

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

DLN: 93493186009127 OMB No 1545-0047

2016

		of the Treasur nue Service		cial security numbers on this form as out Form 990 and its instructions is at				Open to Public Inspection		
A F	or the	e <b>2016</b> ca		nning 01-01-2016 $$ , and ending $$	12-31-2016					
☐ Ad		pplicable change ange	C Name of organization DULUTH SUPERIOR AREA COMMUN FOUNDATION	ІПҮ		<b>D Employ</b> 41-142		fication number		
	tıal ret	turn	Doing business as							
	rn/tern	minated	Number and street (or P O box if r	mail is not delivered to street address) Roo	om/suite	E Telephor	E Telephone number			
_		d return on pending	222 E SUPERIOR ST No 302	,	<b>,</b>	(218) 7	'26-0232	<u>:</u>		
	piicati	on penang.	City or town, state or province, cou DULUTH, MN 55802	untry, and ZIP or foreign postal code		<b>G</b> Gross re	eceipts \$ 4	16,166,722		
		ľ	<b>F</b> Name and address of princip	al officer	H(a) I	s this a group re				
			HOLLY SAMPSON 222 E SUPERIOR ST No 302		s	subordinates?		□Yes ☑No		
			DULUTH, MN 55802			Are all subordina ncluded?	tes	☐ Yes ☐No		
<b>I</b> Ta	x-exen	npt status	<b>☑</b> 501(c)(3) ☐ 501(c)( ) ◀	(insert no )		f "No," attach a	•	•		
J W	ebsit	te:▶ WW	W DSACOMMUNITYFOUNDATION	N COM	H(C) (	Group exemption	number	•		
<b>K</b> Form	n of or	rganızatıon	Corporation Trust Ass	ociation  Other	<b>L</b> Year of	formation 1982	M State MN	of legal domicile		
Pa	1	Sumr	•							
			cribe the organization's mission of TH SUPERIOR AREA COMMUNITY	or most significant activities ′ FOUNDATION PROMOTES PRIVATE (	GIVING FOR TH	HE PUBLIC GOOI	)			
nce	-									
EL	-									
Governance				scontinued its operations or disposed				1		
	1			ng body (Part VI, line 1a)			3	14		
Activities &				of the governing body (Part VI, line 1 alendar year 2016 (Part V, line 2a)	•		5	14		
₹	1		• •	ecessary)			6	242		
Act	1			rt VIII, column (C), line 12			7a			
	1			m Form 990-T, line 34			7b	0		
						Prior Year		Current Year		
<u>ā</u>	8	Contributi	ions and grants (Part VIII, line 1	h)		5,790,	877	2,478,625		
Rəvenue	1	-	· · · · · · · · · · · · · · · · · · ·	g)			0			
ę.	I			, lines 3, 4, and 7d )		466,	_	-2,260,010		
	1		enue (Part VIII, column (A), line		12)	6,259,	709	5,575 224,190		
	_			ust equal Part VIII, column (A), line : column (A), lines 1–3)	12)	1,897,		3,695,812		
	1		paid to or for members (Part IX,	1,057,	0	3,033,012				
S		·	, , ,	enefits (Part IX, column (A), lines 5–		679,	671	673,811		
Expenses	16a	Profession	nal fundraising fees (Part IX, col	umn (A), line 11e)		· · · · · · · · · · · · · · · · · · ·	0	(		
e d	ь	Total fundra	aising expenses (Part IX, column (D),	line 25) ▶180,119						
ū	17	Other exp	enses (Part IX, column (A), lines	s 11a-11d, 11f-24e)		537,	789	497,782		
	I	•	·	ual Part IX, column (A), line 25)		3,115,	348	4,867,405		
. 40	19	Revenue I	less expenses Subtract line 18 f	rom line 12		3,143,		-4,643,215		
Net Assets or Fund Balances					Begin	ining of Current Y	rear	End of Year		
Bala	20	Total asse	ets (Part X, line 16)			62,026,	974	63,973,810		
₹ <u>₹</u>	21	Total liabi	lities (Part X, line 26)			1,840,	162	2,683,095		
			s or fund balances Subtract line	21 from line 20		60,186,	812	61,290,715		
	t III		ature Block	nined this return, including accompar	ovina schedule	s and statement	s and to	the hest of my		
know		and belief		e Declaration of preparer (other than						
		*****				2017-06-15				
Sign		Signatu	ire of officer			Date				
Here	•		SAMPSON PRESIDENT							
		17	print name and title	Droppror's signature	Data	<del> </del>	DTIN			
Dair	4		nnt/Type preparer's name EBORAH MEDLIN	Preparer's signature DEBORAH MEDLIN	Date 2017-06-15	Check 🗀 ıf	PTIN P0002026	.3		
Paid	a pare	ar F	rm's name   Wipfli LLP			self-employed Firm's EIN ► 39	-0758449			
	On	C.	rm's address ▶ 1502 London Road Su	ite 200		Phone no (218)		1		
	<u> </u>		Duluth, MN 55812							
May t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)			✓.	Yes 🗆 No		

Cat No 11282Y

Form **990** (2016)

Form	990 (2016) Page <b>2</b>
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
THE	DULUTH SUPERIOR AREA COMMUNITY FOUNDATION PROMOTES PRIVATE GIVING FOR THE PUBLIC GOOD
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 4,223,782 including grants of \$ 3,695,812 ) (Revenue \$ )
	In 2016 the Community Foundation awarded \$3,382,691 in grants and \$313,120 in scholarships. Total grants awarded (including interfund grants) comprised of 19% unrestricted funds, 6% designated, 49% field of interest, 9% organizational endowments, 8% scholarships and 9% donor advised. The largest program area supported was human services with 59% of grant funds, followed by 11% in education, 4% in arts, 11% in environment, 5% community and economic development, 2% other, and 8% scholarship In 2016 the Community Foundation awarded \$247,320 scholarships from endowed funds and \$65,800 from 10 temporary scholarship funds that the Foundation provides scholarship services. In addition the Foundation provided administrative services for two affiliated scholarships totaling \$549,800 where all of the funds are held by a local bank, plus \$89,100 of Grants where all funds are held by a city
4b	(Code ) (Expenses \$ 301,992 including grants of \$ ) (Revenue \$ )
	Public Education In 2016 DSACF collaborated with multiple communities through out the United States to improve public discourse through Speak Your Peace—the Civility Project Initiative—2016 was the 2nd year for DSACF to participate in a new philanthropic based disaster-preparedness, response and recovery program know as the Preparedness, Resiliency and Emergency Partnership(PPREP)—Designed to help community foundations implement a philanthropic response to disasters, both in the immediate aftermath and during long-term community rebuilding and resiliency—In 2016 DSACF received grant funding to create the Opportunity Gap—Initiative to address the inequity in opportunity that one culturally, racially and/or financially similar group has in comparison to another—The vision, beginning with an initial group of grantees, is to develop a community that embraces diversity and inclusivity, where all children have abundant opportunities, and feel respected, safe and secure—DSACF is continuing to evaluate the work of grantees' in addressing the Opportunity Gap and raise funds for an Endowed Fund to further this work
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 4,525,774

Page 3

No

No

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3 4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

13

14a

14h

15

16

17

18

19

1

2

No No

Nο

Nο

No

Νo

Nο

No

No

No

No

Νo

No

No

Nο

Form **990** (2016)

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

Page 4

No

Part IV Checklist of Required Schedules (continued) Yes

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a 20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2016)

Yes

Yes

Yes

Yes

Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
  - Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

orm	990 (2016)			Page !
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Faterable annulus and a Day 2 of Fame 1000 Fater 0 of eat annulus black 1.4-1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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			
L	this return	2 <sub>b</sub>	Yes	
D	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	
b	If "Yes," enter the name of the foreign country ▶CJ , EI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>,</b>		
L	required?	7g		
n	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.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	une year	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
С	Enter the amount of reserves on hand			
		1 l		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		110

OHH	990 (2016)						Page (
Par		ernance, Management, and DisclosureFor each "Yes" response to lines 2 th 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
	Che	ck if Schedule O contains a response or note to any line in this Part VI					<b>✓</b>
Se	ction A. C	Governing Body and Management					
1a	Enter the r	number of voting members of the governing body at the end of the tax year	1a	14		Yes	No
	body, or if	e material differences in voting rights among members of the governing the governing body delegated broad authority to an executive committee or inmittee, explain in Schedule O					
b	Enter the r	number of voting members included in line 1a, above, who are independent	1b	14			
2		icer, director, trustee, or key employee have a family relationship or a business ector, trustee, or key employee?	s rela	tionship with any other	2		No
3		panization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other pe			3		No
4	Did the org	ganization make any significant changes to its governing documents since the p	rior F	orm 990 was filed?	4		No
5	Did the ord	ganization become aware during the year of a significant diversion of the organi	Izatio	n's assets?	5		No
6		panization have members or stockholders?			6		No
7a		, ganization have members, stockholders, or other persons who had the power to	elec	t or appoint one or more			
		of the governing body?			7a		No
	persons ot	vernance decisions of the organization reserved to (or subject to approval by) her than the governing body?			<b>7</b> b		No
8	Did the org the followi	ganization contemporaneously document the meetings held or written actions u ng	ndert	aken during the year by			
	The govern	- ,			8a	Yes	
		nittee with authority to act on behalf of the governing body?	•		8b	Yes	
9	organizatio	ny officer, director, trustee, or key employee listed in Part VII, Section A, who com's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se	ction B. F	Policies (This Section B requests information about policies not requir	rea b	y the Internal Revenue	e Coae	?.) Yes	No
10a	Did the ord	ganization have local chapters, branches, or affiliates?			10a	Yes	110
	If "Yes," di	d the organization have written policies and procedures governing the activities nes to ensure their operations are consistent with the organization's exempt pui			10b	Yes	
11a		ganization provided a complete copy of this Form 990 to all members of its gov	•		11a	Yes	
b	Describe in	Schedule O the process, if any, used by the organization to review this Form S	990				
12a	Did the org	ganization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were office conflicts?	ers, directors, or trustees, and key employees required to disclose annually inte	rests	that could give rise to	12b	Yes	
С		ganization regularly and consistently monitor and enforce compliance with the polynomials done	oolicy	? If "Yes," describe in	12c	Yes	
13	Did the org	ganization have a written whistleblower policy?			13	Yes	
14	Did the org	ganization have a written document retention and destruction policy?			14	Yes	
15		ocess for determining compensation of the following persons include a review all omparability data, and contemporaneous substantiation of the deliberation and					
	-	zation's CEO, Executive Director, or top management official			15a	Yes	
b		ers or key employees of the organization	•		15b	Yes	
		line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxable en	ganization invest in, contribute assets to, or participate in a joint venture or similarly during the year?			16a		No
b	ın joint ver	d the organization follow a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and take steps to safegua I respect to such arrangements?			16b		
Se	ction C. F	Disclosure					
17		ates with which a copy of this Form 990 is required to be filed▶					
18	Section 61	MN , WI		990-T (501(c)(3)s only)			
		or public inspection. Indicate how you made these available. Check all that appl	•	٥)			
19		vebsite $\;\;\sqcup\;\;$ Another's website $\;\;\boxtimes\;\;$ Upon request $\;\;\sqcup\;\;$ Other (explain in Sch in Schedule O whether (and if so, how) the organization made its governing doci		•			
		financial statements available to the public during the tax year	ai i i Ci l	ico, commet or interest			
20		name, address, and telephone number of the person who possesses the organiz FOSCHI 222 E SUPERIOR ST SUITE 302 DULUTH, MN 55802 (218) 726-0232	ation	's books and records			

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- 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											
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t cho unle: ficer	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) ROBIN WASHINGTON TRUSTEE	1 00	×						0	0	0	
(2) MARLENE DAVID TRUSTEE	1 00	х						0	0	0	
(3) NELS OJARD TRUSTEE	1 00	х						0	0	0	
(4) DANIEL LEW TRUSTEE	1 00	Х						0	0	0	
(5) RENEE WACHTER TRUSTEE	1 00	х						0	0	0	
(6) branden h robinson truSTEE	1 00	х						0	0	0	
(7) ANTHONY C YUNG TRUSTEE	1 00	х						0	0	0	
(8) MELANIE GOLDISH truSTEE	1 00	x						0	0	0	
(9) SCOTT LYONS TRUSTEE	1 00	x						0	0	0	
(10) JAMES ZASTROW CHAIR	1 00	х		х				0	0	0	
(11) BETHANY OWEN VICE CHAIR	1 00	х		х				0	0	0	
(12) CLAUDIA SCOTT WELTY PAST chair	1 00	×		x				0	0	0	
(13) DAVID MONTGOMERY TREASURER	1 00	х		х				0	0	0	
(14) DAVID KROPID SECRETARY	1 00	х		х				0	0	0	
(15) HOLLY SAMPSON PRESIDENT	40 00			х				151,489	0	15,738	

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(D)** Reportable (F) (A) (B) (C) (E) Name and Title Average Position (do not check more Reportable Estimated

hours per week (list any hours	ek (list is both an officer and a from the y hours director/trustee) organization (W					organization (W-	compensation from related organizations (W-	amount of other compensation from the	
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b 9	1b Sub-Total										
c T	c Total from continuation sheets to Part VII, Section A										
d <u>1</u>	d Total (add lines 1b and 1c)										
2	Total number of individuals (including of reportable compensation from the			e list	ed al	oove	e) who	rece	eived more than	\$100,000	

15,738 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

3

	line la/ If "Yes," complete Schedule J for such Individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	maiviauai	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

S	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							
	(A) Name and business address	(B) Description of services	(C) Compensation					

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 ▶ 0 Form 990 (2016)

	Statement of Bourney						Page <b>9</b>
Part \	Statement of Revenue Check if Schedule O contains			line in this Deut VIII			
	Check if Schedule O contains	a respo	inse of flote to any	(A) Total revenue	( <b>B</b> ) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
ats nts	<b>b</b> Membership dues	1b					
rar ou	'	$\vdash$					
ž.G Am	c Fundraising events	1c					
iii.	d Related organizations  e Government grants (contributions)	1d					
s, C		1e					
iğ iz	f All other contributions, gifts, grants, and similar amounts not included	1f	2,478,625				
Contributions, Giffs, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$						
Cont and	h Total.Add lines 1a-1f		<u> </u>	2 470 625			
- 1	II Totalii Nad iiiles Ta II I I I		Business	2,478,625 s Code			
ğ	2a						
Program Service Revenue	h —	_					
3	b ————————————————————————————————————						
Ę.	d ————						
ε	e ————						
gra	<b>f</b> All other program service revenue	<b>=</b>					
Ĕ.	<b>9Total.</b> Add lines 2a-2f	. 1	•				
-	3 Investment income (including divid		nterest, and other	4 252 270			4 252 070
	similar amounts)		•	<u> </u>			1,253,078
	<b>4</b> Income from investment of tax-ex <b>5</b> Royalties			\			
	(ı) Rea		(II) Personal	1			
	6a Gross rents		(ii) i cibbila	1			
	I Loss worth owners			_			
	<b>b</b> Less rental expenses						
	c Rental income or (loss)			1			
				_{_{1}}			
	Net rental income or (loss) .  (i) Securi		(II) Other				
	7a Gross amount	ities	(II) Other	-			
	assets other	429,444					
	than inventory						
	<b>b</b> Less cost or other basis and 45,	942,532					
	sales expenses	513,088		4			
	c Gain or (loss) -3, d Net gain or (loss)			_ <u> </u>  -3,513,088			-3,513,088
	<b>8a</b> Gross income from fundraising ev		<u> </u>	1			-,,
할	(not including \$	of					
₹	contributions reported on line 1c) See Part IV, line 18						
Rev	<b>b</b> Less direct expenses	ь		1			
er	c Net income or (loss) from fundrai	sing eve	ents				
Other Revenue	9a Gross income from gaming activit	ies					
	See Part IV, line 19	a					
	<b>b</b> Less direct expenses	ь		-			
	c Net income or (loss) from gaming	ı actıvıtı	es <b>&gt;</b>				
	10aGross sales of inventory, less						
	returns and allowances	a					
	<b>b</b> Less cost of goods sold	b		-			
	c Net income or (loss) from sales o	۱ f invent	orv •	_			
•	Miscellaneous Revenue		Business Code				
İ	11a <sub>MISCELLANEOUS</sub>		90009	9 5,575			5,575
	b						
	с						
	d All other revenue	<del></del>				1	
	e Total. Add lines 11a-11d		•	5,575			
	12 Total revenue. See Instructions			,		_	
				224,190	<u> </u>	0	0 -2,254,435 Form <b>990</b> (2016)

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

c PUBLIC EDUCATION MEETIN

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

**20** Interest . . .

23 Insurance .

a PRINTING

**b** EQUIPMENT

d MISCELLANEOUS

e All other expenses

15 Royalties .

16 Occupancy

**17** Travel .

14 Information technology

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,382,692	3,382,692		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	313,120	313,120		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	167,227	99,181	32,029	36,017
<b>6</b> 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	406,160	242,197	77,003	86,960
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,424	9,795	3,663	3,966
9 Other employee benefits	43,720	24,577	9,191	9,952
<b>10</b> Payroll taxes	39,280	23,624	7,311	8,345
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	371	311	41	19
c Accounting	20,011	16,772	2,187	1,052

135,781

55,749

25,893

21,077

35,866

3,439

7,114

9,158

5,715

52,601

51,292

41,785

21,576

10,354

4,867,405

135,781

46,723

23,413

15,452

20,857

2,932

6,359

4,984

3,289

50,225

35,748

40,324

21,026

6,392

4,525,774

6,094

1,293

2,168

6,960

236

230

2,039

1,185

7,121

596

269

1,896

161,512

2,932

1,187

3,457

8,049

271

525

2,135

1,241

2,376

8,423

865

281

2,066

180,119

Form 990 (2016)

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			2,009,964	2	12,430
	3	Pledges and grants receivable, net			1,494,719	3	427,927
	4	Accounts receivable, net		213	4		
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L			5		
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (part II of Schedule L		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		•		8	
Ø	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	212,467			
	b	Less accumulated depreciation	10b	207,402	14,223	<b>10</b> c	5,065

ete	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use	rsale or use					
⋖	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	:	212,467			
	b	Less accumulated depreciation	10b		207,402	14,223	<b>10</b> c	
	11	Investments—publicly traded securities .				49,903,631	11	
	12	Investments—other securities See Part IV, line		8,561,425	12			
	13	Investments—program-related See Part IV, line	11 .				13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				42,799	15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)		62,026,974	16	

18

19

21

23

24

26

27

28

29

31

32

33 34

Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here  $\blacktriangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Tua	basis Complete Part VI of Schedule D	10a	212,467			
Ь	Less accumulated depreciation	10b	207,402	14,223	10c	5,065
11	Investments—publicly traded securities .			49,903,631	11	58,101,433
12	Investments—other securities See Part IV, line	11 .		8,561,425	12	5,384,156
13	Investments—program-related See Part IV, line	e 11 .			13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			42,799	15	42,799
16	Total assets. Add lines 1 through 15 (must equ	ial line	34)	62,026,974	16	63,973,810
17	Accounts payable and accrued expenses			368,074	17	1,190,336

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

1.492.759

2,683,095

6,690,997

46,558,627

8.041.091

61,290,715

63.973.810 Form **990** (2016)

1.472.088

1,840,162

10.264,732

41,899,805

8.022.275

60,186,812

62.026.974

3a

3b

Nο

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Form 990 (2016)

Software ID:

Software Version: **EIN:** 41-1429402

Name: DULUTH SUPERIOR AREA COMMUNITY FOUNDATION

efile	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493186009127
SCI	HED	ULE A	Public	Charity Statu	s and Pub	olic Sunn	ort	OMB No 1545-0047
(For	m 990			rganization is a sect	ion 501(c)(3) d	organization o		2016
990E	ZZ)			4947(a)(1) nonexe  ► Attach to Form 9				
		the Treasury	► Information abou	ut Schedule A (Form			uctions is at	Open to Public Inspection
Nam	e of th	ue Service ne organiza	tion	www.ms.g	<u> </u>		Employer identific	<u> </u>
	DATION	ERIOR AREA CO	JI TUIDINI I				41-1429402	
	rt I		for Public Charity Stat a private foundation because				See instructions.	_
1 1			onvention of churches, or as	•	•	,	(A)(i)	
2		•	escribed in section 170(b)(				(4)(1).	
3			or a cooperative hospital ser		,		'iii'\	
4		•	esearch organization operat	-				ntor the beenital's
•	Ш		and state	ed in conjunction with	a nospital descri	bed in <b>Section</b>	170(D)(1)(A)(III). E	mter the hospital's
5			ation operated for the benefi (iv). (Complete Part II )	it of a college or univer	rsity owned or op	perated by a gov	vernmental unit descri	bed in <b>section 170</b>
6			tate, or local government or	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(	4)(v).	
7	<b>✓</b>		ation that normally receives <b>'0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental (	unit or from the gener	al public described in
8		A communi	ty trust described in <b>sectio</b> i	n 170(b)(1)(A)(vi)	(Complete Part I	I )		
9			ural research organization de rant college of agriculture S					ege or university or a
10		from activit	ation that normally receives ties related to its exempt fur income and unrelated busing See section 509(a)(2).	nctions—subject to cert ness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11	П	•	ation organized and operate	•	r public safety S	ee section 509	)(a)(4).	
12		more public	ation organized and operater by supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a	
а		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its si	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in ation vested in the sam				
С		Type III f	unctionally integrated. A programmer of the prog	supporting organization				ted with, its
d		functionally	on-functionally integrated integrated The organization You must complete Pair	n generally must satis	fy a distribution i			
e		Check this	box if the organization recei	ved a written determir	ation from the II	RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		or Type III non-functionally of supported organizations	integrated supporting	organization			
g			ring information about the si	upported organization(	s)		_	
(i)N		f supported o		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
Tota		usuk Di I	tion Act Notice, see the I		Cat No 11285	-	 Schedule A (Form 9	00 000 FT\ 0015

	securities loans, rents, royalties and	941,043	804,344	1,434,641	986,189		1,253,078	5,419,29
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
0	Other income Do not include gain							
	or loss from the sale of capital						5,575	5,57
	assets (Explain in Part VI )						<del></del>	
1	<b>Total support.</b> Add lines 7 through 10							21,512,27
2	${\it Gross \ receipts \ from \ related \ activities},$	etc (see instruction	ons)			12		
3	First five years. If the Form 990 is fo	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501(	c)(3) orga	anızatıon,
	check this box and <b>stop here</b>						▶□	
S	ection C. Computation of Public	c Support Perc	entage					
4	Public support percentage for 2016 (lii	ne 6, column (f) dı	vided by line 11, o	olumn (f))		14		59 250 9
5	Public support percentage for 2015 Sc	hedule A, Part II, l	line 14			15		59 670 9

) % ▶ 🗸 and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 ▶□ organization h 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	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 VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lir			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

ightharpoons

ightharpoons

Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes." describe in <b>Part VI</b> when and how the organization made the			

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c)					
	below	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination					
С	Old the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below		
		4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	supervised by or in connection with its supported organizations		

	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	thecked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1	-	<u> </u>
2	Management of the grant production of the state of the st			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

Excess distributions carryover to 2017. Add lines

31 and 4c

Breakdown of line 7

**b** Excess from 2013. . . . .



**SCHEDULE D** 

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

DLN: 93493186009127 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** 

	INDATION		41-1429402
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund d "Yes" on Form 990, Part IV, line 6.	is or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year	32	
2	Aggregate value of contributions to (during year)	55,883	
3	Aggregate value of grants from (during year)	337,657	
ŀ	Aggregate value at end of year	7,581,071	
•	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advised  Yes No
•	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		can be
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on F	Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	$\square$ Preservation of land for public use (e g , rec	reation or education) $\qed$ Preservation o	f an historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	neld a qualified conservation contribution in the	e form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
c	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and not on a historic	2d
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or terminated	by the organization during the
ı	Number of states where property subject to conse	ervation easement is located ►	_
5	Does the organization have a written policy regard and enforcement of the conservation easements if	ding the periodic monitoring, inspection, handl t holds?	ing of violations,  Yes No
,	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of violations, and enforcing	ng conservation easements during the year
,	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and enforcing cor	nservation easements during the year
3	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
)	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financial s	•
aı	<b>Organizations Maintaining Collect</b> Complete if the organization answere	tions of Art, Historical Treasures, or ( d "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
.a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	eld for public exhibition, education, or research	in furtherance of public service,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to report in its revenue sta or public exhibition, education, or research in fi	atement and balance sheet works of art, urtherance of public service, provide the
(	i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(	i)Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, I following amounts required to be reported under:		financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b></b>
	Panarwark Padustian Act Notice, see the Instr	ustions for Form 000	No. 52282D Schodulo D (Form 990) 2016

Page 2

3	Using the organization's acquisition, accession items (check all that apply)	n, and other records,	check a	ny of the	following	that are a	significant i	use of its co	lection	
а	Public exhibition		d	☐ Lo	an or exch	ange prog	rams			
b	Scholarly research		e	_	:her	5 , 5				
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and evoluin l	how the	v further	the organi	zation's ev	empt nurno	ice in		
•	Part XIII	icedono una explain i	11011 1110	, raitifier	the organi	Lation's CX	empe parpo	JC III		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						lar	☐ Yes	□ N	0
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990,	Part IV	, line 9, o	r reporte	d an amou	ınt on Forr	n 990,	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other Intermed	lary for	contribut	ions or oth	er assets r	ot	Yes	□ N	o
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table			А	mount		_
c	Beginning balance					1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo	rm 990. Part X. line	21. for e	scrow or	custodial a	account lia	bility?	☐ Yes		_
	-	, ,	•				,		U N	0
ь	If "Yes," explain the arrangement in Part XIII									
Pa	<b>Endowment Funds.</b> Complete if									II-
1 2	Beginning of year balance	(a)Current year 58,179,725		or year 58,719,77	_	ears back 56,195,911	(d)Three yea	000,896	Four yea 46	465,885
	Contributions	1,942,376		3,794,21		2,507,058	·	530,742		189,792
	Net investment earnings, gains, and losses	3,464,063		-1,627,59		2,622,683		222,912		465,854
	Grants or scholarships	2,055,761		1,715,63		1,604,113	·	633,466		245,584
	Other expenditures for facilities	2,033,701		1,715,00		1,004,113	-,	033,400		243,304
٠	and programs									
f	Administrative expenses	938,699		991,03	7	1,001,761		925,173		875,051
g	End of year balance	60,591,704		58,179,72	5	58,719,778	56,	195,911	51,	000,896
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a	. column	(a)) held a	1 as		<u> </u>		
а		11 770 %	(	,	(,,					
b	Permanent endowment ► 6 650 %									
c	Temporarily restricted endowment ▶ 81 5	580 %								
·	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	sion of the organizat	on that	are held	and admin	istered for	the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		No
ь	(ii) related organizations	selected as required a	n Scher	lule P2				3a(ii) 3b	+	No
4	Describe in Part XIII the intended uses of the	•						30		
	rt VI Land, Buildings, and Equipmer	-								
	Complete if the organization answ		n 990,	Part IV,	line 11a.	See Forn	n 990, Par	t X, line 1	J.	
	Description of property (a) Cost or oth (investme		or other b	oasis (othe	r) <b>(c)</b> Acc	umulated de	epreciation	( <b>d)</b> B	iook valu	9
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment			212,4	67		207,402			5,065
	Other			<u> </u>						
	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part 2	X, colum	nn (B), lu	ne 10(c) )	1	•			5,065
		*								<del></del>

Part VII	Investments—Other Securities. Complete if the	ne org	ganization ansv	wered 'Yes' on	Form 990, Par	t IV, line 11b.	5
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(	<b>b)</b> Book value		(c)Method of vortices or end-of-year		
	derivatives						
	ATIVE INVESTMENTS		5,384,156		F		
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related. Complete if		5,384,156 rganization an		n Form 990, Pa	art IV, line 11c.	
	See Form 990, Part X, line 13.  (a) Description of investment		(b) Book value		(c) Method of v		
	(a) Description of investment		(b) Book value		or end-of-year		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) ————							
Part IX	n (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organization answered	l 'Yes'		art IV, line 11d S	See Form 990, P	art X, line 15	
(1)	(a) Description					(b) Book valu	ue
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Form 990, Part X, col (B) line 15 )						
Part X	Other Liabilities. Complete if the organization a	nswe		orm 990, Part I	► V, line 11e or		
1.	See Form 990, Part X, line 25.  (a) Description of liability		(b) E	Book value			
(1) Federal II	ncome taxes						
HELD IN TRU	JST FOR OTHERS			239,364			
MANAGED FO	OR OTHERS			1,253,395			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col (B) line 25 )	E FL .	<b>&gt;</b>	1,492,759	1	- <u> </u>	
	or uncertain tax positions In Part XIII, provide the text o 's liability for uncertain tax positions under FIN 48 (ASC 7						<b>✓</b>

Donated services and use of facilities . 2b 12,061 b 2c 16,243 c Recoveries of prior year grants . . .

Other (Describe in Part XIII ) . 2d d е Add lines 2a through 2d . . . . 2e 3 Subtract line 2e from line 1 . 3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Other (Describe in Part XIII ) . . . . . . b

Add lines 4a and 4b . . . c

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Schedule D (Form 990) 2016

Part XI

5

1

2

а b

d

e 3

а

b

c

Part XIII

5

4

Part XII

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b

2a

2b 2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

12,061

4c

2e

3

4c

5

Page 4

5,983,369

5,759,179

224,190

224,190

4,879,466

12,061

4.867.405

4,867,405

Schedule D (Form 990) 2015

Page <b>5</b>		Schedule D (Form 990) 2015			
	tal Information <i>(continued)</i>	Part XIII Supplemental Info			
xplanation		Return Reference			

Schedule D (Form 990) 2016

# **Additional Data**

Software Version: **EIN:** 41-1429402 Name: DULUTH SUPERIOR AREA COMMUNITY

**Supplemental Information** 

Return Reference

FOUNDATION

Explanation

The intended uses for all endowed funds are strictly as set by the Fund Agreement of each Fund

Software ID:

Supplemental Information	
Return Reference	Explanation
	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 2016 through 2013 tax ye ars are open for examination by the Internal Revenue Service

Part IV, line and to Form 990. It is outside the standard to t	region (by type) (e g , fundraising, program services, investments, grants	prov.irs.gov/form990.  Employer identification and the criteria used to see of its grants and the criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria used to see of its grants and other criteria.	☐ Yes ☐ No ther assistance
Part IV, line ach to Form 990. In the Form 990	e 14b, 15, or 16. See separate instructions. and its instructions is at win  United States. Comple  substantiate the amount istance, and the selection  edures for monitoring the licated if additional space is  (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants	ete if the organization and criteria used  see of its grants and criteria used  (e) If activity listed in (d) is program service, describe specific type of	Open to Public Inspection  Inspection  Intification number  Inswered "Yes" to  Inswered "Yes" to  Inswered "Yes" to  Inswered "Yes" to
anization's procestable can be dupl  (c) Number of employees, agents and independent contractors in	united States. Comples substantiate the amount istance, and the selection edures for monitoring the licated if additional space is (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants	ete if the organization at a criteria used  so needed )  (e) If activity listed in (d) is program service, describe specific type of	Inspection Intification number  answered "Yes" to  Yes Nother assistance  (f) Total expenditures for and investments
table can be dupl  (c) Number of employees, agents and independent contractors in	substantiate the amount istance, and the selection edures for monitoring the licated if additional space is  (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants	of its grants and criteria used  seeded )  (e) If activity listed in (d) is program service, describe specific type of	answered "Yes" to  Yes No ther assistance  (f) Total expenditures for and investments
table can be dupl  (c) Number of employees, agents and independent contractors in	substantiate the amount istance, and the selection edures for monitoring the licated if additional space is  (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants	of its grants and it criteria used  use of its grants and	Yes No ther assistance  a (f) Total expenditures for and investments
table can be dupl  (c) Number of employees, agents and independent contractors in	edures for monitoring the licated if additional space is  (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants	e use of its grants and of s needed )  (e) If activity listed in (d) is program service, describe specific type of	a (f) Total expenditures for and investments
(c) Number of employees, agents and independent contractors in	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants	(e) If activity listed in (d) is program service, describe specific type of	a <b>(f)</b> Total expenditures for and investments
(c) Number of employees, agents and independent contractors in	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants	(e) If activity listed in (d) is a program service, describe specific type of	for and investments
employees, agents and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants	program service, describe specific type of	for and investments
	to recipients located in the region)		
	investments		1,767,585
	investments		1,530,296
)	0		3,297,881 0 3,297,881
		0	0

Schedule F (Form 990) 2016

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3** 

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
( 2)					

(1)				
(2)				
(3)				

Schedule F (Form 990) 2016				
Par	t IV Foreign Forms			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)			
	Instructions for Forms 3320 and 3320-Ay	☐ Yes	<b>✓</b> No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)			
	Corporations (See Instructions for Form 5471)	<b>✓</b> Yes	□No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)			
		☐ Yes	<b>☑</b> No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐Yes	<b>✓</b> No	

### **Additional Data**

Software Version:

**EIN:** 41-1429402

Name: DULUTH SUPERIOR AREA COMMUNITY

FOUNDATION

## Schedule F (Form 990) 2016

Software ID:

Part V Supplemental Information Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493186009127 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number DULUTH SUPERIOR AREA COMMUNITY 41-1429402 FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 86 Schedule I (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P

Schedule I (Form 990) 2016						Page <b>2</b>		
Part IIII Grants and Other Ass Part III can be duplicat	sistance to De ited if additiona	omestic Individua al space is needed	als. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line 22			
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
(1) SCHOLARSHIPS		195	313,120					
(1)				<u> </u>				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental I	Information	1. Provide the info	ormation required in F	Part I, line 2, Part III	, column (b), and any other ac	dditional information.		
Return Reference	Explanation							
	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.							

Schedule I (Form 990) 2016

## **Additional Data**

(a) Name and address of

organization

Serving NW Wisconsin

3728 Spooner Avenue

Altoona, WI 54720

## **Software Version: EIN:** 41-1429402 Name: DULUTH SUPERIOR AREA COMMUNITY FOUNDATION Form 990, Schedule I, Part II, Grants and Other Assistance to D

(c) IRC section

if applicable

**(b)** EIN

Software ID:

Domestic Organiza	tions and Domesti	ic Governments.
(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,

lluation oraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		Performance Venue Equipment Upgrades, Renegade Theater Performance Company
		Program Support

2016 Natural Disaster

Immediate Response

Fund

or government				assistance	other)	
AH Zeppa Family Foundation 222 E Superior St Ste 326 Duluth, MN 55802	20-6424699	501(c)(3)	30,000			
American National Red Cross Serving Northern Minnesota 2524 Maple Grove Road Duluth, MN 55811	41-0711602	501(c)(3)	5,870			
American National Red Cross	41-0711602	501(c)(3)	5,000			

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

501(c)(3)

702 South Third Avenue

Virginia, MN 557922775

Bayfield, WI 548141401

Foundation Inc

PO Box 1401

Ashwabay Outdoor Educational

37-1431180

Animal Allies Humane Society 4006 Airport Road Duluth, MN 55811	41-0917362	501(c)(3)	5,038		Program Support
Arrowhead Economic Opportunity Agency	41-6052144	501(c)(3)	11,061		Community Offender Re-entry Program

6,895

(CORP), Assist

Program Support,

Outdoor Educational

Activities Coordinator

Individuals in Critical N

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Autism Society of Minnesota 41-1718029 501(c)(3) 6,760 AuSM Islands of

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Care Partners- Hospice

Program

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

2380 Wycliff Street Suite 102 St Paul, MN 55114					Brilliance, Duluth, AuSM Artist with the Duluth Art Institut
Bayfield Community Education Foundation Inc	39-1843162	501(c)(3)	5,104		Program Support

5,000

PO Box 921 Bayfield, WI 54814

PO Box 282

Care Partners of Cook County

Grand Marais, MN 55604

(a) Name and address of

**(b)** EIN

47-3747964

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

(q) Description of

(h) Purpose of grant

Chester Bowl Ski Safety

Duluth Area

Therapeutic Early

Programs at Steve

O'Neil Apartment

Childhood and Parenting

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

(c) IRC section

Club 1801 East Skyline Parkway Duluth, MN 55812		( // /	,		1	Tester, Purchase of Helmets
Children's Dental Services 636 Broadway Street NE	41-0857929	501(c)(3)	5,000		1	Expanding Low-Cost Dental Care in the

10.000

298,176

636 Broadway Street NE Minneapolis, MN 55413

(CHUM)

(a) Name and address of

Chester Bowl Improvement

Churches United in Ministry

102 West Second Street

Duluth, MN 558022017

**(b)** EIN

41-1410681

41-1227969

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Cloquet Educational Foundation 41-1543092 501(c)(3) 69,975 Program Support

501(C)(3)

Congregations Caring for

2104 Stevens Ave S Minneapolis, MN 55404

Creation

26-0735674

302 14th Street Cloquet, MN 55720					
Community Action Duluth 2424 W 5th St Ste 102 Duluth, MN 55806	41-1410670	501(c)(3)	136,000		JumpStart - Transportation Plus, The Family Freedom School

5,000

Initiative, Our K

Be the Spark

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

501(c)(3)

41-1453521

Shores
PO Box 161261
Duluth, MN 55816
Damiano of Duluth Inc

201

206 West Fourth Street Room

Duluth, MN 558061604

Council on Foundations PO Box 75661 Baltimore, MD 212755661	13-6068327	501(c)(3)	7,050		2016 Membership Dues
Cyclists of Gitchee Gummee Shores	37-1590122	501(c)(3)	5,000		Duluth Traverse Trail Maintenance

16,214

Program Support, Soup

Kitchen, Back to School

Clothing, Kids Caf.

Program S

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-1907687 501(C)(3) 20,000 Community Outreach Destination Duluth

(f) Method of valuation

(g) Description of

(h) Purpose of grant

and Equipment

Duluth, MN 558161442					Capacity Building
Duluth Children's Museum Inc 115 South 29th Ave West Duluth, MN 558061761	41-0718361	501(c)(3)	17,935		Gifts of Water, Program Support, Expanding Audiences

Duluth Children's Museum Inc 115 South 29th Ave West Duluth, MN 558061761	41-0718361	501(c)(3)	17,935		Gifts of Water, Program Support, Expanding Audiences
Duluth Heights Amateur	41-1458180	501(C)(3)	5,000		General Repairs of Rinks

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Hockey Association Inc

33 W Mulberry St Duluth, MN 55811 **(b)** EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 41-1696460 501(c)(3) 5,288 Duluth Library Foundation Program Support EDO Wast Company Ct

Duluth, MN 55802					
Duluth Lighthouse for the Blind 4505 West Superior Street	41-0706140	501(c)(3)	43,210		Program Support, Lighthouse Support

Sponsorship

Duluth, MN 5580/ Groups for Seniors Duluth Playhouse Inc 41-0694692 501(c)(3) 6,353 Program Support, Play

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

506 West Michigan Street

Duluth, MN 55802

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

501(C)(3)

Duluth Public Library 520 West Superior Street Duluth, MN 55802	41-6005105	170(c)(1)	5,539		Program Support
Duluth-Superior Area Educational TV Corporation - WDSE	41-1718449	501(c)(3)	18,882		Lost Superior Project Support Documentary Editing, Underwriting

20,000

2016. Native

Neighborhood

Leadership Nexus

WDSE 632 Niagara Court Duluth, MN 558113090

45-2746481

Ecolibrium3

2304 W Superior St

Duluth, MN 55806

organization or government If applicable grant cash assistance or assistance or assistance or assistance or assistance from the cash assistance or assistance or assistance or assistance from the cash assistance or assistance or assistance or assistance or assistance from the cash assistance or assistance or assistance or assistance or assistance or assistance from the cash assistance or assi

(f) Method of valuation

(a) Description of

(h) Purpose of grant

Touchstone 2016 Award - Inclusiveness. Heart

for the People, Program

Ifor Success

Support

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(c) IRC section

(a) Name and address of

Superior, WI 54880

4 West Fifth Street

Duluth, MN 55806

Center

First Witness Child Advocacy

(b) EIN

41-1737291

1089 10th Ave SE Minneapolis, MN 554141392	41-1356085	501(c)(3)	5,000		roster Child Care
Family Forum Inc 1507 Tower Avenue Suite 312	39-1354038	501(C)(3)	167,020		Strengthening & Supporting HS Parents

297,600

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Friends of the Apostle Islands 20-0079065 501(c)(3) 6,036 Program Support National Lakeshore

PO Box 1574 Bayfield, WI 54814					
Friends of the Finland Community PO Box 582 Finland, MN 55603	83-0494175	501(c)(3)	10,000		Volunteer Recognition/Volunteer Coordinator
Girl Scouts of Minnesota and	41-0877820	501(c)(3)	8 702		Program Support

8,702 301(0)(3) Wisconsin Lakes and Pines Council 400 Second Avenue South

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waite Park, MN 56387

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GND Development Alliance 46-5272750 501(C)(3) 10.000 Installation of Soccer 2631 West Superior Street Field Fence, GND Suite 2 Recreation Area Duluth, MN 55806 Community Garden 36-3507636 501(c)(3) 14.605 Community Building 3001 Woodland Ave Round Two Outdoor PavilionHartley Park

Hawk Ridge Bird

Program, Program

Professional Traineeship

Observatory

Suppor

Hartley Nature Center Duluth, MN 558031980 Stewardship Aw

10,375

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hawk Ridge Bird Observatory

Duluth, MN 55803

Inc PO Box 3006 76-0746366

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-0857077 501(c)(3) 88.502 Program Support, Head of the Lakes United Wav 424 West Superior Street Suite Building a New Website Configured for Mobile 402 Duluth, MN 55802 Use, United Wa

68.120

5,288

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

Program Support.

Visit Project

Parent-Teacher Home

Program Support, Stowe

Students Dressed and

Ready for School, Clothing for S

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

170(c)(1)

501(c)(3)

(c) IRC section

ISD#709 - Duluth Public Schools 215 North First Avenue East Duluth, MN 55802

Kids Closet of Duluth

Duluth, MN 55806

2308 West 3rd Street

(a) Name and address of

(b) EIN

41-6003776

20-1878745

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

501(c)(3)

39-1548887

Knife River Recreation Council PO Box 266 Knife River, MN 55609	36-3307682	501(C)(3)	7,000		•	Public Address System for Julebyen Festival
Lake County Developmental Achievement Center Inc	41-0973700	501(c)(3)	7,000		1	Creating a Formal DAC Volunteer Program

8,000

Steerage Song Co-

Plavhouse

Production with Duluth

Achievement Center Inc. 626 2nd Avnue

Two Harbors, MN 55616 Lake Superior Big Top

Washburn, WI 54891

Chautaugua

PO Box 455

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

501(c)(3)

501(c)(3)

41-6037915

41-0872993

Lincoln Park Business Group

2002 W Superior St Suite 8

Lutheran Social Service of

Duluth, MN 558062026

St Paul, MN 55108

Minnesota 2485 Como Avenue

Lake Superior Chamber Orchestra PO Box 434 Duluth, MN 55801	41-1609565	501(c)(3)	5,292			Program Support, Fiddler Gaelynn Lea Tressler with LSCO and QP, Gershwin's R
	I	1		1	I	1 4. /

19th Ave W & Superior

LSS Youth Host Home Program, Family

Resource Center, LSS

Street Outreach

St Corner Park

Rejuvenation

5,000

76,000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance or government other) assistance

501(c)(3)

Marshall School 1215 Rice Lake Road Duluth, MN 55811	41-0765672	501(c)(3)	8,259		Program Support, Next Horizon Campaign
Mayo Clinic 200 First Street SW	41-6011702	501(C)(3)	10,000		, Alzheimers Disease ResearchPediatrics -

180,250

Cancer, Center for Individual Medi

Program Support, Youth

Restorative Prevention

Programming Building

Inclusiv

200 First Street SW Rochester, MN 55905

Men as Peacemakers

123 W Superior St

Duluth, MN 55802

41-1841689

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Miller-Dwan Foundation 23-7396466 501(c)(3) 9,300 Program Support, Pediatric Burn Care, 502 East Second Street Duluth, MN 55805 Pediatric Cancer Care

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Suite 240

St Paul, MN 55114

**(b)** EIN

Minnesota Association for Volunteer Administration 1800 White Bear Ave North Maplewood, MN 55109	41-1463366	501(C)(3)	5,000		Volunteerism Infrastructure Building
Minnesota Land Trust 2356 University Avenue West	41-1713652	501(c)(3)	20,000		St Louis River Corridor Revitalization Project

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

Internship

2016

Terns

Monitoring Lake

Superior's Common

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

Minnesota Section SME

Duluth, MN 55805

Madison, WI 53701

of Wisconsin

PO Box 2317

Natural Resources Foundation

74-2338444

39-1572034

PO Box 582 Hibbing, MN 55746	7 1 2000 1 1 1	55=(5)(5)			Reimbursement
Myers-Wilkins Community School Collaborative 1027 North 8th Avenue East	41-2002724	501(c)(3)	100,500		Full Service Community School Expansion, Our Kids Annual Celebration

28.000

6,076

**(b)** EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Neighbors of Lower Chester 27-4679630 501(C)(3) 8,300 Lower Chester Park Park Improvements NOLCP

PO Box 3404 Duluth, MN 55803					I .	Community Use Project
North House Folk School PO Box 759	41-1878887	501(c)(3)	7,073			Program Support

Grand Marais, MN 55604

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

2001 Waverly Duluth, MN 55803

Northern Bible Society 41-0790153 501(c)(3) 8.900 Program Support

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (f) Method of valuation **(b)** EIN (c) IRC section (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) Northland Paddlers Alliance 47-5540742 501(C)(3) 5,000 Paddle Duluth -Community Paddling PO Box 3336 Duluth, MN 55803 Events Northwood Children's Services 41-0706108 501(c)(3) 13,409 Program Support 4000 W 9th St Duluth, MN 55807 One Roof Community Housing 41-1678328 501(c)(3) 10,100 Tenant Landlord 12 F 4th St

Duluth, MN 55806

Connection/Data

Support

Management, Program

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Piedmont Heights Hockey 41-1514687 501(c)(3) 5,000 Concession Stand

Association Inc 2302 W 23rd St Duluth, MN 55811					Renewal Renovation
Pilgrim Congregational Church 2310 East Fourth Street Duluth, MN 55812	41-0704218	501(c)(3)	13,927		Program Support

Rails Endowment for Academic 41-6003748 501(c)(3) 8,104 Program Support Art & Athletic Development Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

131 Ninth Avenue Proctor, MN 55810

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Range Respite Project 41-1726790 501(c)(3) 15.000 Support Services for 1309 20th Street South Family Caregivers, Caregiver Consulting Virginia, MN 55792 Services Ronald McDonald House of 41-1344744 501(c)(3) 6.000 Program and Lodging

Rochester MN Inc 850 2nd Street Southwest Rochester, MN 55902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Duluth, MN 558022015

Scottish Rite Foundation of 41-1420162 501(c)(3) 10,239 Updating Technology, Duluth Program Support 24 West Second Street

organization or government If applicable grant cash assistance or assist

(f) Method of valuation

(g) Description of

(h) Purpose of grant

African Heritage Cultural

Endowment Program

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

(a) Name and address of

102

Duluth, MN 55805
Superior African Heritage

Community

PO Box 1913 Superior, WI 54880 (b) EIN

47-4013991

205 West Second Street Suite 101 Duluth, MN 55805	41-14491/9	301(0)(3)	179,400		Duluth, SOAR Business Plan
St Luke's Foundation 1000 East First Street Suite	41-1448118	501(c)(3)	11,006		Program Support

8,500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(c)(3) 16.250 Neighborhood Youth The Hills Youth and Family 41-0693848 Services Services, Program 4321 Allendale Avenue Support Duluth, MN 55803 The Northspan Group Inc 36-3386158 501(c)(3) 83.000 NORTHFORCE Matching Funds 2016-2017, NORTHFORCE 2016 for Young Adults, NORTH

Assist Individuals in

Support, Dunkin' In

Duluth

Critical Need, Program

16,896

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

41-0698597

221 West First Street Duluth, MN 55802

The Salvation Army - Duluth

Duluth, MN 55806

215 South 27th Avenue West

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance The Salvation Army - Superior 36-2167910 501(c)(3) 5,000 Assist Individuals in

501(c)(3)

59-0774204

916 Hughitt Avenue Superior, WI 54880					Critical Need
The Salvation Army - Wisconsin and Upper Michigan	36-2167910	501(C)(3)	5,000		Ashland Bayfield Flood

5,500

Program Support

The Salvation Army -Wisconsin and Upper Michigan 20 East Douglas Street Rice Lake, WI 54868 Trinity-by-the-Cove Episcopal

Church

553 Galleon Drive Naples, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Twin City Christian Homes Inc 41-1538892 501(C)(3) 8.000 Avinity Dementia 7645 Lyndale Ave S Suite 110 Outreach 41-6007513 501(c)(3) 5,870 Program Support

Minneapolis, MN 554234029 U of MN Duluth - Excellence Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

500 E 10th Street Duluth, MN 55805

10 University Drive Duluth, MN 55812

UDAC Inc 41-0856115 501(c)(3) 11.736 Program Support

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) University of Minnesota 41-6042488 501(C)(3) 20,822 UMD Engineering

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Theatre Project, Botany

Blitz in the Bois Brule

River, S

Foundation 200 Oak Street SE Suite 500 Minneapolis, MN 55455					Scholarships (\$1,200 to Electrical Fund #6686), (\$1,200 to M
University of New Hampshire- Carsey School of Public Policy	02-6000937	501(C)(3)	13,995		Research on Youth Opportunity

51 College Rd Durham, NH 03824 University of Wisconsin -39-6088707 501(C)(3) 10,000 UW-Superior Touring

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Superior Foundation

Superior, WI 54880

PO Box 2000

(b) EIN

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Revitalization Manager

Pathways to Outdoor

Youth

Employment for Bayfield

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(c) IRC section

West Wisconsin Land Trust Inc 500 E Main Street Suite 307 Menomonie, WI 54751	39-1618389	501(c)(3)	40,418		Program Support, Migratory Bird Habitat Conservation
Western Lake Superior Habitat for Humanity	41-1631246	501(c)(3)	20,000		Construction & Neighborhood

5.000

for Humanity 2002 W Superior St Ste 9

Duluth, MN 558062026 Wilderness Inquiry

Minneapolis, MN 55414

808 14th Avenue SE

(a) Name and address of

(b) EIN

93-0708637

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance YMCA of Duluth 41-0693931 501(c)(3) 172 400 Program Support

501(c)(3)

302 West First Street Duluth, MN 55802	41 0055551	301(0)(3)	172,400		Outdoor Collaborative Nature Backpacks and Events, Outdoor
YWCA of Duluth 32 East 1st Street Suite 202	41-0696493	501(c)(3)	15,097		Program Support, Kıds Corner

Monitoring Water Impacts in the Bay

Region

6,097

YWCA of Duluth
32 East 1st Street Suite 2
Duluth, MN 558023032

BAD RIVER WATERSHED
ASSOCIATION

ASHLAND, WI 54806

PO BOX 875

04-3740575

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 16.413 TWO HARBORS AREA FOOD 47-1321541 Food Donation

Coordinator, Expansion

of Health in a Bag Food

Shelf Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SHELF PO BOX 601

TWO Harbors, MN 55616

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493186009127 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization DULUTH SUPERIOR AREA COMMUNITY FOUNDATION 41-1429402 Part I Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study  $\square$ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a No 4b No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c Participate in, or receive payment from, an equity-based compensation arrangement? No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of No The organization? 5a 5b No Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a No Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (A) Name and Title (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column(B) reported as other deferred (B)(i)-(D)benefits (ii) (iii) (i) compensation deferred on prior Form Bonus & incentive Other reportable Base compensation 990 compensation compensation 1 HOLLY SAMPSON 151,489 (i) 0 0 167,227 0 6.829 8.909 PRESIDENT 0 0 (ii) 0 0 0 0 Ω See Additional Data Table

Schedule J (Form 990) 2016 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2016

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -			DLN: 934	19318	6009	127
	EDULE M			loncash Contri	hutions		ОМ	B No 1	.545-0	047
(For	(Form 990) ►Complete if the		organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.					2016		
		► Attach to Form								
•	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> :			pen to Inspe	ection	
	e of the organizat TH SUPERIOR AREA					Employe	r identifica	tion n	umbei	•
	DATION	351111011211				41-14294	02			
Pa	rt I Types	of Property				_				
			(a) Check ıf applıcable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(c Method of c cash contrib	etermı		:s
1 2	Art—Works of art Art—Historical tre									
3	Art—Fractional in									
4	Books and public	ations								
5	Clothing and hou									
6	goods Cars and other v									
7	Boats and planes									
8	Intellectual prope									
9	Securities—Publi	•	Х	14	261,88	7 fmv				
10	Securities—Close	ely held stock .								
11	Securities—Partr									
12	or trust interest Securities—Misce									
13	Qualified conserv	vation								
	structures .									
14	Qualified conserve contribution—Of									
15	Real estate—Res	idential .								
16	Real estate—Cor	mmercial								
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory									
20 21	Drugs and medic	ai supplies .								
	1 Taxidermy									
23	Scientific specim									
24	Archeological art									
25	Other ▶ (	,								
26	Other ▶ (	,								
27	Other ► (	•								
28	Other ► (	•	ho organiza	tion during the tax year for	contributions					
29				B, Part IV, Donee Acknowled		29				
			•						Yes	No
30a	- ,			y contribution any property r	•					
	it must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be used				
	for exempt purp	ooses for the entire h	olding peri	od?				30a		No
b	If "Yes," describ	e the arrangement i	n Part II							
31	Does the organi	zation have a gift ac	ceptance po	olicy that requires the reviev	v of any non-standard cont	ributions?		31	Yes	
32a	Does the organi contributions?		ırd partıes o	or related organizations to so	olicit, process, or sell nonce	ish		32a		No
ь	If "Yes," describ	e in Part II								,.
	•		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked	,			
	describe in Part	•			, ,					
For D	anamuank Dadwatis	on Act Notice see the	Instruction	os for Form 000	Cat No. 512271		Schedule I	4 /Eaum	000)	2016\

chedule M (Form 99	90) (2016)	Page 2				
Part III Su	pplemental Info	rmation.				
Pro	Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Par					
I, c	I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete					
this	s part for any add	itional information.				
Return R	leference	Explanation				
		Schedule M (Form 990) (2016)				

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493186009127		
SCHEDUL (Form 990 or EZ)	r <b>990-</b> Freasury	Supplemental Information to Form 996 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional inf  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and in www.irs.gov/form990.	ic questions on formation.	2016 Open to Public Inspection		
Name of the ord DULUTH SUPERIOR FOUNDATION 990 Schedul	R AREA COM	MUNITY plemental Information	Employer ide 41-1429402	ntification number		
Return Reference		Explanation				
Form 990, Part VI, Section B, line 11b	prepared by Independent Auditors as a result of their audit, reviewed by DSACF President, Financial Officer, DSACF Audit Committee then by full DSACF Board					

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c
Ing a conflict spolicy and questionnaire sent out to all Board of trustees (bot) members and DSA
CF staff monitors bot responses Also in May when new BOT members term begins the same policy and questionnaire is sent out and DSACF Staff monitors. At every BOT and committee meet ing 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 member swith conflicts are asked to leave the room during any discussion and voting.

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inc. 15

Return Explanation

Form 990,
Part VI,
Section C,
Inne 18

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Refunds of prior year grants 16,243

Part XI, line

Return Explanation

Reference	
	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED
PART XII,	FROM THE PRIOR YEAR
LINE 2C	