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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
222 E SUPERIOR ST NO 302

City or town, state or province, country, and ZIP or foreign postal code
DULUTH, MN 55802

D Employer identification number
41-1429402

E Telephone number
(218) 726-0232

G Gross receipts $ 18,183,970

F Name and address of principal officer
HOLLY C SAMPSON
222 E SUPERIOR ST NO 302
DULUTH, MN 55802

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DSACOMMUNITYFOUNDATION COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE DULUTH SUPERIOR AREA COMMUNITY FOUNDATION PROMOTES PRIVATE GIVING FOR THE PUBLIC GOOD

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	240
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,962,773	5,333,906
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,101,907	2,697,312
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,108	2,500
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,073,788	8,033,718
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,256,207	2,377,422
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	771,181	823,531
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶155,933		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	662,787	640,065
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,690,175	3,841,018
19	Revenue less expenses Subtract line 18 from line 12	1,383,613	4,192,700

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	72,250,518	69,292,781
21	Total liabilities (Part X, line 26)	871,714	5,118,544
22	Net assets or fund balances Subtract line 21 from line 20	71,378,804	64,174,237

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2019-10-23
Signature of officer Date

HOLLY C SAMPSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-10-23		P01275603

Firm's name ▶ WIPFLI LLP — Firm's EIN ▶ 39-0758449

Firm's address ▶ 1502 LONDON ROAD SUITE 200
DULUTH, MN 55812 — Phone no (218) 722-4705

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part 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? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 3,175,666 including grants of $ 2,377,422) (Revenue $ 0)
See Additional Data

4b (Code) (Expenses $ 276,109 including grants of $ 0) (Revenue $ 0)
See Additional Data

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 ▶ 3,451,775

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	8		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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	**2a**	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	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
c	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).**				
a	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**	
c	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	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
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?			**8**	No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MN , WI

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MICHELE M WALLERSTEIN 222 E SUPERIOR ST NO 302 DULUTH, MN 55802 (218) 726-0232

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE BLANK TRUSTEE	1 00	X						0	0	0
(2) BRENDA BRANNAN TRUSTEE	1 00	X						0	0	0
(3) MELANIE GOLDISH TRUSTEE (THRU APRIL)	1 00	X						0	0	0
(4) DANIEL LEW TRUSTEE	1 00	X						0	0	0
(5) SCOTT LYONS TRUSTEE (THRU APRIL)	1 00	X						0	0	0
(6) WENDY MEIERHOFF-ALDRICH TRUSTEE	1 00	X						0	0	0
(7) NELS OJARD TRUSTEE	1 00	X						0	0	0
(8) BRANDEN H ROBINSON TRUSTEE	1 00	X						0	0	0
(9) RENEE WACHTER TRUSTEE (THRU APRIL)	1 00	X						0	0	0
(10) ROBIN WASHINGTON TRUSTEE	1 00	X						0	0	0
(11) ANTHONY C YUNG TRUSTEE	1 00	X						0	0	0
(12) DAVID KROPID CHAIR	1 00	X		X				0	0	0
(13) JAMES ZASTROW CHAIR (THRU APRIL)	1 00	X		X				0	0	0
(14) BETHANY OWEN SECRETARY, VICE CHAIR	1 00	X		X				0	0	0
(15) DAVID MONTGOMERY TREASURER	1 00	X		X				0	0	0
(16) TERESA O'TOOLE SECRETARY	1 00	X		X				0	0	0
(17) HOLLY SAMPSON PRESIDENT	40 00			X				160,222	0	26,069

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII**, Section A** . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								160,222	0	26,069

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *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*	**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

Section 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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,333,906			
	g Noncash contributions included in lines 1a - 1f $ 340,310				
	h **Total.** Add lines 1a-1f . . . . . ▶	5,333,906			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,931,249			1,931,249
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	10,916,315			
	b Less cost or other basis and sales expenses	10,150,252			
	c Gain or (loss)	766,063			
	d Net gain or (loss) . . . . . ▶	766,063			766,063
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue		2,500		2,500
	e **Total.** Add lines 11a–11d . . . . . ▶		2,500		
	12 Total revenue. See Instructions . . . . . ▶		8,033,718	0	0 2,699,812

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,871,922	1,871,922		
2 Grants and other assistance to domestic individuals See Part IV, line 22	505,500	505,500		
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				
5 Compensation of current officers, directors, trustees, and key employees	186,291	115,398	41,803	29,090
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	503,091	311,754	112,858	78,479
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,011	13,604	4,948	3,459
9 Other employee benefits	65,179	40,285	14,651	10,243
10 Payroll taxes	46,959	28,579	11,153	7,227
11 Fees for services (non-employees)				
a Management				
b Legal	3,679	3,428	204	47
c Accounting	17,725	16,520	981	224
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	43,174	43,174		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	275,951	257,185	15,277	3,489
12 Advertising and promotion	13,688	13,688		
13 Office expenses	19,831	15,106	2,017	2,708
14 Information technology	5,683	3,765	1,137	781
15 Royalties . .				
16 Occupancy	36,794	23,971	7,638	5,185
17 Travel	6,560	6,098	353	109
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	9,671	8,382	1,289	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	5,084	3,065	1,203	816
23 Insurance . . .	3,630	2,255	819	556
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING	66,358	57,983	4,319	4,056
b EQUIPMENT	60,377	44,264	8,853	7,260
c PUBLIC EDUCATION MEETIN	36,923	35,012	1,249	662
d DUES AND SUBSCRIPTIONS	12,348	8,945	2,049	1,354
e All other expenses	22,589	21,892	509	188
25 **Total functional expenses.** Add lines 1 through 24e	3,841,018	3,451,775	233,310	155,933
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	416,252	2	421,213
	3	Pledges and grants receivable, net	222,544	3	4,032,929
	4	Accounts receivable, net	0	4	98,128
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 244,714			
	b	Less accumulated depreciation — 10b: 217,123	7,613	10c	27,591
	11	Investments—publicly traded securities	70,612,513	11	64,670,121
	12	Investments—other securities See Part IV, line 11	948,797	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	42,799
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	72,250,518	16	69,292,781
Liabilities	17	Accounts payable and accrued expenses	611,059	17	859,996
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	260,655	25	4,258,548
	26	**Total liabilities.** Add lines 17 through 25	871,714	26	5,118,544
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	14,194,531	27	18,391,625
	28	Temporarily restricted net assets	48,600,402	28	44,255,893
	29	Permanently restricted net assets	8,583,871	29	1,526,719
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	71,378,804	33	64,174,237
	34	Total liabilities and net assets/fund balances	72,250,518	34	69,292,781

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,033,718
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,841,018
3	Revenue less expenses Subtract line 2 from line 1	3	4,192,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,378,804
5	Net unrealized gains (losses) on investments	5	-7,599,008
6	Donated services and use of facilities	6	176,820
7	Investment expenses	7	
8	Prior period adjustments	8	-4,497,990
9	Other changes in net assets or fund balances (explain in Schedule O)	9	522,911
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,174,237

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1429402

Name: DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

IN 2018 THE COMMUNITY FOUNDATION AWARDED $2,039,974 IN GRANTS AND $337,448 IN SCHOLARSHIPS TOTAL GRANTS AWARDED (INCLUDING INTERFUND GRANTS) FOR ALL PROGRAM AREAS WAS $2,377,422, COMPRISED OF 29% UNRESTRICTED FUNDS, 8% DESIGNATED, 19 8% FIELD OF INTEREST, 14 4% ORGANIZATIONAL ENDOWMENTS, 14 4% SCHOLARSHIPS AND 14 4% DONOR ADVISED THE LARGEST PROGRAM AREA SUPPORTED WAS HUMAN SERVICES WITH 35% OF GRANT FUNDS, FOLLOWED BY 15% IN COMMUNITY ECONOMIC DEVELOPMENT, 14% IN EDUCATION, 13% IN SCHOLARSHIPS, 9% IN ENVIRONMENT, 7% IN ARTS, AND 7% OTHER IN 2018 THE COMMUNITY FOUNDATION AWARDED $254,448 IN SCHOLARSHIPS FROM ENDOWED FUNDS AND $83,000 FROM 11 TEMPORARY SCHOLARSHIP FUNDS THAT THE FOUNDATION PROVIDES SCHOLARSHIP SERVICES FOR IN ADDITION, THE FOUNDATION PROVIDED ADMINISTRATIVE SERVICES FOR TWO AFFILIATED SCHOLARSHIPS TOTALING $445,500 WHERE ALL OF THE FUNDS ARE HELD BY A LOCAL BANK, PLUS $65,000 OF GRANTS WHERE ALL FUNDS ARE HELD BY A CITY

Form 990, Part III, Line 4b:

IN 2018 DSACF COLLABORATED WITH MULTIPLE COMMUNITIES THROUGHOUT THE UNITED STATES TO IMPROVE PUBLIC DISCOURSE THROUGH SPEAK YOUR PEACE THE CIVILITY PROJECT INITIATIVE THE LEAD VOLUNTEER FOR THE INITIATIVE ATTENDED THE NATIONAL TRAINING HELD IN WASHINGTON DC 2018 WAS THE 4TH YEAR FOR DSACF TO PARTICIPATE IN THE PHILANTHROPIC-BASED DISASTER-PREPAREDNESS, RESPONSE AND RECOVERY PROGRAM KNOWN AS PHILANTHROPIC PREPAREDNESS, RESILIENCY AND EMERGENCY PARTNERSHIP (PPREP) THE PROGRAM IS DESIGNED TO HELP COMMUNITY FOUNDATIONS IMPROVE THEIR COMMUNITIES' CAPACITY TO PREPARE FOR AND RESPOND TO DISASTERS, BUILDING RESILIENCE FROM MITIGATION TO LONGER-TERM COMMUNITY RECOVERY AN AMERICORP VISTA MEMBER JOINED THE STAFF ON A YEARLONG ASSIGNMENT COORDINATING PARTNERSHIPS TO CREATE A RESOURCE AND NETWORK WEBSITE HTTPS //READYNORTH ORG/ GRANT FUNDING IN 2018 SUPPORTED THE OPPORTUNITY RISING INITIATIVE INCLUDING ENDOWED DEVELOPMENT EMPHASIS THE PURPOSE OF OPPORTUNITY RISING IS TO BRING TOGETHER PEOPLE FROM ALL BACKGROUNDS, INCOMES, ETHNICITIES, BELIEFS AND NEIGHBORHOODS TO FORGE A PATH TO REAL, MEANINGFUL, AND EQUAL OPPORTUNITIES FOR EVERY CHILD IN DULUTH AND SUPERIOR MORE THAN $2 3 MILLION DOLLARS IN GRANTS AND SCHOLARSHIPS WERE AWARDED TO ORGANIZATIONS AND STUDENTS IN THE REGION, SOME AWARDS OPERATIONALIZED THE "OPPORTUNITY RISING" LENS IN THE SELECTION PROCESSES

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Employer identification number
41-1429402

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,902,025	5,790,877	2,478,625	2,962,773	5,333,906	19,468,206
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,902,025	5,790,877	2,478,625	2,962,773	5,333,906	19,468,206
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,821,496
6 **Public support.** Subtract line 5 from line 4						14,646,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	2,902,025	5,790,877	2,478,625	2,962,773	5,333,906	19,468,206
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,434,641	986,189	1,253,078	1,557,151	1,931,249	7,162,308
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			5,575	9,108	2,500	17,183
11 **Total support.** Add lines 7 through 10						26,647,697

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	54 960 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	62 240 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	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* ***Part VI*** *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* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
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* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	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* ***Part VI*** *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* ***Part VI,*** *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		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	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 substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	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," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		

Section 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 or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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		
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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section 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 instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted 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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** 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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 41-1429402

Name: DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Employer identification number
41-1429402

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	32	5
2	Aggregate value of contributions to (during year)	360,253	3,440
3	Aggregate value of grants from (during year)	338,104	22,100
4	Aggregate value at end of year	8,068,356	746,891

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	66,497,234	56,382,845	54,262,764	54,568,878	52,846,806
b Contributions	4,761,999	2,380,507	1,650,478	3,560,278	1,705,263
c Net investment earnings, gains, and losses	-4,575,363	10,757,594	3,464,063	-1,627,594	2,622,683
d Grants or scholarships	2,042,643	2,012,243	2,055,761	1,715,638	1,604,113
e Other expenditures for facilities and programs					
f Administrative expenses	1,047,483	1,011,469	938,699	991,037	1,001,761
g End of year balance	63,593,744	66,497,234	56,382,845	53,794,887	54,568,878

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 28 880 %
- b Permanent endowment ▶ 2 400 %
- c Temporarily restricted endowment ▶ 68 720 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		244,714	217,123	27,591
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				27,591

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
HELD IN TRUST FOR OTHERS	225,081
FUNDS HELD AS AGENCY ENDOWMENTS	4,033,467
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,258,548

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	897,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,599,008		
b	Donated services and use of facilities	2b	176,820		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	329,463		
e	Add lines **2a** through **2d**			2e	-7,092,725
3	Subtract line **2e** from line **1**			3	7,990,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,174		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	43,174
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,033,718

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

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

1	Total expenses and losses per audited financial statements			1	3,604,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,604,396
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,174		
b	Other (Describe in Part XIII)	4b	193,448		
c	Add lines **4a** and **4b**			4c	236,622
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,841,018

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1429402

Name: DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USES FOR ALL ENDOWED FUNDS ARE STRICTLY AS SET BY THE FUND AGREEMENT OF EACH FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX -EXEMPT PURPOSE IS SUBJECT TO TAXATION ON UNRELATED BUSINESS INCOME IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS THE FOUNDATION IS ALSO EXEMPT FROM MINNESOTA INCOME TAXES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 35,860 REFUND OF PRIOR YEAR GRATNS 22,529 CHANGE IN VALUE OF AGENCY ENDOWMENT FUND 271,074

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS MADE FROM AGENCY ENDOWMENTS NET OF REFUNDS 193,448

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493298009539

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Employer identification number
41-1429402

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 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 organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 108

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	106	505,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DULUTH SUPERIOR AREA COMMUNITY FOUNDATION (DSACF) REQUIRES ALL GRANTEES TO SIGN AND ABIDE BY A GRANT AGREEMENT THAT REQUIRES THE GRANTEE TO USE GRANT MONIES ONLY FOR THE DESIGNATED PURPOSES DESCRIBED IN THE 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, AND SUBMIT THE FINAL PROJECT REPORT BY A SET DATE THE DSACF DIRECTOR OF COMMUNITY PHILANTHROPY AND THEIR STAFF MONITORS THE GRANTEE'S COMPLETION OF THESE CRITERIA INCLUDING REPORT REVIEWS, RANDOM FIELD AND GRANTEE REQUIRED PROGRESS REPORTS AND OTHER WORK AS CONSIDERED NECESSARY TO ENSURE FULL GRANTEE COMPLIANCE WITH ALL TERMS OF THE GRANT AGREEMENT

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGE WELL ARROWHEAD INC 306 W SUPERIOR STREET SUITE 10 DULUTH, MN 55802	46-5092311	501(C)(3)	5,926				GROCERIES-TO-GO
AMERICAN BIRD CONSERVANCY PO BOX 249 THE PLAINS, VA 20198	52-1501259	501(C)(3)	5,000				MANAGING FOREST HABITAT FOR FOCAL SPECIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NORTHERN MINNESOTA 2524 MAPLE GROVE ROAD DULUTH, MN 55811	53-0196605	501(C)(3)	11,204				PROGRAM SUPPORT, SILVER BAY AREA HOME FIRE CAMPAIGN
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY N ST PAUL, MN 55104	41-0693889	501(C)(3)	10,000				MINNESOTA COMPASS NORTHEASTERN, MINNESOTA BUILD YOUR OWN TOOL, MAINTENANCE AND DATA TRAINING, WORKSHOPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANIMAL ALLIES HUMANE SOCIETY 4006 AIRPORT ROAD DULUTH, MN 55811	41-0917362	501(C)(3)	16,708				PROGRAM SUPPORT, ADDRESSING PET OVERPOPULATION SPAY/NEUTER, THINK LOST NOT STRAY
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY 702 SOUTH THIRD AVE VIRGINIA, MN 55792	41-6052144	501(C)(3)	17,000				ASSIST INDIVIDUALS IN CRITICAL NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF STREET SUITE 102 ST PAUL, MN 55114	41-1718029	501(C)(3)	5,331				SOCIAL SKILLS CLASSES FOR CHILDREN & TEENS W/AUTISM, NORTHLAND ADVENTURE SOCIAL SKILLS CLASS, TEENS ON THE TOWN & GAME NIGHT
BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS PO BOX 39 ODANAH, WI 54861	39-1178897	170(C)(1)	30,000				INDIGENIZING COMMUNITY CONVERSATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAYFIELD COMMUNITY EDUCATION FOUNDATION PO BOX 921 BAYFIELD, WI 54814	39-1843162	501(C)(3)	11,028				PROGRAM SUPPORT
BAYFIELD HERITAGE ASSOCATION INC 30 NORTH BROAD STREET PO BOX 137 BAYFIELD, WI 54814	39-1307338	501(C)(3)	5,400				PROGRAM SUPPORT, BAYFIELD OLD CITY JAIL RESTORATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETTER BLOCK FOUNDATION PO BOX 4007 DALLAS, TX 75208	47-4885264	501(C)(3)	51,100				DULUTH BETTER BLOCK
BOYS AND GIRLS CLUBS OF THE NORTHLAND 102 S 29TH AVE W 200 PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)(3)	16,550				PROGRAM SUPPORT, CHARACTER AND CITIZENSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARE PARTNERS OF COOK COUNTY PO BOX 282 GRAND MARAIS, MN 55604	47-3747964	501(C)(3)	8,000				DEMENTIA CAPABLE SERVICES, CAREGIVER SUPPORT, SENIOR RIDES
CENTER AGAINST SEXUAL & DOMESTIC ABUSE INC 318 21ST AVE E SUPERIOR, WI 54880	39-1478768	501(C)(3)	8,254				PROVIDING FOOD FOR EMERGENCY SHELTER RESIDENTS, FOLLOW-UP SERVICES FOR SURVIVORS OF ABUSE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHUM 102 WEST SECOND ST DULUTH, MN 55802	41-1227969	501(C)(3)	44,314				REMOVING BARRIERS TO ACCESSING EMERGENCY SHELTER, FAMILY COACHING SERVICES AT STEVE O'NEIL APTS, JAIL MINISTRY, FOOD SHELVES, EARLY CHILDHOOD PROGRAMMING AT STEVE O'NEIL
CITY OF DULUTH 411 WEST FIRST STR CITY HALL ROOM 403 DULUTH, MN 55802	41-6005105	170(C)(1)	34,040				AED PLACEMENT, PARKS DAY 2018, DULUTH FIRE DEPARTMENT, ALL-HAZARDS VESSEL TRAINING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF EVELETH 413 PIERCE STREET EVELETH, MN 55734	41-6005140	170(C)(1)	5,000				SECURITY CAMERAS
CITY OF TWO HARBORS CITY HALL 522 FIRST AVENUE TWO HARBORS, MN 55616	41-6005579	170(C)(1)	20,000				TWO HARBORS TRAILS FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLAYTON JACKSON MCGHIE MEMORIAL INC 222 E SUPERIOR ST DULUTH, MN 55802	04-3746191	501(C)(3)	10,500				NATIONAL MEMORIAL FOR PEACE & JUSTICE DELEGATION, PROGRAM SUPPORT, TWIN CITIES COMMUNITY GOSPEL CHOIR
CLOQUET EDUCATIONAL FOUNDATION 302 14TH STREET CLOQUET, MN 55720	41-1543092	501(C)(3)	56,603				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLEGE OF ST SCHOLASTICA 1200 KENWOOD AVENUE DULUTH, MN 55811	41-0698301	501(C)(3)	23,673				STEM SATURDAYS, STEM CAREER DAY, PROGRAM SUPPORT
COMMUNITY ACTION DULUTH 2424 W 5TH ST SUITE 102 DULUTH, MN 55806	41-1410670	501(C)(3)	32,198				HEALTHCARE CAREER LADDERS, 2018 TOUCHSTONE AWARD, GETTING BACK IN TRANSIT, DULUTH STREAM CORPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGDON PARK RECREATION ASSOCIATION 1417 E 5TH ST DULUTH, MN 55805	41-1761329	501(C)(3)	5,000				LOWER CHESTER RINK IMPROVEMENT
CORE COMMUNITY RESOURCES INC PO BOX 1530 BAYFIELD, WI 54814	56-2618057	501(C)(3)	6,016				PROGRAM SUPPORT, CORE COMMUNITY BASED EXPANSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL ON FOUNDATIONS PO BOX 75661 BALTIMORE, MD 21227	13-6068327	501(C)(3)	7,050				2018 MEMBERSHIP DUES
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422	41-0706118	501(C)(3)	7,325				PARK POINT PADDLE CENTER BRDWLK RSTRTN, ADAPTIVE KAYAKING EXPERIENCES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COVENANT ENABLING RESIDENCES OF MINNESOTA INC 322 N 60TH AVE W DULUTH, MN 55807	41-1879965	501(C)(3)	5,031				PROGRAM SUPPORT
DAMIANO OF DULUTH 206 WEST FOURTH ST ROOM 201 DULUTH, MN 55806	41-1453521	501(C)(3)	15,642				PROGRAM SUPPORT, HEALTH REALIZATION, BACK TO SCHOOL CLOTHING, COMMUNITY KITCHEN, SOUP KITCHEN, COMMUNITY SERVICES PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMESTIC ABUSE INTERVENTION PROGRAMS 202 EAST SUPERIOR STE 300 DULUTH, MN 55802	41-1382134	501(C)(3)	5,000				FAMILY VISITATION CENTER
DULUTH ART INSTITUTE 506 WEST MICHIGAN DULUTH, MN 55802	41-0945449	501(C)(3)	15,193				NATURE AND ART OPEN DOORS, CONNECTING THE SACRED, SAY WHAT YOU SEE, AKINOMAAGE-TEACHINGS FROM THE EARTH, PORGRAM SUPPORT, OUR NEIGHBORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 NORTH 8TH AVENUE EAST DULUTH, MN 55805	41-2002724	501(C)(3)	32,500				ENHANCING MYERS-WILKINS/GRANT PARK GARDENS, DENFELD COMMUNITY ENGAGEMENT & LDRSHP PRG, COMMUNITY PARENTING SUPPORT
DULUTH CROSS-COUNTRY SKI CLUB 1346 W ARROWHEAD RD PMB 344 DULUTH, MN 55811	20-1680268	501(C)(3)	5,000				LESTER AMITY CHALET UPDATES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DULUTH LIGHTHOUSE FOR THE BLIND 4505 WEST SUPERIOR DULUTH, MN 55807	41-0706140	501(C)(3)	64,865				PROGRAM SUPPORT, TECHNOLOGY AND ME IMPROVING SENIORS' LIVES
DULUTH PLAYHOUSE 211 E SUPERIOR ST DULUTH, MN 55802	41-0694692	501(C)(3)	8,252				PROGRAM SUPPORT, PLAY SPONSORSHIP, NORSHOR THEATRE CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DULUTH PUBLIC LIBRARY 520 WEST SUPERIOR DULUTH, MN 55802	41-6005105	170(C)(1)	5,595				PROGRAM SUPPORT
DULUTH SUPERIOR SYMPHONY ORCHESTRA 130 W SUPERIOR ST STE LL2-120 DULUTH, MN 55802	41-0760835	501(C)(3)	5,883				PROGRAM SUPPORT, DSSO STRATEGIC PLANNING, CHAIR SUPPORT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECOLIBRIUM3 2014 W SUPERIOR ST DULUTH, MN 55806	45-2746481	501(C)(3)	14,000				ECOLIBRIUM3 RESILIENCE CORPS-TEAM LEADER, 2018 TOUCHSTONE FINALIST
FIRST WITNESS CHILD ADVOCACY CENTER 4 WEST FIFTH STREET DULUTH, MN 55806	41-1737291	501(C)(3)	5,100				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF NORTH PIKES CREEK WETLANDS PO BOX 905 BAYFIELD, WI 54814	46-4067602	501(C)(3)	15,847				NORTH PIKES CREEK WETLANDS CONSERVATION & ENVIRONMENTAL EDUCATION LAND ACQUISITION COMMUNITY EDUCATION PRESENTATION & DEMO PROJECT
FRIENDS OF THE APOSTLE ISLANDS NATIONAL LAKESHORE PO BOX 1574 BAYFIELD, WI 54814	20-0079065	501(C)(3)	6,208				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE BAND SHELL PARK PO BOX 21 TWO HARBORS, MN 55616	27-4902018	501(C)(3)	5,262				PERFORMING ARTS CENTER CAPITAL PROJECT
FRIENDS OF THE FINLAND COMMUNITY PO BOX 582 6866 CRAMER ROAD FINLAND, MN 55603	83-0494175	501(C)(3)	11,500				CLAIR NELSON CENTER YOUTH PROGRAM, FINLAND AREA SPANISH LANGUAGE & CULTURE CAMP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARY-MORGAN PARK HOCKEY ASSOCATION 1463 89TH AVENUE WEST DULUTH, MN 55808	81-5013565	501(C)(3)	8,833				PROGRAM SUPPORT
GIRL SCOUTS OF MINNNESOTA AND WISCONSIN LAKE PINES 400 SECOND AVENUE WAITE PARK, MN 56387	41-0877820	501(C)(3)	18,028				PROGRAM SUPPORT, GIRL SCOUTS IN ACTION-CAMP DISCOVERY & OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GND DEVELOPMENT ALLIANCE 2630 WEST SUPERIOR DULUTH, MN 55806	46-5272750	501(C)(3)	10,000				"MUSIC FROM THE APLS," GND REC SKATEBOARD PARK BASE, 2018 TOUCHSTONE GENEROSITY, DESIGNATED GRANTEE
GUNFLINT TRAIL HISTORICAL SOCIETY 28 MOOSE POND DR GRAND MARAIS, MN 55604	76-0804036	501(C)(3)	5,000				OUTDOOR PLAQUE FOR HISTORIC CABIN SITE, FUNDING FOR PROGRAMS AND MATERIALS, CHIK-WAUK MUSEUM UPDATE LOCAL AUTHOR EXHIBIT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTLEY NATURE CENTER 3001 WOODLAND AVE DULUTH, MN 55803	36-3507636	501(C)(3)	16,825				SCHOOL FIELD TRIP SUPPORT, CAPITAL CAMPAIGN FOR BUILDING PROJECT, FURNISHING THE OUTDOOR PAVILLION CLASSROOM, OPERATING SUPPORT, PROGRAM SUPPORT
HEAD OF THE LAKES UNITED WAY 424 WEST SUPERIOR SUITE 402 DULUTH, MN 55802	41-0857077	501(C)(3)	69,162				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781	41-2006723	501(C)(3)	6,031				GROUP MENTORING SERVICES AND PROGRAMMING
HUMAN DEVELOPMENT CENTER 1401 E FIRST ST DULUTH, MN 55805	41-0777937	501(C)(3)	13,560				PROGRAM SUPPORT, JILL'S PLACE

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

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ISD#709 - DULUTH PUBLIC SCHOOLS 215 NORTH FIRST AVE DULUTH, MN 55802	41-6003776	170(C)(1)	58,878				PROGRAM SUPPORT, DENFELD HIGH SCHOOL SRVC LRNG COLLABORATION, SCOTT ANDERSON LEADERSHIP FORUM, PARENT-TEACHER HOME VISIT
JUST KIDS DENTAL INC PO BOX 146 TWO HARBORS, MN 55616	27-2311353	501(C)(3)	5,000				HEALTHY SMILES HEALTHY KIDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA POINTE CENTER INC PO BOX 247 LAPOINTE, WI 54850	39-1620538	501(C)(3)	12,462				POSITIVITY CHILDREN'S THEATRE SCHOLARSHIPS, COMMUNITY LIGHTING SYSTEM, JINGLE DRESS DANCER PUPPET WRKSHP/PERFRMNCE, POSITIVITY CHILDREN'S THEATRE SCHLRSHPS ARTIST SPRT
LAKE SUPERIOR BIGTOP CHAUTAUQUA PO BOX 455 WASHBURN, WI 54891	39-1548887	501(C)(3)	15,148				A I YOUTH PROGRAMMING IMPROVEMENTS, NATIVE AMERICAN COMMUNITY CONNECTIONS, CHEQ BAY YOUTH PROGRAMMING IMPROVEMENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKE SUPERIOR CENTER 353 HARBOR DRIVE DULUTH, MN 55802	41-1659809	501(C)(3)	9,350				TRAINING TO INCREASE ACCESS FOR DISABLED GUESTS, AQUARIUM MINI-GRANT TRANSPORTATION FUND, IMPROVED DISABLED ACCESS TO THE AQUARIUM, GREAT LAKES HERO CARD -ALTERNATIVE TO PLASTICS
LAKE SUPERIOR TALL SHIPS INC 233 S 10TH ST BAYFIELD, WI 54814	46-5349847	501(C)(3)	5,000				IN THE SAME BOAT SAILING FOR COMMUNITY BUILDING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKEVIEW CHRISTIAN ACADEMY 155 WEST CENTRAL ENTRANCE DULUTH, MN 55811	41-1710169	501(C)(3)	5,544				PROGRAM SUPPORT
LANDMARK CONSERVANCY 500 EAST MAIN ST SUITE 307 MENOMONIE, WI 54751	39-1872550	501(C)(3)	12,500				CONSERVATION PLANNING FOR CLIMATE RESILIENCY, LAND TRUST MERGER CAPACITY BUILDING - PHASE 2, LAKE SUPERIOR SOUTH SHORE STREAMS LAND PROTECTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL AID SERVICE OF NORTHEASTERN MINNESOTA 424 WEST SUPERIOR STREET 302 ORDEAN BUILDING DULUTH, MN 55802	41-0958386	501(C)(3)	6,031				HOUSING COUNSELING, INFORMATION AND LITIGATION
LIFE HOUSE INC 102 WEST FIRST STR DULUTH, MN 55802	41-1704840	501(C)(3)	24,219				LIFE HOUSE ANNEX RENOVATION, LIFE HOUSE FUTURES EDUCATION & EMPLOYMENT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES CORPORATION 202 WEST SUPERIOR SUITE 301 DULUTH, MN 55802	13-3030229	501(C)(3)	16,400				PROGRAM SUPPORT, QUALITY OF LIFE NEIGHBORHOOD INITIATIVE, MOVIES IN THE PARK
LUTHERAN SOCIAL SERVICE MINNESOTA 2485 COMO AVENUE ST PAUL, MN 55108	41-0872993	501(C)(3)	35,912				LUTHERAN SOCIAL SERVICE FAMILY RESOURCE CENTER, STARTING THERAPETUIC FOSTER CARE IN ST LOUIS CO , COMMUNITY ACTION PHASE TO END YOUTH HOMELESSNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MADELINE ISLAND CO GARDENING PROJECT PO BOX 523 LAPOINTE, WI 54850	27-1279947	501(C)(3)	5,000				SEASONAL INTERN
MAYO CLINIC 200 FIRST STREET S ROCHESTER, MN 55905	41-6011702	501(C)(3)	7,000				PEDIATRICS - CANCER, ALZHEIMERS DISEASE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEN AS PEACEMAKERS 123 W SUPERIOR ST DULUTH, MN 55802	41-1841689	501(C)(3)	35,873				PROGRAM SUPPORT, DATABASE TO IMPROVE ORGANIZATIONAL CAPACITY, GIRLS AND BOYS' RESTORATIVE PROGRAM, DON'T BUY IT PROJECT
MENTOR DULUTHMENTOR SUPERIOR 206 W 4TH ST STE 209 DULUTH, MN 55806	82-5321850	501(C)(3)	30,000				MENTOR NORTH A NEW NON-PROFIT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MILLER-DWAN FOUNDATION 502 EAST SECOND ST DULUTH, MN 55805	23-7396466	501(C)(3)	13,300				PROGRAM SUPPORT, PEDIATRIC CANCER, BURN CARE AND CHILD ADOLESCENT MENTAL HEALTH
MINNESOTA BROWNFIELDS PO BOX 16244 ST PAUL, MN 55116	20-5007655	501(C)(3)	5,000				BROWNFIELDS BASICS PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA COUNCIL OF FOUNDATIONS 800 WASHINGTON AVE N SUITE 703 MINNEAPOLIS, MN 55401	41-1239275	501(C)(3)	5,325				2018 MEMBERSHIP DUES
MINNESOTA LAND TRUST 2356 UNIVERSITY AVE SUITE 240 ST PAUL, MN 55114	41-1713652	501(C)(3)	22,000				RESTORING THE ST LOUIS RIVER ESTUARY, DIVERSITY AND INCLUSION IN MN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBOR TO NEIGHBOR THRIFT STORE 508 7TH STREET TWO HARBORS, MN 55616	20-1005672	501(C)(3)	10,000				YOUTH CENTER REHABILITATION
NORTH HOUSE FOLK SCHOOL PO BOX 759 GRAND MARAIS, MN 55604	41-1878887	501(C)(3)	5,957				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH SHORE MUSIC ASSOCIATION PO BOX 1376 GRAND MARAIS, MN 55604	36-3416412	501(C)(3)	6,936				SONES DE MEXICO YOUTH WORKSHOP, BOREALIS CHORALE AND ORCHESTRA, WINTER CONCERT
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	6,660				PROGRAM SUPPORT, GREAT LAKES ISLANDS INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST WISCONSIN WORKFORCE INVESTMENT BOARD INC 422 3RD STREET WEST SUITE 200 ASHLAND, WI 54806	39-2021280	501(C)(3)	36,793				EVERGROW LEARNING CENTER
NORTHWOOD CHILDREN SERVICES 4000 W 9TH ST DULUTH, MN 55807	41-0706108	501(C)(3)	14,238				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ONE HEARTLAND INC 2101 HENNEPIN AVE S SUITE 200 MINNEAPOLIS, MN 55405	39-1763115	501(C)(3)	5,000				DULUTH YOUTH ATTEND CAMP NORTHSTAR
OSHKI OGIMAAG CHARTER SCHOOL PO BOX 320 GRAND PORTAGE, MN 55605	80-0272550	501(C)(3)	6,000				ANISHINABE TEACHING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PILGRIM CONGREGATION CHURCH 2310 EAST FOURTH S DULUTH, MN 55812	41-0704218	501(C)(3)	13,664				PROGRAM SUPPORT
PLANNED PARENTHOOD MINNESOTA SOUTH DAKOTA NORTH DAKOTA 671 VANDALIA STREE ST PAUL, MN 55114	41-0948382	501(C)(3)	10,267				PLANNED PARENTHOOD TEEN RESOURCE CENTER, TWIN PORTS TEEN COUNCIL

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

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RAILS ENDOWMENT FOR ACADEMIC ART & ATHLETIC DEVELOPMENT INC 131 NINTH AVENUE PROCTOR, MN 55810	41-6003748	501(C)(3)	7,932				PROGRAM SUPPORT
RECREATION AND FITNESS RESOURCES PO BOX 1146 BAYFIELD, WI 54814	42-1706601	501(C)(3)	10,750				MADELINE ISLAND YOUTH PROGRAMS, NORTH COAST TEEN AND YOUTH SAILING PROGRAM, DROP-IN YOUTH PROGRAMMING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA 88385 PIKE ROAD HWY 13 BAYFIELD, WI 54814	39-1178866	170(C)(1)	6,950				APOSTLE ISLANDS TEK, RED CLIFF YOUTH CULTURAL EXCHANGE PROJECT
RIVERSIDE COMMUNITY CLUB 11 SAINT LOUIS COURT DULUTH, MN 55808	05-0615435	501(C)(3)	5,000				EQUIPMENT GRANT FOR RIVERSIDE PARK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE ROCHESTER MN INC 850 2ND STREET SOUTH ROCHESTER, MN 55902	41-1344744	501(C)(3)	5,000				PROGRAM AND LODGING
ROTARY CLUB OF CLOQUET PO BOX 292 CLOQUET, MN 55720	30-0703646	501(C)(3)	5,000				SCHOLARSHIP PROGRAM

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

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SCOTTISH RITE FOUNDATION DULUTH 24 WEST SECOND STREET DULUTH, MN 55802	41-1420162	501(C)(3)	5,195				PROGRAM SUPPORT
SECOND HARVEST NORTH CENTRAL FOOD BANK 2222 CROMELL DRIVE GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)	5,000				2018/2019 KIDS-PACKS-TO-GO BACKPACK PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS COUNTY HISTROCIAL SOCIETY 506 WEST MICHIGAN STREET DULUTH, MN 55802	41-0773781	501(C)(3)	5,421				MIKE COLALILLO MEDAL OF HONOR SCHOLARSHIP, PROGRAM SUPPORT, COLLECTIONS ACCESSIBILITY INITIATIVE
ST LUKE'S FOUNDATION 1000 EAST FIRST ST SUITE 102 DULUTH, MN 55805	41-1448118	501(C)(3)	22,456				PROGRAM SUPPORT, ST LUKE'S REGIONAL TRAUMA

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

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SUGARLOAF THE NORTH SHORE STEWARDSHIP ASSOCIATION 6008 LONDON ROAD DULUTH, MN 55804	41-1730982	501(C)(3)	5,000				RESTORING THE NORTH SHORE, FOREST COLLABORATIVELY
SUPERIOR HIKING TRAIL ASSOCIATION 731 7TH AVE STE 2 TWO HARBORS, MN 55616	41-1569104	501(C)(3)	17,350				PROGRAM SUPPORT, RENEWING THE SUPERIOR HIKING TRAIL, IN MEMORY OF CHRISTIAN BUSCHE, PREVENTING EROSION ON THE SUPERIOR HIKING TRAIL

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

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SUPERIOR RIVERS WATERSHED ASSOCIATION INC PO BOX 875 ASHLAND, WI 54806	04-3740575	501(C)(3)	7,237				WATER QUALITY MONITORING AND OUTREACH, ONGOING/MONITORING/STAFF TRAINING
THE HILLS YOUTH AND FAMILY SERVICES 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)(3)	12,600				PROGRAM SUPPORT, NUTRITION THROUGH GARDENING, CAMBIA HILLS YOUTH MENTAL HEALTH PROGRAM, NYS HOLIDAY EVENT

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

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THE NORTHSPAN GROUP INC 221 WEST FIRST STREET DULUTH, MN 55802	41-0914274	501(C)(3)	62,500				NORTHSPAN WEBSITE & TECHNOLOGY, NORTHFORCE COMMUNITY ALIGNMENT, NORTHFORCE MENTOR CONNECTION, NORTHFORCE 2018 FOR YOUNG
THE SALVATION ARMY DULUTH 215 SOUTH 27TH AVE PO BOX 16052 DULUTH, MN 55806	41-0698597	501(C)(3)	14,767				PROGRAM SUPPORT, ASSIST INDIVIDUALS IN CRITICAL NEED

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

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THE SALVATION ARMY SUPERIOR 916 HUGHITT AVENUE PO BOX 485 SUPERIOR, WI 54880	36-2167910	501(C)(3)	5,000				ASSIST INDIVIDUALS IN CRITICAL NEED
TWO HARBORS AREA FOOD SHELF PO BOX 601 TWO HARBORS, MN 55616	47-1321541	501(C)(3)	7,002				FOOD ACCESS IN SILVER BAY, BUILDING VOLUNTEER PROGRAM CAPACITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TWO HARBORS COMMUNITY RADIO PO BOX 622 TWO HARBORS, MN 55616	35-2458586	501(C)(3)	5,000				KTWH YOUTH RADIO PROJECT
U OF MN DULUTH - EDUCATION FUND DEPARTMENT OF DEVELOPMENT 10 UNIVERSTIY DR DULUTH, MN 55812	41-6007513	501(C)(3)	5,704				PROGRAM SUPPORT

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

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UNIVERSITY OF MINNESOTA FOUNDATION MCNAMERA ALUMNI CENTER 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	20,600				2019 LSYS HERMANTOWN, MITIGATING ACE IN DULUTH, UMD ENGINEERING SCHOLARSHIPS ENCOURAGING WOMEN IN COMPUTING
WELCH CENTER 720 N CENTRAL AVE DULUTH, MN 55807	41-0850223	501(C)(3)	47,927				PROGRAM SUPPORT, HMONG CULTURAL PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST WISCONSIN LAND TRUST INC 500 E MAIN STREET SUITE 307 MENOMONIE, WI 54751	39-1618389	501(C)(3)	35,720				PROGRAM SUPPORT
WHEELS ON TRAILS ORGANIZATION 424 WEST SUPERIOR SUITE 201 DULUTH, MN 55802	41-6042720	501(C)(3)	5,000				EXPLORING DULUTH PARKS AND TRAILS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILDWOODS 4009 W ARROWHEAD RD DULUTH, MN 55811	80-0698285	501(C)(3)	5,000				WILDWOODS REHABILITATION
WOODLAND AMATEUR HOCKEY ASSOCIATION 3211 ALLENDALE AVE DULUTH, MN 55803	41-1520527	501(C)(3)	8,000				PUBLIC RINKS SAFETY AND QUALITY IMPROVEMENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA OF DULUTH 32 EAST 1ST STREET DULUTH, MN 55802	41-0696493	501(C)(3)	20,016				PROGRAM SUPPORT, KIDS CORNER, YOUTH EMPOWERMENT THROUGH GIRL POWER!
ZEITGEIST CENTER FOR ARTS AND COMMUNITY 222 E SUPERIOR ST DULUTH, MN 55802	20-6424699	501(C)(3)	15,000				YEAR OF THE WOMAN, ARE PROGRAM DEVELOPMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Employer identification number
41-1429402

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	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	**1b**		
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		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
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 in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HOLLY SAMPSON PRESIDENT	(i)	157,882	0	2,340	7,355	18,714	186,291	0
	(ii)	0	0	0	0	0	0	0

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION

Employer identification number
41-1429402

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	9	340,310	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			No
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
DULUTH-SUPERIOR AREA COMMUNITY FOUNDATION	41-1429402

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS POLICY 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 POLI CY 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 V OTING, SAID SHEETS ARE GATHERED AND CONFLICTS ENTERED INTO BOARD ACTIONS BOARD MEMBERS WI TH CONFLICTS ARE ASKED TO LEAVE THE ROOM DURING ANY DISCUSSION AND VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE RECOMMENDS THE SALARY FOR THE PRESIDENT WHO RECOMMENDS SALARY FOR ALL OTHER STAFF IN A BUDGET FOR EXECUTIVE COMMITTEE AND BOARD APPROVAL THIS IS COMPLETED ANNUALLY AS PART OF THE OVERALL BUDGET ANALYSIS BY THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE THEN PRESENTS THE BUDGET TO THE BOARD FOR APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND A FINANCIAL STATUS REPORT IN OUR ANNUAL REPORT IS SENT OUT TO NUMEROUS DONORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REFUNDS OF PRIOR YEAR GRANTS 22,529 CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 35,860 CHANGE IN VALUE OF AGENCY ENDOWMENT FUND 464,522

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR