES INC 1089 SE 10TH AVE MINNEAPOLIS, MN 55414	41- 1356085	501(C)(3)	5,000				CORE PROJECT
GATHERING WATERS CONSERVANCY211 S PETERSON ST STE 270 MADISON, WI 53703	39- 1805090	501(C)(3)	8,000				LAND TRUST EXCELLENCE & ADVANCEMENT PROGRAM, WESTERN LAKE SUPERIOR WATERSHED LEAP INITIATIVE
HARTLEY NATURE CENTER3001 WOODLAND AVE DULUTH, MN 55803	36- 3507636	501(C)(3)	5,348				PROGRAM SUPPORT
HERMANTOWN COMMUNITY LEADERSHIP COMMITTEE5105 MAPLE GROVE ROAD HERMANTOWN, MN 55811	41- 1829938	170(C)(1)	8,000				ADVANCE HERMANTOWN - CREATING A COMMUNITY OF CHOICE, ADVANCE HERMANTOWN STEWARDSHIP INITIATIVE
LOCAL INITIATIVES SUPPORT CORPORATION202 WEST SUPERIOR STR STE 401 DULUTH, MN 55802	13- 3030229	501(C)(3)	15,000				PROGRAM SUPPORT, DULUTH DOWNTOWN, HILLSIDE AND WATERFRONT CHARRETTE, BUILDING SUSTAINABLE COMMUNITY INITIATIVES, UPDATE OF DULUTH DOWNTOWN, HILLSIDE AND WATERFRONT CHARRETTE
LUTHERN SOCIAL SERVICE424 WEST SUPERIOR STREET DULUTH, MN 55802	41- 0872993	501(C)(3)	9,250				FIRST YEAR PROGRAM, FAMILY RESOURCE CENTER
MAYO FOUNDATION200 FIRST STREET SW ROCHESTER, MN 55905	41- 1937751	501(C)(3)	5,175				ALZHEIMERS DRIVE DONATION, PEDIATRICS - CANCER
MINNESOTA RESOURCE CENTER DULUTH205 WEST SECOND ST DULUTH, MN 55802	41- 0828779	501(C)(3)	10,000				BRIDGING THE GENERATIONAL EMPLOYMENT GAP
MINNESOTA SECTION SME3128 14TH AVENUE EAST HIBBING, MN 55746	74- 2338444	501(C)(3)	42,000				INTERNSHIP REIMBURSEMENT
MUSIC RESOURCE CENTER CO ARMORY ARTS AND MUSIC CENTER 1626 LONDON RD 779 DULUTH, MN 55812	68- 0497248	501(C)(3)	10,000				STAFFING AND ORGANIZATIONAL DEVELOPMENT
ONE ROOF COMMUNITY HOUSING206 W 4TH ST STE 201 DULUTH,MN 55806	41- 1678328	501(C)(3)	15,500				HOUSING DEVELOPMENT, PROGRAM SUPPORT
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT 32 EAST FIRST STREET STE 200 DULUTH, MN 55802	41- 1350021	501(C)(3)	19,396				ADMINISTRATIVE RESTRUCTURING
RANGE REGIONAL HEALTH SERVICES 750 E 34TH STREET HIBBING, MN 55746	41- 1293970	501(C)(3)	15,000				COORDINATION OF RANGE CITIES HEALTHCARE COLLABORATIVE
ROTARY CLUB OF CLOQUETPO BOX 292 CLOQUET, MN 55720	41- 1680082	501(C)(3)	5,000				PROGRAM SUPPORT
SACRED HEART MUSIC CENTER201 WEST 4TH STREET DULUTH,MN 55806	41- 1557842	501(C)(3)	8,000				PART-TIME ADMINISTRATOR
SCOTTISH RITE FOUNDATION OF DULUTH28 WEST SECOND STREET DULUTH, MN 55802	41- 1420162	501(C)(3)	12,520				PROGRAM SUPPORT, PARENTS AND CHILDREN COMMUNICATING (PACC)

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As Filed Data -

DLN: 93493179001342

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** ► Complete if the organization answered

Open to Public **Inspection** 

OMB No 1545-0047

Department of the Treasury

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Internal Revenue Service

Name of the organization **Employer identification number** DULUTH SUPERIOR AREA COMMUNITY FOUNDATION 144 4430403

	ion ans	weieu	T	11 220,1	art IV, line 25a c	or 250, c	or Form	990-62,	rait v, i	ine 40b		
1 (a) Name of disqu	ualıfıed	person			(b) Description of transaction					(c) Corrected?		
						'				Yes		
2 Enter the amount of tax impos	ed on t	ne orgar	nization mana	agers or	disqualified pers	ons duri	ng the y	ear unde	-			
section 4958								•	\$ —			
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimburs	ed by th	e organization .			•	\$			
Part II Loans to and/or F												
Complete if the organiz	<u>zation a</u> T	nswered	d "Yes" on Fo	orm 990	, Part IV, line 26	, or Forr	n 990-E		, line 38	a		
	1 ' '	oan to				(e) ]	n	(f) Approv	ed .	(g)Writ	ten	
(a) Name of interested person and purpose	1	m the zation?	(c)Origi principal a		(d)Balance due	default?		by board or committee?		agreement?		
F 21 F 22 2	To	From	F			Yes	No	Yes	No No	Yes	No	
		110111				103	110	1.03	110	1.53	110	
	<u> </u>											
	+											
otal				<b>▶</b> \$			<u>I</u>		•			
Part IIII Grants or Assistar	nce Be	nefitt	ing Intere					•		•		
	nızatıc		<u>vered "Yes'</u>	" on Fo	rm 990. Part IV		27.					
Complete If the orga		1 7.										
Complete if the orga  (a) Name of interested pers	on	(1			en interested per	son	<b>(c)</b> A m	nount of g	ant or ty	pe of assi	stance	
•	on	(1				rson	<b>(c)</b> A m	nount of g	rant or ty	/pe of assi	stance	
•	on	(1			en interested per	rson	<b>(c)</b> A m	nount of g	rant or ty	/pe of assı	stance	

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete in the organization answered Tes on Form 990, Part IV, line 20a, 20b, or 20c.									
(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?				
	organization			Yes	No				
(1) HOWARD KLATZKY	TRUSTEE	,	PUBLIC COMMUNICATIONS/ANNUAL REPORT COMPLETED BY H T KLATZKY & ASSOCIATES		No				
(2) JENNIFER CAREY	TRUSTEE	580	LEGAL WORK PROVIDED BY HANFT, FRIDE, PA		No				

#### Part V Supplemental Information

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

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493179001342

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

**Employer identification number** 

Pa	rt I Types of Property				41-1429402			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do contribution	etermı	_	
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	13	342,201	AVERAGE MARKET	VALU	JE	
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ►()							
	Other ►()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		Yes	No.
30a	During the year, did the organiza	ition receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it		163	
Jou	must hold for at least three year							
	for exempt purposes for the enti				a to be used	20-		No
<b>L</b>	If "Yes," describe the arrangeme					30a		
о 31	Does the organization have a gif			review of any non-standard	contributions?	31		No
322	Does the organization hire or us							
	contributions?	· · ·	· · · · · · · ·	· · · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493179001342

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization	
DULUTH SUPERIOR AREA COMI	MUNITY FOUNDATION

Employer identification number

41-1429402

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	A NEW AFFILIATE CHEQUAMEGON BAY WAS FORMED AND THE DSACF SERVICE AREA WAS EXPANDED TO INCLUDE ASHLAND COUNTY IN WISCONSIN
	FORM 990, PART VI, SECTION B, LINE 11	PREPARED BY INDEPENDENT AUDITORS AS A RESULT OF THEIR AUDIT, REVIEWED BY DSACF PRESIDENT, FINANCIAL OFFICER, DSACF AUDIT COMMITTEE THEN BY FULL DSACF BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS POLICY AND QUESTIONNAIRE SENT OUT TO ALL BOARD MEMBERS AND DSACF STAFF MONITORS BOD RESPONSES ALSO IN MAY WHEN NEW BOD MEMBERS TERM BEGINS THE SAME POLICY AND QUESTIONNAIRE IS SENT OUT AND DSACF STAFF MONITORS AT EVERY BOD AND COMMITTEE MEETING A CONFLICT OF INTEREST SHEET IS PASSED OUT TO ATTENDEES TO MARK ANY CONFLICTS BEFORE VOTING, SAID SHEETS ARE GATHERED AND CONFLICTS ENTERED INTO ACTIONS
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE RECOMMENDS THE SALARY FOR THE PRESIDENT AND ALL OTHER STAFF THIS IS COMPLETED ANNUALLY AS PART OF THE OVERALL BUDGET ANALYSIS BY THE EXECUTIVE COMMITTEE THEN PRESENTS THE BUDGET TO THE BOARD FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON GUIDESTAR ORG
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,735,203
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 41-1429402

Name: DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

#### Form 990, Special Condition Description:

**Special Condition Description**