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DLN: 93493179008023

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

_		plicable	C Name of organization DULUTH SUPERIOR AREA COMMUN	ITY FOUNDATION			D Employer	identification number				
_	Iress cha	-	Doing Business As				41-1429	402				
_	me chan ıal returr	_										
_	minated		ZEITGEIST ARTS BLD 222 E SUPER	mail is not delivered to street address) IOR	Room/suite	!	E Telephone	number				
_	ended re		ST NO 302 City or town, state or country, and	7IP + 4			(218)72	6-0232				
_		pending	DULUTH, MN 55802				G Gross recei	pts \$ 12,258,733				
			F Name and address of pri	ncıpal officer		H(a) Is th	us a group ret					
			HOLLY SAMPSON ZEITGEIST ARTS BLD 222	F SUPERIOR			ates?	┌ Yes ┌ No				
			ST NO 3	LESOFERIOR		H(b) Are	all affiliates ir	ncluded? TYes TNo				
			DULUTH,MN 55802					ist (see instructions)				
		pt status		(insert no) 4947(a)(1) or 52	1	H(c) Gro	up exemption	number ►				
			W DSACOMMUNITYFOUNDA ⁻									
K Forn	n of orga	anızatıon	Corporation Trust Association	on Other ►		L Year of fo	ormation 1983	M State of legal domicile MN				
Pa	rt I	Sum	mary									
				on or most significant activities IUNITY FOUNDATION PROMO	TES DRIV	/ATE GIVI	NG FOR THE	PUBLIC GOOD				
ey.	-	TIL DOI	TOTAL SOF ERIOR AREA COMP	ONITITIOUNDATION FROMO	TESTRI	VAIL GIV	NOTORTIL	P OBEIC GOOD				
Ē	-											
Governance	2 C	heck th	ıs box ► ıf the organization d	scontinued its operations or dis	posed of	more than	25% of its ne	t assets				
ŝ							1	- 1				
න් ග				ning body (Part VI, line 1a) .				3 13				
Activities &				of the governing body (Part VI,				4 13 5 11				
CĦ.V				calendar year 2012 (Part V , line necessary)	•			6 270				
đ				Part VIII, column (C), line 12			· · · —	7a 0				
	l			from Form 990-T, line 34				7b 0				
				·			or Year	Current Year				
	8	Contri	outions and grants (Part VIII, I			1,647,361	2,040,591					
₽	9		m service revenue (Part VIII, I		C	0						
Reveni	10			n (A), lines 3, 4, and 7d)			2,147,157	2,091,290				
立	11		revenue (Part VIII, column (A)		2,243	5,016						
	12			l (must equal Part VIII, column			3,796,761	4,136,897				
	13			t IX, column (A), lines 1-3) .			1,855,591					
				T. (A.) (A.)			C	0				
	14	Benefi	s paid to or for members (Part	IX, column (A), line 4)	Salaries, other compensation, employee benefits (Part IX, column (A), lines							
ø	14 15	Saları	es, other compensation, employ		, lınes		556 536	570.479				
9388	15	Saları 5–10)	es, other compensation, employ	ee benefits (Part IX, column (A)			556,536	<u> </u>				
xbenses		Saları 5–10) Profes	es, other compensation, employ sional fundraising fees (Part IX	ee benefits (Part IX, column (A)				 				
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May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

2,559,603

Total program service expenses ►

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^{2}	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{\bullet}	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	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	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, 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		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 lines 24b through 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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 M	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If 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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country DD, CJ			
	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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		No
	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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	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 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
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			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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		_	_
C	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	461		
		16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MN, WI
- 18 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 Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (218) 726-0232

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key 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
- ♦ 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot ect	not box h ar	check , unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MARLENE DAVID	1 00	×						0	0	0
TRUSTEE								Ĭ		
(2) LYLE NORTHEY	1 00	×						0	0	0
IMMEDIATE PAST CHAIR		^							0	U
(3) RYAN BOMAN	1 00								_	
TRUSTEE		Х						0	0	0
(4) JENNIFER CAREY	1 00									
CHAIR		Х		Х				0	0	0
(5) PHILLIP ROLLE	1 00									
		х						0	0	0
TRUSTEE (6) AREND SANDBULTE	1.00									
(6) AREND SANDBOLIE	1 00	х						0	0	0
TRUSTEE										
(7) HOWARD KLATZKY	1 00	×		х				0	0	0
SECRETARY										
(8) AMY KURONEN	1 00	×		х				0	0	0
TREASURER		^		^				Ĭ	Ü	U
(9) JAMES ZASTROW	1 00							_	_	
TRUSTEE		X						0	0	0
(10) CLAUDIA SCOTT WELTY	1 00									
VICE CHAIR		Х		Х				0	0	0
(11) BETHANY OWEN	1 00									
TRUSTEE		х						0	0	0
(12) MIA THIBODEAU	1 00									
		х						0	0	0
TRUSTEE (13) RENEE WACHTER	1 00									
		х						0	0	0
TRUSTEE (14) HOLLY SAMPSON					_					
(14) HOLLI SAMPSON	40 00			х				130,000	0	14,714
PRESIDENT										
					_					
ı										
	<u>'</u>									Form 990 (2012)

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

	(4)	(5)	I		/c`					`	/E)	$\overline{}$	/- `	
	(A) Name and Title	(B) Average		tion (heck		(D Repor	table	(E) Reportable		(F) Estima	ted
		hours per week (list		n is	both	and	officer	•	compen from	the	compensation from related		mount of compens	ation
		any hours for related		a dire			stee) In 🛨	<u>-</u>	organizat 2/1099-		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations below	Individual trustae or director	İnstit	Office) 0 0	Highest compensated employee	Former					relate organiza	
		dotted line)	요 왕 급	Institutional Truste	<u> </u>	employee) 9 9 9 9 9 9	e,					J	
			r tt	<u>छ</u> ⊒),ee	ğ							
			<u>a</u> ;	e distri			ens a							
				Œ.			řě.							
												+		
												+		
												+		
16	Sub-Total							<u> </u>						
1b c	Sub-Total		ection A	٠.				•				+		
d	Total (add lines 1b and 1c) .	•						►		130,000		0		14,714
2	Total number of individuals (in						d abov	e) w	ho receive	d more th	ian			
	\$100,000 of reportable compe	ensation from th	e organ	ızatıc	on ⊩]	L								
											i		Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S						emplo	yee,	or highest	compen	sated employee	3		No
4	For any individual listed on line						nsatıo	n and	d other cor	npensati	on from the			No_
	organization and related organ											_		NI -
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satı	• on fr	om an	• vunr	related org	 anızatıon	or individual for	4		No_
_	services rendered to the organ											5		No
	estion B. Indonondont Co	ntractors												
1	ction B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co	mpens	ation	for	the c	alend	arye	ar ending v	with or wi	thin the organizat (B)	ion's	tax year (C	
	N	lame and business	address							Des	cription of services	_	Compen	
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

		Check if Schedule O contains a respon	se to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ا يُو ق	c	Fundraising events 1c	89,913				
ffs,	d	Related organizations 1d					
છું ≝	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and 1f	1,950,678				
声声	T	similar amounts not included above					
를 품	g	Noncash contributions included in lines 1a-1f \$	283,639				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		2,040,591			
			Business Code				
Program Serwce Revenue	2a		Business sout				
94. 184.	ь						
90	c						
ž	d						
တိ ⊑	e						
Graf.	f	All other program service revenue					
Ž.	g	Total. Add lines 2a-2f	-				
	3	Investment income (including dividend					
		and other similar amounts)		941,043			941,043
	4	Income from investment of tax-exempt bond p	· · · · •				
	5	Royalties	(II) Personal				
	6a	Gross rents (1) Keal	(II) Personal				
	ь	Less rental					
	с	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	u	(i) Securities	(II) O ther				
	7a	Gross amount from sales of 9,270,700 assets other	(1)				
	b	than inventory Less cost or other basis and sales expenses 8,120,453 sales expenses					
	c	Gain or (loss) 1,150,247					
	d	Net gain or (loss)		1,150,247			1,150,247
Other Revenue	8a	Gross income from fundraising events (not including \$89,913 of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a	0				
듄	b C	Less direct expenses b Net income or (loss) from fundraising e	1,383 vents .	-1,383			-1,383
		Gross income from gaming activities See Part IV, line 19	vents : : p	-,			_,
	L.	a					
	b c	Less direct expenses b Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
		Less cost of goods sold b L Net income or (loss) from sales of inve	ntory -				
ŀ		Miscellaneous Revenue	Business Code				
ŀ	11a	REFUNDS	900099	3,978			3,978
	b	MISCELLANEOUS	900099	2,421			2,421
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	6,399			
	12	Total revenue. See Instructions			_		2.005.55
			- ا	4,136,897	01	0	2,096,3

Par	IX Statement of Functional Expenses				1 age 20
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,599,646	1,599,646		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	261,012	261,012		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	201,012	201,012		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	144,714	79,704	33,606	31,404
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	330,542	182,198	76,987	71,357
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	64,135	35,076	14,503	14,556
10	Payroll taxes	31,088	17,179	7,175	6,734
11	Fees for services (non-employees)				
а	Management				
b	Legal	709	510	172	27
c	Accounting	17,176	12,359	4,165	652
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	180,354	180,354		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,536	28,447	9,587	1,502
12	Advertising and promotion	19,826	18,096	833	897
13	Office expenses	13,394	7,479	1,954	3,961
14	Information technology	,		,	
15	Royalties				
16	Occupancy	33,144	18,544	7,438	7,162
17	Travel	4,047	2,927	37	1,083
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings	7,520	4,104	426	2,990
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,676	10,056	4,901	3,719
23	Insurance	7,445	4,175	1,859	1,411
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	PRINTING	38,768	35,708	211	2,849
b	PUBLIC EDUCATION MEETIN	36,762	25,293	2,222	9,247
С	EQUIPMENT	33,260	21,672	3,376	8,212
d	DUES AND SUBSCRIPTIONS	9,184	6,197	1,615	1,372
е	All other expenses	9,076	8,867	142	67
25	Total functional expenses. Add lines 1 through 24e	2,900,014	2,559,603	171,209	169,202
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	ťΧ	Check if Schedule O contains a response to any question in this	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments		•	1,382,123	2	2,538,427
	3	Pledges and grants receivable, net			1,030,234	3	739,477
	4	Accounts receivable, net			6,225	4	9,022
	5	Loans and other receivables from current and former officers, disemployees, and highest compensated employees Complete Par Schedule L	t II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$ employers and sponsoring organizations of section $501(c)(9)$ vobeneficiary organizations (see instructions) Complete Part II of	ontributing employees'		6		
ž	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	251
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	224,971			
	ь	Less accumulated depreciation	10b	130,057	20,876	10c	94,914
	11	Investments—publicly traded securities			33,588,263	11	34,164,326
	12	Investments—other securities See Part IV, line 11	12,630,825	12	15,932,549		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			199,799	15	199,799
	16	Total assets. Add lines 1 through 15 (must equal line 34)			48,858,345	16	53,678,765
	17	Accounts payable and accrued expenses			683,114	17	698,642
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
Liabilitie	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualific	rs, trust				
аę		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 relate and other liabilities not included on lines 17-24) Complete Part	t X of Sc	hedule	4 000 000		4 400 070
		D			1,068,890	25	1,182,870
	26	Total liabilities. Add lines 17 through 25			1,752,004	26	1,881,512
Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			7,180,952	27	10,763,958
<u>ଟ</u>	27			•	33,025,686		33,883,406
<u>~</u>	28	Temporarily restricted net assets		•	6,899,703	28	7,149,889
Ĭ	29	Permanently restricted net assets			0,099,703	29	7,149,009
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re 🕶	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ř	33	Total net assets or fund balances			47,106,341	33	51,797,253
~	34	Total liabilities and net assets/fund balances			48,858,345	34	53,678,765

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	136,897
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	900,014
3	Revenue less expenses Subtract line 2 from line 1	3			236,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			106,341
5	Net unrealized gains (losses) on investments	5			154,029
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		51,7	797,253
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493179008023

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

									41-14294		
	t I			blic Charity Sta						structions	•
	rganı		•	te foundation becaus	•			•	•		
1	<u>_</u>		-	on of churches, or a				ection 170(l	o)(1)(A)(i).		
2	<u> </u>			in section 170(b)(1	,, ,, ,		•				
3		•		perative hospital se	_						
4	Г			h organization opera	ted ın conjun	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
5	_			ty, and state erated for the benefi	t of a callage		tu oumad ar a	naratad bu	- acuernment	al unit doco	ribad in
5	ı	=	•		_	e or universit	ty owned or o	perated by a	a government	ai uiiit desc	ribed iii
_	_			(A)(iv). (Complete P	•			170/b\/1	1)(4)()		
6	 			local government of	=					E le	
7	굣	_		at normally receives on 170(b)(1)(A)(vi).			support from	a governme	ental unit or fi	om the gene	erai public
8	Г			described in sectio			nplete Part II)			
9			-	at normally receives			-	-	outions, mem	pership fees	, and gross
		_		ities related to its e					·-	-	-
				oss investment inco	•	=					
		acquire	ed by the ord	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Pai	rt III)	•	
10	Г	An orga	anızatıon or	ganized and operate	d exclusively	to test for r	oublic safety	See section	n 509(a)(4).		
11		An ora	anızatıon or	ganized and operate	d exclusively	for the bene	efit of, to perf	orm the fund	ctions of, or t	o carry out t	he purposes of
	·	_		ly supported organiz					•	•	
				bes the type of supp							
	_		· ·	b Type II c			-				-
е	ļ		_	ox, I certify that the on managers and ot	_				•	•	•
			nan 10unuati n 509(a)(2)	on managers and or	ner than one	or more pub	nicly support	eu organizai	tions describe	ed III Section	1309(a)(1)01
f			. , , ,	received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III supportı	ng organization,
			this box					_			Г
g			,	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
			ng persons? erson who d	rectly or indirectly o	controls, eith	eralone ort	ogether with	persons des	scribed in (ii)		Yes No
		. ,		governing body of th	•		J	p = 1 = 1 = 1 = 1		11g	
				er of a person descr		_				11g	
		• •	•	lled entity of a perso	• •		above?			11g(`
h				ng information about						[5(/
				<u>, </u>		J	,				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	he	(vii) A mount of
	uppoi			organization	organizati	ion in	the organiz	zation	organizati	on in	monetary
or	ganiz	ation		(described on	col (i) lis		ın col (i) d	•	col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume	_	suppor	t?	ın the U	S7	
				(see	docume	110.					
				instructions))	Yes	No	Yes	No	Yes	No	1
					162	No	res	No	168	No	
						-	 				

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,053,018 2,064,180 1,927,709 1,647,361 2,040,591 11,732,859 include any "unusual grants ") 7 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 4,053,018 2,064,180 1,927,709 1,647,361 2,040,591 11,732,859 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 348,538 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 11,384,321 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 4,053,018 2,064,180 1,927,709 1,647,361 2,040,591 11,732,859 Amounts from line 4 Gross income from interest, dividends, payments received on 600,761 423,179 520,275 855,810 941,043 securities loans, rents, royalties 3,341,068 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 15,073,927 through 10) Gross receipts from related activities, etc (see instructions) 12 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 75 520 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 78 740 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493179008023

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

Supplemental Financial Statements

Open to Public **Inspection**

Name of the organization **Employer identification number** DULUTH SUPERIOR AREA COMMUNITY FOUNDATION 41-1429402 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 27 Aggregate contributions to (during year) 243,632 3 Aggregate grants from (during year) 332,194 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

i Cili	t IIII Organizations Maintaining Co	Hections of Art	<u>, 1115</u>	LOII	cacas	uics, or c	/uici	Sillillar ASS	ets (co	ontinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of the fo	ollowing that	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan or ex	change prog	rams			
b	Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	the	y further the	e organizatioi	n's ex	empt purpose ır		
5	During the year, did the organization solicit							ılar _	_	_
	assets to be sold to raise funds rather than							· · · · · · · · · · · · · · · · · · ·	Yes	│ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	ea "Ye	es" to Form 99	9 0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontributions	or other as:	sets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI.	I and complete the	follow	ing t	able	Г				
_	_					-		Am	ount	
c C	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e f	Distributions during the year					}	1e 1f			
	Ending balance	000 0 1 1 1	242			L	11		,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 217					ı	Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year		were					'a\Eour v	ears back
1a	Beginning of year balance	46,465,885	(D)P		298,329	44,206,52		35,343,030		50,172,041
b	Contributions	1,189,792			040,332	1,585,04	-	1,712,498		3,227,555
c	Net investment earnings, gains, and losses	, ,			,		1			
		5,465,854			510,231	5,246,28	+	9,283,468	-	15,466,829
d	Grants or scholarships	1,245,584		1,	558,115	1,252,88		1,318,536		1,600,534
е	Other expenditures for facilities and programs									
f	Administrative expenses	875,051			704,430	486,64	5	813,935		989,203
g	End of year balance	51,000,896		46,4	165,885	49,298,32	9	44,206,525		35,343,030
2	Provide the estimated percentage of the cur	rent year end baland	e (line	e 1 a	column (a)) held as	•	•		
а	Board designated or quasi-endowment	•	•		,	•				
b	Permanent endowment ►									
c	Temporarily restricted endowment ►									
Ū	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	stion t			administere	d for	the		
	·	ssion of the organize	ation t	hata	are held and	adiiiiiistere				
	organization by	_		hat a	are held and	administere			Yes	No No
	organization by (i) unrelated organizations			•	are held and			3a(i		No No
	organization by							3a(i		No
	organization by (i) unrelated organizations (ii) related organizations	ns listed as required	 d on S	ched	 ule R? .			3a(ii		No
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the content of	ns listed as required	d on Se	ched ent fu	ule R? . unds , line 10.			3a(ii)	No No
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ns listed as required	d on Se	ched ent fu rt X	 lule R? . unds			3a(ii)	No
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the content of	ns listed as required	d on Se	ched ent fu rt X	unds line 10.			3a(ii)	No No
b 4 Par	organization by (i) unrelated organizations (ii) related organizations	ns listed as required	d on Se	ched ent fu rt X	unds line 10.			3a(ii)	No No
b 4 Par 1a b	organization by (i) unrelated organizations	ns listed as required	d on Se	ched ent fu rt X	unds line 10.			3a(ii)	No No
b 4 Par	organization by (i) unrelated organizations	ns listed as required	d on Se	ched ent fu rt X	unds line 10.	er (b)Cost or basis (ot		3a(ii 3b (c) Accumulated depreciation	(d) E	No No
b 4 Par 1a b c d e	organization by (i) unrelated organizations	ns listed as required ne organization's end ent. See Form 99	d on Sodowned	ched	ulle R? unds Inne 10. Cost or othesis (investmen	er (b)Cost or basis (ot	her)	3a(ii 3b (c) Accumulated depreciation	(d) E	No No ook value

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
3)O ther		<u>_</u>
A) ALTERNATIVE INVESTMENTS	15,932,549	F
	 	
	 	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)	15,932,549	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(2) 2000	(S) Sook raids	Cost or end-of-year market value
	 	
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	, , , , , , ,
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	.
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	*
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS	X, line 25. (b) Book value 60,407	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes HELD IN TRUST FOR OTHERS MANAGED FOR OTHERS	X, line 25. (b) Book value 60,407	

Par	XI Reconciliation of Revenue per Audited Financial Stat	teme	nts With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	7,610,190
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	3,454,029		
b	Donated services and use of facilities	2b	17,881		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d	٠		2e	3,471,910
3	Subtract line 2e from line 1			3	4,138,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b	-1,383		
c	Add lines 4a and 4b			4 c	-1,383
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	4,136,897
Part	XII Reconciliation of Expenses per Audited Financial Sta	iteme	ents With Expenses	per	Return
1	Total expenses and losses per audited financial statements	•		1	2,919,278
2	A mounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	17,881		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,383		
e	Add lines 2a through 2d			2e	19,264
3	Subtract line 2e from line 1			3	2,900,014
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5	2,900,014

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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		INCOME TAXES - 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 2011, 2010, AND 2009 TAX YEARS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES -1,383
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 1,383

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

DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

DLN: 93493179008023

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						41-1429402	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	ion answered "Yes" t	to Form 990, Part IV	, line 17.
a b c d	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations a written or oral agre Form 990, Part VII) t paid individuals or	ement witl) or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	T Yes T No ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tot a	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 YOUNG LEADERS CONVIVIAL (event type)	(b) Event #2 TWO HARBORS TRAIN RIDE FUNDRAISER	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
Φ_3	1	Current units	69,544	(event type) 20,369		89,913
Revenue	2	Gross receipts Less Contributions	·	· ·		
₩	3	Gross income (line 1	69,544	20,369		89,913
		minus line 2)				
	4	Cash prizes				_
မှာ မ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages .				
<u>D</u>	8	Entertainment				
ā	9	Other direct expenses .	814	569		1,383
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		(1,383)
	11	Net income summary Combine Ii	ne 3, column (d), and line	10	•	-1,383
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		'Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue		\$13,000 OH FOHH 990-LZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>R</u>	1	Gross revenue				
enses	2	Cash prizes				
je di	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
튭	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organization licensed to operate	gaming activities in each	n of these states?		
10a b	If"Y	e any of the organization's gaming	licenses revoked, suspen	ded or terminated during	the tax year?	· · 「Yes 「No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

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. ▶ Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493179008023

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

ame of the organization						Employer identificati	on number
ULUTH SUPERIOR AREA COMMU						41-1429402	
Part I General Informati							
 Does the organization maintal the selection criteria used to a Describe in Part IV the organi 	award the grants or as	ssistance?					√Yes N
Part II Grants and Other Form 990, Part IV, I				United States. Con ort II can be duplicate			es" to
(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 gran or assistance
See Additional Data Table							
2 Enter total number of section						_	70
Enter total number of other or	ganızatıons lısted ın tl	he line 1 table				<u> ▶ _</u>	

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	138	261,012			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 DULUTH SUPERIOR AREA COMMUNITY FOUNDATION (DSACF) REQUIRES ALL GRANTEES TO SIGN AND ABIDE BY A GRANT AGREEMENT THAT REQUIRES THE GRANTEE TO USE GRANT MONIES 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

Additional Data Return to Form Software ID: **Software Version: EIN:** 41-1429402 Name: DULUTH SUPERIOR AREA COMMUNITY FOUNDATION Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, or government assistance appraisal, other) MORGAN PARK 41-1435961 501(C)(3) 5,000 FOR GARY MORGAN COMMUNITY CLUB1040 PARK HOCKEY 84TH AVE WEST ASSOCIATION -DULUTH, MN 55808 PLAYER BOXES REBUILD AND RINK REPAIR A H ZAPPA FAMILY 20-6424699 501(C)(3) 15,812 FOR HEALTHY FOUNDATION222 EAST DULUTH AREA SUPERIOR STREET STE COALITION -CAPACITY BUILDING DULUTH, MN 55802 COLLEGE OF ST 41-0698301 501(C)(3) 89,282 DIVERSITY FOR AN OPEN COMMUNITY, SCHOLASTICA 1200 KENWOOD AVENUE TOWER FUND DULUTH, MN 55811 SCHOLARSHIP, TWINPORTSCONNEX A PROJECT TO RETAIN YOUNG ADULTS IN THE TWIN PORTS AREA, 2012 TOUCHSTONE INCLUSIVENESS AWARD, MULTICULTURAL LEADERSHIP ORIENTATION FOR COLLEGE STUDENTS, ADDICTION, TREATMENT AND RECOVERY SPEAKER SERIES, MULTICULTURAL LEADERSHIP ORIENTATION FOR COLLEGE STUDENTS. UNLEASHING WOMEN TO FIGHT GLOBAL POVERTY 501(C)(3) COMMUNITY ACTION 41-1410670 23,500 ALLY COMMUNITY DULUTH19 NORTH 21ST ENGAGEMENT -**AVENUE WEST** AFRICAN AMERICAN DULUTH, MN 55806 EDUCATION SUMMITS, CIRCLES OF SUPPORT -ANNUAL MEETING THANK YOU, SOUL OF THE COMMUNITY II -CULTURAL OPENNESS SUMMIT VIOLENCE PREVENTION 41-1551944 FOR NORTH SHORE 501(C)(3) 7,500 **CENTERPO BOX 134** VISITATION CENTER GRAND MARAIS, MN PROGRAM SUPPORT 55604 DOMESTIC ABUSE 41-1382134 501(C)(3) 10,000 STRONG MOMS / SAFE INTERVENTION PROGRAMS202 EAST SUPERIOR STREET STE DULUTH, MN 55802 **DULUTH LIBRARY** 41-1696460 501(C)(3) PROGRAM SUPPORT 5,000 FOUNDATION520 WEST SUPERIOR ST DULUTH, MN 55802 GREAT LAKES AQUARIUM 41-1659809 501(C)(3) 7,500 INTERACTIVE VIDEO & FRESHWATER CONFERENCING DISCOVERY CENTER353 PROGRAMINTERACTIVE VIDEO HARBOR DRIVE DULUTH, MN 55802 CONFERENCING DEVELOPMENT PROGRAM HAMITNE UNIVERSITY 501(C)(3) CBCONGDON 10,000 41-0693960 1536 HEWITT AVENUE SCHOLARSHIP FUND ST PAUL, MN 55104 ISD#381 LAKE SUPERIOR 41-6001896 170(C)(1) 9,894 GOT SURVEYS?, TWO PUBLIC SCHOOLS1640 HARBORS HIGHWAY 2 COMMUNITY TWO HARBORS, MN 55616 FDUCATION PRESCHOOL SCHOLARSHIPS, THHS CHEER SQUAD SAFETY, SCHOOL READINESS SCHOLARSHIPS -SILVER BAY ISD#709 DULUTH PUBLIC SCOTT ANDERSON 41-6003776 170(C)(1) 24,285 SCHOOLS215 NORTH LEADERSHIP FORUM -FIRST AVENUE EAST YEAR X DULUTH, MN 55802 KINSHIP OF AITKIN 41-1682641 501(C)(3) 8,281 FOUR STEPS TOWARD COUNTYPO BOX 372 YOUTH SUCCESS PROGRAMMING AITKIN, MN 56431 MINNESOTA ASSISTANCE 2012 FLOOD RELIEF 41-1694717 501(C)(3) 5,000 COUNCIL FOR VETERANS FOR DULUTH-AREA VETERANS 360 ROBERT ST N STE 306 ST PAUL, MN 55101 MINNESOTA MEDICAL 41-6027707 501(C)(3) 5,000 FUND 1312 EDWIN FOUNDATION 200 OAK HALLER STREET SE STE 300 SCHOLARSHIP MINNEAPOLIS, MN 55455 MILLER-DWAN 23-7396466 501(C)(3) 9,000 PEDIATRIC CANCER FOUNDATION502 EAST CARE, CHILD SECOND STREET ADOLESCENT DULUTH, MN 55805 MENTAL HEALTH, PEDIATRIC BURN CARE GUEST MINNESOTA BALLET301 41-6055588 10,735 501(C)(3) WEST FIRST STREET TEACHING/COACHING DULUTH, MN 55802 2013, FLOOD RELIEF, FIREBIRD SET-BUILD, STRATEGIC PLANNING NORTH SHORE HEALTH 41-1694904 501(C)(3) 7,000 ART THERAPY FOR CARE FOUNDATIONPO ELDERS FACING BOX 454 MEMORY LOSS OR GRAND MARAIS, MN END-OF-LIFE, CARE 55604 PARTNERS - HOSPICE PROGRAM RONALD MCDONALD 41-1344744 501(C)(3) 5,000 PROGRAM SUPPORT HOUSE OF ROCHESTER MN INC850 2ND STREET SOUTHWEST ROCHESTER, MN 55902 SILVER BAY PARENT 25-1903810 501(C)(3) 5,000 WILLIAM KELLY ELEMENTARY AFTER TEACHER STUDENT ORGANIZATION137 SCHOOL PROGRAM BANKS BOULEVARD SILVER BAY, MN 55614 NORTH SHORE TWO HARBORS AREA 41-0827278 501(C)(3) 5,663 INFORMATION CHAMBER OF COMMERCE 1330 HIGHWAY 61 CENTER UPDATE, TWO HARBORS, MN 55616 ENHANCE THE VISITOR EXPERIENCE AT THE DOWNTOWN WATERFRONT UNIVERSITY OF 39-6006492 170(C)(1) 5,640 GAINING EARLY WISCONSIN - SUPERIOR AWARENESS AND OLD MAIN 212 READINESS IN SUPERIOR, WI 54880 SUPERIOR UNITED WAY OF GREATER 41-0857077 501(C)(3) 274,554 LONG TERM FLOOD RELIEF FUND, DULUTH424 WEST SUPERIOR STREET PROGRAM SUPPORT, DULUTH, MN 55802 REGIONAL FLOOD FUND, 2-1-1 INFORMATION AND REFERRAL 501(C)(3) RESTORATION OF WOODLAND HILLS4321 41-0693848 116,000 ALLENDALE AVENUE THE WOODLAND DULUTH, MN 55803 HILLS THEATRE, PROGRAM SUPPORT, YOUTH SERVICES YMCA OF DULUTH302 41-0693931 501(C)(3) 19,138 WOODLAND WEST FIRST STREET COMMUNITY CENTER DULUTH, MN 55802 GARDEN AND KITCHEN, MENTOR SUPERIOR, HERMANTOWN PROCTOR MENTORING, MENTOR SUPERIOR, PARTNER WITH YOUTH FUND YWCA OF DULUTH32 EAST 41-0696493 501(C)(3) 20,692 YWCA SPIRIT VALLEY 1ST STREET SUITE 202 FLOOD RELIEF, PROGRAM SUPPORT, DULUTH, MN 55802 JOB READINESS AND EMPLOYMENT PROJECT FAMILY ALTERNATIVES CORE PROJECT 41-1356085 10,000 501(C)(3) INC1089 SE 10TH AVE MINNEAPOLIS, MN 55414 HARTLEY NATURE CENTER 36-3507636 501(C)(3) 9,354 2012-2013 SCHOOL 3001 WOODLAND AVE PROGRAM, HARTLEY DULUTH, MN 55803 POND DOCK INSTALLATION LOCAL INITIATIVES 13-3030229 501(C)(3) 5,000 HIGH-IMPACT SUPPORT CORPORATION IMMEDIATE 202 WEST SUPERIOR STR PROJECTS FOR LISC **STE 401** LEADERSHIP DULUTH, MN 55802 LUTHERN SOCIAL NORTHLAND FLASH 41-0872993 105,503 501(C)(3) FLOOD DISASTER SERVICE424 WEST RESPONSE, PROGRAM SUPERIOR STREET SUPPORT DULUTH, MN 55802 MAYO FOUNDATION 200 41-1937751 5,000 ALZHEIMERS DRIVE 501(C)(3) FIRST STREET SW DONATION, ROCHESTER, MN 55905 PEDIATRICS -CANCER ONE ROOF COMMUNITY 25,000 ACQUISITION-41-1678328 501(C)(3) REHABILITATION HOUSING206 W4TH ST **STE 201** AND HOUSING DULUTH, MN 55806 SERVICES CENTER PROGRAM FOR AID TO SEXUAL ASSAULT 41-1350021 501(C)(3) 5,000 VICTIMS OF SEXUAL NURSE EXAMINER ASSAULT32 EAST FIRST (SANE) PEDIATRIC STREET STE 200 PROGRAM DULUTH, MN 55802 A NATURAL BRANCH OF 501(C)(3) 5,270 SUN ON EVERYONE 26-4469261 LEARNINGP O BOX 705 EQUITY, DIVERSITY, WASHBURN, WI 54891 & ACCESSIBILITY AT A NATURAL BRANCH OFLEARNING AMERICAN INDIAN 41-1782394 501(C)(3) 25,000 OSHKI ODAADIZIWINI COMMUNITY HOUSING ORGANIZATION202 W WAAKA'LGAN -SECOND STREET FLOOD RELIEF DULUTH, MN 55802 ARROWHEAD YOUTH GRANT NETTLETON 41-1500014 501(C)(3) 5,000 SOCCER ASSOCIATION SOCCER PROGRAM 3501 GRAND AVENUE DULUTH, MN 55807 BAD RIVER WATERSHED 04-3740575 501(C)(3) 7,270 TEMPERATURE MONITORING FOR ASSOCIATIONPO BOX PROTECTION OF 875 ASHLAND, WI 54806 COLD WATER HABITAT, BUILDING COMMUNITY INVESTMENT IN STEWARDSHIP BOYS & GIRLS CLUB OF 41-0969947 501(C)(3) 10,050 BRINGING DULUTH2623 WEST 2ND PRO GRAMMING TO STREET LINCOLN PARK, DULUTH, MN 55816 DIRECTOR OF MARKETING STAFF POSITION, OPERATING SUPPORT, PROGRAM SUPPORT CENTER AGAINST SEXUAL NEW BEGINNINGS, 39-1478768 501(C)(3) 13,059 & DOMESTIC ABUSE INC FAMILY CENTERED 318 21ST AVE E SERVICES, BASIC SUPERIOR, WI 54880 NEEDS, FLOOD RELIEF CHURCHES UNITED IN 41-1227969 501(C)(3) 6,200 AFFECTING MINISTRY102 WEST CHANGES, SECOND STREET EXPANDING DULUTH, MN 55802 HORIZONS TO BUILD YOUNG LEADERS. PROGRAM SUPPORT, TELLING CHUM'S STORY CITY OF DULUTH411 41-6005105 170(C)(1) 5,000 COMMUNITY-WIDE WEST FIRST STREET LO CAL ENERGY DULUTH, MN 55802 ACTION PLAN TECHNICAL ASSISTANCE 170(C)(1) CITY OF TWO HARBORS 41-6005579 7,000 HERITAGE DAYS, **522 FIRST AVENUE** COMMUNITY EVENTS TWO HARBORS, MN 55616 SIGN PROJECT, BLOCK PARTY, AIRVENTURE OSH KOSH, WI ECONOMIC DEVELOPMENT TRIP BRINGING THE RACE CLAYTON JACKSON 04-3746191 5,000 501(C)(3) MCGHIE MEMORIAL INC ARE WE SO PO BOX 3631 DIFFERENT? EXHIBIT DULUTH, MN 55803 TO DULUTH **COURAGE DULUTH3915** 6,000 COMMUNITY 41-0706118 501(C)(3) GOLDEN VALLEY ROAD ADAPTIVE SAILING, GOLDEN VALLEY, MN ADAPTIVE KAYAK EQUIPMENT 55422 CYCLISTS OF GITCHEE 37-1590122 501(C)(3) 8,000 HARTLEY MOUNTAIN **GUMMEE SHORESPO BOX** BIKE TRAIL SYSTEM SIGNAGE AND 161261 DULUTH, MN 55816 SUSTAINABILITY UPGRADES, MOUNTAIN BIKE TRAIL SYSTEM SUSTAINABILITY UPGRADES **DULUTH ART INSTITUTE** 41-0945449 PROFESSIONAL 501(C)(3) 5,268 506 WEST MICHIGAN DEVELOPMENT SERIES FOR ARTISTS, STREET FLOOD RELIEF. DULUTH, MN 55802 PROGRAM SUPPORT, A RRO WHEAD REGIONAL BIENNIAL **DULUTH CROSS-COUNTRY** 20-1680268 501(C)(3) 5,000 SKI TRAIL GROOMING SKI CLUB1346 W EQUIPMENT ARROWHEAD RD PMB 344 DULUTH, MN 55811 **DULUTH HEIGHTS** RINK UPGRADE 41-1458180 501(C)(3) 5,000 AMATEUR HOCKEY ASSOCIATION33 W MULBERRY ST DULUTH, MN 55811 ENTREPRENEUR FUND202 36-3566632 501(C)(3) 6,763 BE STRATEGIC GROW W SUPERIOR STREET YOUR BUSINESS SUITE 311 DULUTH, MN 55802 HARBOR HOUSE CRISIS 39-1840533 501(C)(3) 15,460 FLOOD RECOVERY, SHELTERS1531 HUGHITT HOMELESS LIFE SKILL AVENUE ENHANCEMENT, SUPERIOR, WI 54880 HOMELESS LIFE-SKILL TRAINING HAWK RIDGE BIRD STEWARDSHIP 76-0746366 501(C)(3) 14,750 **OBSERVATORY INCPO** MANAGEMENT PLAN BOX 3006 FOR HAWK RIDGE DULUTH, MN 55803 NATURE RESERVE, PROGRAM SUPPORT. DEVELOPING A SUSTAINABLE PASSERINE BANDING PROGRAM AT HAWK RIDGE BIRD OBSERVATORY, INTERPRETIVE SIGNAGE FOR HAWK RIDGE NATURE RESERVE KNIFE RIVER RECREATION 36-3307682 501(C)(3) 5,000 FLOOD RELIEF COUNCILPO BOX 266 KNIFE RIVER, MN 55609 LAKE SUPERIOR 41-0944885 501(C)(3) 7,700 STRATEGIC PLANNING PROCESS, ZOOLOGICAL SOCIETY PROGRAM SUPPORT 7210 FREMONT STREET DULUTH, MN 55807 501(C)(3) PROGRAM SUPPORT LIGHTHOUSE CENTER FOR 41-0706140 6,982 VISION LOSS4505 WEST SUPERIOR STREET DULUTH, MN 55807 MARSHALL SCHOOL1215 BIG CIRCLE FUND, 41-0765672 501(C)(3) 5,500 RICE LAKE ROAD PROGRAM SUPPORT DULUTH, MN 55811 MEN AS PEACEMAKERS 41-1841689 501(C)(3) DULUTH CHAMPION'S 13,028 205 W 2ND ST STE 15 INITIATIVE USING SPORTS TO HELP DULUTH, MN 55802 CHILDREN SUCCEED MINNESOTA LAND TRUST 41-1713652 10,000 ADVANCING 501(C)(3) 2356 UNIVERSITY DULUTH'S **AVENUE WEST** GREENSPACE ST PAUL, MN 55114 NETWORK NORTHLAND COLLEGE PROMOTING 39-0806428 501(C)(3) 13,564 1411 ELLIS AVENUE SUSTAINABLE ASHLAND, WI 54806 ECOSYSTEM MANAGEMENT THROUGH THE CHEQUAMEGON BAY AREA PARTNERSHIP, PROGRAM SUPPORT. CHESTER NEZ PRESENTATION NORTHSHORE AREA 20-1156990 5,355 2012 TOUCHSTONE 501(C)(3) PARTNERS99 EDISON GENEROSITY AWARD, BOULEVARD R21 VOLUNTEER SILVER BAY, MN 55614 PROGRAM PIEDMONT HOCKEY 41-1514687 501(C)(3) 5,000 PIEDMONT RINK ASSOCIATION2302 W RESTORATIONPIEDMONT RINK RESTORATION 23RD ST DULUTH, MN 55811 RANGE RESPITE PROJECT 41-1726790 501(C)(3) 5,000 GENERAL OPERATING 1309 20TH STREET SUPPORT SOUTH VIRGINIA, MN 55792 RECREATION AND 42-1706601 501(C)(3) 8,000 OPERATIONAL SUPPORT FOR THE FITNESS RESOURCESPO BOX 1146 BAYFIELD AREA BAYFIELD, WI 54814 RECREATION CENTER, FIRST STEPS TO FITNESS FOR LAPOINTE COMMUNITY CLINIC, MARTIALARTS COMMUNITY EDUCATION EXPANSION 39-1178866 RED CLIFF BAND OF LAKE 170(C)(1) 7,128 MINO BI MA DE SE WIN (RETURN TO THE SUPERIOR CHIPPEWA 88385 PIKE ROAD HWY 13 GOOD LIFE) COMMUNITY FARM BAYFIELD, WI 54814 SECOND HARVEST 36-3479964 501(C)(3) 20,000 EMERGENCY FOOD NORTHERN LAKES FOOD ASSESSMENT PROJECT BANK4503 AIRPARK BOULEVARD DULUTH, MN 55811 SEXUAL ASSAULT 36-3297404 501(C)(3) 7,500 WEST RANGE PROGRAM OF NORTHERN OUTREACH, ST LOUIS COUNTY505 ONGOING DIRECT 12TH AVE WEST SERVICES FOR VICTIMS OF SEXUAL VIRGINIA, MN 55792 VIOLENCE 41-1449179 SOAR CAREER 501(C)(3) 11,411 COMMUNITY SOLUTIONS205 WEST OFFENDER REENTRY SECOND STREET SUITE PROGRAM DULUTH, MN 55805 6,000 ST PAUL'S EPISCOPAL PROGRAM SUPPORT 41-0694742 501(C)(3) CHURCH1710 EAST SUPERIOR STREET DULUTH, MN 55812 SUPERIOR BUSINESS 2012 TOUCHSTONE 39-6005631 170(C)(1) 9,262 IMPROVEMENT DISTRICT ENGAGEMENT 1401 TOWER AVENUE AWARD, PHANTOM

SUITE 302

SUPERIOR, WI 54880

GALLEON DRIVE NAPLES, FL 34102

EDUCATION

TRINITY-BY-THE-COVE

EPISCOPAL CHURCH553

WOODLAND AMATEUR

FOUNDATION90845

PETERSON HILL RD BAYFIELD, WI 54814

HOCKEY ASSOCIATION
3211 ALLENDALE AVENUE
DULUTH, MN 55803
BAYFIELD COMMUNITY

501(C)(3)

501(C)(3)

501(C)(3)

7,000

5,000

5,000

11-1646315

23-7076801

39-1843162

GALLERIES SUPERIOR

PROGRAM SUPPORT

PUBLIC SKATING

RINK RESURFACE

WOODLAND STUDIO

ARTS EXHIBITION

AND CELEBRATION

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As Filed Data -

DLN: 93493179008023

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2012

Open to Public Inspection

Name of the organization DULUTH SUPERIOR AREA COMMUNITY FOUNDATION						En	Employer identification number						
Part I Exces	s Bonof	it Tran	sactions	coction	501/6\/3\ :	and section 5	01/c)/4) or		-1429				
						Part IV, line 25						10b	
1 (a) Name o					ıp between dı:		(c) Descrip					(d) Corr	ected?
				person a	and organizati	ion						Yes	No
2 Enter the am	ount of ta	x incurre	d by organiz	atıon ma	nagers or dis	qualified perso	ns during the	yearı	unders	section • ¢ -			
3 Enter the am	ount of ta	x.ıfanv.	on line 2. ab	ove. reir	nbursed by th			· ·	٠.	▶ \$			
													_
			rom Inter)-EZ, Part V , Iı	no 202 or Eo	rm 00	O Dar	+ TV/ Juni	26 0	rıftha	
					0, Part X, line		11e 30a, 01 F0	ככ ווווי	U, Pai	CIV, IIII	e 20, 0	i ii tile	
(a) Name of	(b) Rela	tionship	(c) Purpose	(d) Lo	an to	(e)Original	(f)Balance) In	(h		(i)Wr	
ınterested person	with orga	anızatıon	ofloan	or fror		principal amount	due	defa	ault?	A ppro		agreer	ment?
person				organiz	delon.	amount				commi			
				То	From			Yes	No	Yes	No	Yes	No
									<u> </u>			_	
				-					<u> </u>			_	
				1		+			+			_	
						+						_	
												_	
Total	•		•	> :	1	•	•		•				
Part III Gran	ts or As	ssistan	ce Benefi	tting Ir	terested	Persons.	T. / 1 27						
						rm 990, Part				(-)	D		ıstance
(a) Name of Inte	resteu		ationship be ted person a		(C) Amount (of assistance	(d) Type o	1 45515	stance	(e)	Purpos	e 01 a55	istance
·			organization										
				+									

Part IV Business Transactions 1	Involving Intereste	d Persons.			
Complete if the organization	on answered "Yes" on	Form 990, Part IV, lii	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HOWARD KLATZKY	TRUSTEE	,	PUBLIC COMMUNICATIONS/ANNUAL REPORT COMPLETED BY H T KLATZKY & ASSOCIATES		No
(2) JENNIFER CAREY	TRUSTEE		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)

	Identifier	Return Reference	Explanation
П			

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493179008023

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations 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

41-1429402

Pa	rt I Types of Property			<u>.</u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	15	283,639	AVERAGE MARKET	VAL	JE	
	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Qualified conservation contribution—Historic							
14	structures							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
	O ther ►()							
	O ther ▶ ()							
	Number of Forms 8283 received for which the organization comple				29		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		163	110
	must hold for at least three year							
	for exempt purposes for the enti			·	a to be usea	20-		No
L	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif			roviow of any non-standard	contributions?	31		No
								110
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							_
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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.

OMB No 1545-0047

2012

Open to Public Inspection

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

41-1429402

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	DSACF ENTERED INTO AN AGREEMENT WITH THE CITY OF DULUTH TO ADMINISTRATE AND ACCOUNT FOR THEIR NEW COMMUNITY PARKS AND RECREATION GRANT PROGRAM ON JUNE 20, 2012, A HEAVY RAIN CAUSED SEVERE FLOOD DAMAGE IN THE DULUTH SUPERIOR MSA, AND DSACF FORMED A FLOOD EARLY RECOVERY TASK FORCE TO RAISE FUNDS FOR RECOVERY, AS WELL AS ASSIST IN PLANS FOR FUTURE RECOVERY DSACF ALSO APPLIED FOR AND RECEIVED A GRANT FOR FLOOD RECOVERY AND IS OVERSEEING THE DISTRIBUTION OF THESE FUNDS
	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 THE BOARD ACTIONS BOARD MEMBERS WITH CONFLICTS ARE ASKED TO LEAVE THE ROOM DURING ANY DISCUSSION AND VOTING
	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. 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
	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