

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
NORTHLAND FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
202 WEST SUPERIOR STREET NO 610

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

D Employer identification number
41-1554455

E Telephone number
(218) 723-4040

G Gross receipts \$ 37,739,556

F Name and address of principal officer
TONY SERTICH
202 WEST SUPERIOR STREET NO 610
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.NORTHLANDFDN.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986 **M** State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NORTHLAND FOUNDATION INVESTS IN PEOPLE AND COMMUNITIES TO SUPPORT A THRIVING NORTHEAST MINNESOTA WE SERVE THE SEVEN COUNTIES OF NORTHEASTERN MN (AITKIN, CARLTON, COOK, KOOSKIPING, ITASCA, LAKE, AND ST LOUIS) THROUGH GRANTS TO NONPROFITS, LOANS TO BUSINESSES, THE KIDS PLUS PROGRAM, OUR ASSISTED LIVING FACILITIES IN NE MN, AND OTHER SPECIAL INITIATIVES

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	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	16
6 Total number of volunteers (estimate if necessary)	6	569
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b 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)	4,745,539	2,547,664
9 Program service revenue (Part VIII, line 2g)	2,483,576	2,693,589
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	790,431	118,493
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,019,546	5,359,746
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,527,303	1,433,002
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)	3,059,669	2,977,925
16a Professional fundraising fees (Part IX, column (A), line 11e)	4,500	27,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶171,381		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,252,988	2,698,292
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,844,460	7,136,219
19 Revenue less expenses Subtract line 18 from line 12	175,086	-1,776,473

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	83,205,460	86,837,599
21 Total liabilities (Part X, line 26)	15,567,391	13,288,529
22 Net assets or fund balances Subtract line 21 from line 20	67,638,069	73,549,070

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
Signature of officer: ***** Date: 2017-11-21
TONY SERTICH PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JULIE BOYER Preparer's signature: JULIE BOYER Date: _____
Check if self-employed PTIN: P01278549
Firm's name: ▶ RSM US LLP Firm's EIN: ▶ 42-0714325
Firm's address: ▶ 227 W FIRST ST STE 700 Phone no: (218) 727-5025
DULUTH, MN 558021926

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 NORTHLAND FOUNDATION INVESTS IN PEOPLE AND COMMUNITIES TO SUPPORT A THRIVING NORTHEAST MINNESOTA WE DO THIS THROUGH GRANTS TO NONPROFITS, LOANS TO BUSINESSES, THE KIDS PLUS PROGRAM, OUR ASSISTED LIVING FACILITIES IN NE MN, AND OTHER SPECIAL INITIATIVES

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 \$ 2,173,699 including grants of \$) (Revenue \$ 2,053,340)

See Additional Data

4b (Code) (Expenses \$ 2,032,808 including grants of \$ 1,410,304) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 881,265 including grants of \$ 22,698) (Revenue \$ 640,249)

See Additional Data

(Code) (Expenses \$ 822,962 including grants of \$) (Revenue \$)

LAUNCHED BY THE NORTHLAND FOUNDATION IN 1990, THE GOAL OF THE KIDS PLUS PROGRAM IS TO IMPROVE THE WELL-BEING OF CHILDREN AND YOUTH IN NORTHEASTERN MINNESOTA KIDS PLUS IS A FAMILY OF INITIATIVES DESIGNED TO SUPPORT CHILDREN FROM BIRTH TO ADULTHOOD KIDS PLUS AREAS OF FOCUS INCLUDE 1) TECHNICAL ASSISTANCE AND COMMUNITY PLANNING IN 55 SITES, 2) EARLY CARE AND EDUCATION INCLUDING COALITION DEVELOPMENT IN 11 SITES, AN INFANT AND EARLY CHILDHOOD MENTAL HEALTH INITIATIVE, AND PROGRAMMING TO HELP INCREASE ACCESS TO HIGH QUALITY CHILD CARE, 3) YOUTH LEADERSHIP AND PHILANTHROPY ENGAGING YOUTH AND ADULT MENTORS IN TRAINING AND IMPLEMENTATION OF YOUTH-LED SERVICE PROJECTS, 4) INTERGENERATIONAL PROGRAMMING IN 16 SITES INCLUDING THREE INDIAN RESERVATIONS SERVING 6,700 PEOPLE OF ALL AGES ANNUALLY, AND 5) TRAINING AND CONFERENCING PROVIDING 50 EDUCATION SESSIONS ON AN ARRAY OF CHILD AND YOUTH DEVELOPMENT TOPICS SERVING 1,805 PEOPLE ANNUALLY

4d Other program services (Describe in Schedule O)
(Expenses \$ 822,962 including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 5,910,734

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] 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 (HEATHER BROUSE 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 (218) 723-4040).

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) CINDY ANDERSON BINA BOARD MEMBER	2 00	X						0	0	0
(2) LISA BODINE BOARD MEMBER	2 00	X						0	0	0
(3) STEVE DOWNING BOARD CHAIR	3 00	X		X				0	0	0
(4) LYNN GOERDT BOARD MEMBER	2 00	X						0	0	0
(5) VICTORIA HAGBERG BOARD MEMBER	2 00	X						0	0	0
(6) JASON HOLLINDAY SECRETARY	2 00	X		X				0	0	0
(7) TRENT JANEZICH 1ST VICE CHAIR	2 00	X		X				0	0	0
(8) LISA KRUSE BOARD MEMBER	2 00	X						0	0	0
(9) NEVADA LITTLEWOLF 2ND VICE CHAIR	2 00	X		X				0	0	0
(10) PETER MCDERMOTT BOARD MEMBER	2 00	X						0	0	0
(11) ANGIE MILLER BOARD MEMBER	2 00	X						0	0	0
(12) SHAYE MORIS BOARD MEMBER	2 00	X						0	0	0
(13) DIANE RAUSCHENFELS BOARD MEMBER	2 00	X						0	0	0
(14) TOM RIDER TREASURER	2 00	X		X				0	0	0
(15) ED ZABINSKI BOARD MEMBER	2 00	X						0	0	0
(16) ANTHONY SERTICH PRESIDENT	55 00			X				158,863	0	19,826
(17) LYNN HAGLIN VICE PRESIDENT	50 00			X				150,751	0	38,451

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			
(18) HEATHER BROUSE CFO	50 00			X				116,133	0	26,403
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								425,747	0	84,680

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 ▶ **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
AVINITY MANAGEMENT COMPANY 7645 LYNDAL AVE S 110 RICHFIELD, MN 55423	NAL MANAGEMENT	143,949

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 ▶ **1**

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	60,547			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,487,117			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		2,547,664			
Program Service Revenue		Business Code				
	2a ASSISTED LIVING INITIATIVE	623000	2,053,340	2,053,340		
	b LOAN PROGRAM INTEREST INCOME	525990	640,249	640,249		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,693,589				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,459,433		1,459,433	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	31,038,870			
		(ii) Other				
		b Less cost or other basis and sales expenses	32,379,810			
		c Gain or (loss)	-1,340,940			
	d Net gain or (loss)		-1,340,940		-1,340,940	
	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						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		5,359,746	2,693,589	0	118,493	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,433,002	1,433,002		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	505,536	386,015	82,639	36,882
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.	1,938,530	1,749,686	124,115	64,729
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	46,560	38,171	5,026	3,363
9 Other employee benefits.	279,035	225,907	44,139	8,989
10 Payroll taxes.	208,264	166,871	34,921	6,472
11 Fees for services (non-employees)				
a Management.	124,070		124,070	
b Legal.	9,497	8,071	1,426	
c Accounting.	52,625	13,250	39,375	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	27,000			27,000
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	377,324	352,223	24,908	193
12 Advertising and promotion.	116,837	43,641	67,121	6,075
13 Office expenses.	483,216	431,268	48,714	3,234
14 Information technology.	31,853		31,853	
15 Royalties.				
16 Occupancy.	95,223		95,223	
17 Travel.	116,361	64,139	48,705	3,517
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	205,507	189,500	10,806	5,201
20 Interest.	248,202	245,434		2,768
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	332,058	225,939	105,795	324
23 Insurance.	68,867	6,760	61,377	730
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 FOOD	100,114	100,114		
b PROVISION FOR LOAN LOSS	87,780	87,780		
c UTILITIES	63,190	63,190		
d PROPERTY TAXES	54,698		54,698	
e All other expenses	130,870	79,773	49,193	1,904
25 Total functional expenses. Add lines 1 through 24e.	7,136,219	5,910,734	1,054,104	171,381
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 <input type="checkbox"/> 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	9,446,801	2	7,128,652
	3 Pledges and grants receivable, net	3,660,003	3	2,113,405
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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	10,136,760	7	10,519,501
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,310	9	28,116
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,163,155		
	b Less accumulated depreciation	2,671,829		
	11 Investments—publicly traded securities	54,778,227	11	62,128,570
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	333,432	15	428,029
16 Total assets. Add lines 1 through 15 (must equal line 34)	83,205,460	16	86,837,599	
Liabilities	17 Accounts payable and accrued expenses	2,962,280	17	4,212,979
	18 Grants payable	555,908	18	393,832
	19 Deferred revenue	257,818	19	328,147
	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	11,791,385	23	8,353,571
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	15,567,391	26	13,288,529
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	63,494,576	27	69,870,662
	28 Temporarily restricted net assets	4,143,493	28	3,678,408
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	67,638,069	33	73,549,070
	34 Total liabilities and net assets/fund balances	83,205,460	34	86,837,599

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,359,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,136,219
3	Revenue less expenses Subtract line 2 from line 1	3	-1,776,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,638,069
5	Net unrealized gains (losses) on investments	5	7,687,474
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73,549,070

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1554455

Name: NORTHLAND FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

WITH THE SUPPORT OF ITS BOARD OF TRUSTEES, THE NORTHLAND FOUNDATION LAUNCHED NORTHLAND ASSISTED LIVING IN 2006. A 20-UNIT RESIDENTIAL STYLE COMMUNITY FOR OLDER ADULTS, "NORTHLAND VILLAGE - MCGREGOR'S ASSISTED LIVING COMMUNITY", OPENED IN APRIL 2007 FOLLOWED BY BUHL, MN IN 2009 AND HOYT LAKES, MN IN 2011. THESE DEVELOPMENTS HAVE PROVIDED MUCH-NEEDED SENIOR HOUSING WITH SERVICES TO OLDER ADULTS IN UNDERSERVED AREAS AND CREATED QUALITY EMPLOYMENT OPPORTUNITIES. NORTHLAND DOES NOT DISCRIMINATE BETWEEN PRIVATE PAY RESIDENTS AND THOSE WHO NEED FINANCIAL ASSISTANCE. IN FISCAL YEAR 2017, NORTHLAND ASSISTED LIVING SERVED 69 RESIDENTS, RESULTING IN 18,277 RESIDENT DAYS, AND EMPLOYED 104 PEOPLE.

Form 990, Part III, Line 4b:

THE GRANT PROGRAM PROVIDES FINANCIAL AND TECHNICAL RESOURCES TO TAX-EXEMPT NONPROFITS AND PUBLIC ENTITIES INCLUDING SCHOOL DISTRICTS LOCATED IN AITKIN, CARLTON, COOK, ITASCA, KOOCHICHING, LAKE AND ST LOUIS COUNTIES WITHIN TWO PRIORITY AREAS 1) CHILDREN, YOUTH AND FAMILIES, AND 2) OPPORTUNITIES FOR SELF-RELIANCE ACROSS GENERATIONS THESE FUNDING PRIORITIES ARE ESTABLISHED AS A RESULT OF NEEDS ASSESSMENTS AND BROAD PUBLIC INPUT, AND ARE CONTINUALLY REFINED AS ECONOMIC AND SOCIAL CONDITIONS CHANGE WITHIN THE REGION GRANT FUNDING FROM THE NORTHLAND FOUNDATION HAS ASSISTED INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGHOUT THE REGION TO GROW AND PROSPER IN FISCAL YEAR 2017, NORTHLAND AWARDED 177 GRANTS TOTALING \$1,410,304

Form 990, Part III, Line 4c:

SINCE 1988, THE NORTHLAND FOUNDATION'S BUSINESS FINANCE PROGRAM HAS OFFERED FLEXIBLE FINANCING OFTEN IN PARTNERSHIP WITH BANKS OR OTHER DEVELOPMENT LENDERS TO HELP BUSINESSES TO START UP OR EXPAND IN THE NORTHEASTERN MINNESOTA COUNTIES OF AITKIN, CARLTON, COOK, ITASCA, KOOCHICHING, LAKE, AND ST LOUIS. THE PROGRAM'S GOAL IS TO PROMOTE A SUSTAINABLE REGIONAL ECONOMY AND ASSIST BORROWERS TO RETAIN OR CREATE NEW, HIGH-QUALITY JOBS - A CRITICAL COMPONENT OF RURAL COMMUNITY VITALITY IN A REGION THAT STRUGGLES WITH HIGHER THAN AVERAGE UNEMPLOYMENT RATES. RECIPIENTS MAY BE FOR-PROFIT OR NONPROFIT ENTITIES. IN FISCAL YEAR 2016, NORTHLAND APPROVED 23 LOANS TOTALING \$2,562,141 WHICH IN TURN HELPED LEVERAGE \$15.9 MILLION IN ADDITIONAL INVESTMENTS AND HELPED CREATE OR SAVE 463 JOBS. IN FISCAL YEAR 2017, NORTHLAND AWARDED 9 BUSINESS RELATED GRANTS TOTALING \$22,698.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service
Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

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 **section 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 33 1/3% 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 33 1/3% 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,278,338	2,812,933	3,389,776	4,745,539	2,547,664	15,774,250
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	2,278,338	2,812,933	3,389,776	4,745,539	2,547,664	15,774,250
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)						9,551,912
6	Public support. Subtract line 5 from line 4						6,222,338

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	2,278,338	2,812,933	3,389,776	4,745,539	2,547,664	15,774,250
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,412,765	1,594,630	1,575,542	1,655,477	1,459,433	7,697,847
9	Net income from unrelated business activities, whether or not the business is regularly carried on			19,123			19,123
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		34,000				34,000
11	Total support. Add lines 7 through 10						23,525,220
12	Gross receipts from related activities, etc. (see instructions)					12	11,873,572

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 2016 (line 6, column (f) divided by line 11, column (f))	14	26.450 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	24.070 %

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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. **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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

THE NORTHLAND FOUNDATION IS A PUBLICLY-SUPPORTED ORGANIZATION THAT HAS AN ONGOING PROGRAM FOR RAISING FUNDING TO SUPPORT ITS PRIORITY AREAS AND INITIATIVES EACH YEAR, FUNDS ARE REQUESTED AND RECEIVED FROM INDIVIDUALS, BUSINESSES, CIVIC ORGANIZATIONS, GOVERNMENTAL ENTITIES, FOUNDATIONS, AND OTHER PUBLIC CHARITIES THE NORTHLAND FOUNDATION IS GOVERNED BY A BOARD OF TRUSTEES REPRESENTING A BROAD CROSS-SECTION OF GEOGRAPHY, INTEREST, AND KNOWLEDGE OF THE PEOPLE AND COMMUNITIES OF NORTHEASTERN MINNESOTA THROUGH THE GRANT PROGRAM, BUSINESS FINANCE PROGRAM, KIDS PLUS PROGRAM, NORTHLAND ASSISTED LIVING, AND OTHER SPECIAL INITIATIVES, THE NORTHLAND FOUNDATION PROVIDES AN ARRAY OF SERVICES AVAILABLE FOR THE GENERAL PUBLIC THESE SERVICES INCLUDE GRANTS, BUSINESS LOANS, COMMUNITY-BASED PROGRAMMING, TRAINING, AND ASSISTED LIVING HOUSING FOR THE ELDERLY THE NORTHLAND FOUNDATION HAS A TEAM OF STAFF MEMBERS WORKING ON FUND DEVELOPMENT EFFORTS INCLUDING THE PRESIDENT, VICE PRESIDENT/KIDS PLUS DIRECTOR, DIRECTOR OF BUSINESS FINANCE AND DIRECTOR OF SPECIAL PROJECTS ADDITIONAL SUPPORT IS PROVIDED BY THE DIRECTOR OF COMMUNICATIONS, TWO PROGRAM ASSOCIATES, AND AN ADMINISTRATIVE ASSISTANT EACH STAFF MEMBER SERVES IN A VARIETY OF ROLES FROM RELATIONSHIP-BUILDING, SCANNING FOR NEW FUNDING OPPORTUNITIES, DEVELOPING NEW PROGRAM CONCEPTS, MEETING WITH PROSPECTIVE FUNDERS AND FUNDING PARTNERS, PARTICIPATING IN SITE VISITS WITH PROSPECTIVE FUNDERS THE DIRECTOR OF SPECIAL PROJECTS SERVES IN THE CAPACITY OF A FULL-TIME GRANT-WRITER DURING FY 2016-17, 32 GRANT PROPOSALS, 55 REQUESTS TO INDIVIDUALS, AND 62 CORPORATE REQUESTS WERE SUBMITTED, RESULTING IN FUNDING AWARDS FROM A BROAD ARRAY OF SOURCES INCLUDING FOUNDATIONS, CORPORATE GIVING PROGRAMS, STATE GOVERNMENT, BUSINESSES, SERVICES ORGANIZATIONS, AND INDIVIDUALS THE NORTHLAND FOUNDATION CONSTANTLY SEEKS WAYS TO DIVERSIFY ITS FUND DEVELOPMENT EFFORTS INCLUDING INDIVIDUAL GIVING, MAJOR GIFTS, AND PLANNED GIVING THE NORTHLAND FOUNDATION IS NOT A MEMBERSHIP ORGANIZATION THAT SOLICITS DUES

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INSURANCE PROCEEDS - 2013 AMOUNT \$ 34,000

Schedule A Form 990 or 990-E 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization: NORTHLAND FOUNDATION

Employer identification number: 41-1554455

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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.

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	55,698,576	60,148,388	62,346,271	53,779,082	46,186,545
b Contributions	12,661	11,930	21,103		
c Net investment earnings, gains, and losses	7,791,827	-2,260,951	375,024	9,794,644	8,669,107
d Grants or scholarships		249,725	278,146		
e Other expenditures for facilities and programs	1,058,791	1,037,890	977,227	1,227,455	1,076,570
f Administrative expenses		913,176	1,338,637		
g End of year balance	62,444,273	55,698,576	60,148,388	62,346,271	53,779,082

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- 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
- | | | |
|--|--------------------------|--------------------------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | Yes | No |
| 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b** Yes No
- 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		317,602		317,602
b Buildings		4,931,398	1,466,087	3,465,311
c Leasehold improvements		35,913	35,704	209
d Equipment		1,059,014	906,135	152,879
e Other		819,228	263,903	555,325
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,491,326

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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	13,047,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,687,474
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	7,687,474
3	Subtract line 2e from line 1	3	5,359,746
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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,359,746

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	7,136,219
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	7,136,219
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,136,219

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: 41-1554455

Name: NORTHLAND FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT IS TO CONTINUE TO GROW OUR CAPACITY FOR FUTURE GENERATIONS AND ENSURE THE STABILITY OF THE NORTHLAND FOUNDATION TO MEET OUR MISSION AS IT RELATES TO THE NEEDS OF THE REGION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	NORTHLAND FOUNDATION AND SUBSIDIARIES HAVE BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND A SIMILAR SECTION OF THE STATE CODE THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 FUND CONSULTING INC 1165 N CLARK ST STE 300 CHICAGO, IL 60610	ASSISTANCE WITH GRANT WRITING		No	0	27,000	-27,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					27,000	-27,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

MN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHLAND FOUNDATION

Employer identification number

41-1554455

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and a 'See Additional Data Table' row.

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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(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	ORGANIZATIONS ARE REQUIRED TO SUBMIT INTERIM AND FINAL REPORTS DETAILING PROGRAM ACCOMPLISHMENTS AND USE OF GRANT FUNDS ORGANIZATIONS ITEMIZE ACTUAL EXPENDITURES COMPARED TO THE BUDGET THEY SUBMITTED WITH THEIR GRANT APPLICATION ORGANIZATIONS REPORT ON HOW NORTHLAND FOUNDATION FUNDS WERE SPENT AS WELL AS ADDITIONAL FUNDS PROVIDED BY THE GRANTEE AND OTHER SOURCES ORGANIZATIONS REPORT ON SOURCES OF FUNDING FOR THE PROJECT BOTH AS PROJECTED IN THE GRANT APPLICATION AND THE ACTUAL RECEIPTS OVER THE COURSE OF THE GRANT PERIOD ORGANIZATIONS RECEIVING GRANTS \$5,000 AND UNDER SUBMIT A FINAL REPORT ORGANIZATIONS THAT RECEIVE GRANTS OVER \$5,000 SUBMIT AN INTERIM REPORT IN ADDITION TO A FINAL REPORT BOTH THE DIRECTOR OF GRANTMAKING AND THE GRANTS MANAGER REVIEW THESE REPORTS AS THEY COME IN

Additional Data

Software ID:
Software Version:
EIN: 41-1554455
Name: NORTHLAND 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
AITKIN PUBLIC SCHOOLS - ISD #001 225 2ND AVENUE SW AITKIN, MN 56431	41-6000001	GOVERNMENTAL	21,000				TO SUPPORT THE COORDINATION AND IMPLEMENTATION OF ACTIVITIES THAT TAP THE TALENTS OF OLDER ADULTS TO HELP YOUTH AND COMMUNITY THRIVE TO SUPPORT QUALITY OUT-OF-SCHOOL TIME PROGRAMMING FOR AITKIN AREA YOUTH SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION 202 WEST SECOND STREET DULUTH, MN 55802	41-1782394	501(C)(3)	60,000				TO PROVIDE OUT-OF-SCHOOL TIME PROGRAMMING FOR YOUTH AT THE GIMAAJII RESIDENCE IN DULUTH TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS

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
APEX 306 WEST SUPERIOR STREET SUITE 902 DULUTH, MN 55802	32-0079166	501(C)(3)	15,000				TO SUPPORT ECONOMIC DEVELOPMENT EFFORTS IN DULUTH AND THE SURROUNDING AREA
ARROWHEAD CENTER INC 505 12TH AVENUE WEST 1 VIRGINIA, MN 557922877	41-0956874	501(C)(3)	20,000				TO SUPPORT THE CREATION OF IN-SCHOOL SUPPORTS FOR STUDENTS WHO ARE EXPERIENCING SUBSTANCE ADDICTION AND MENTAL HEALTH SYMPTOMS IN THE VIRGINIA SCHOOL DISTRICT

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
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY 702 3RD AVENUE SOUTH VIRGINIA, MN 55792	41-6052144	501(C)(3)	41,425				TO PROVIDE INFORMATION AND SERVICES TO LOW-INCOME PEOPLE IN COOK COUNTY TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS TO BUILD RAISED GARDEN BEDS IN DOWNTOWN VIRGINIA THAT WILL SERVE PEOPLE WITH DISABILITIES THESE GARDENS WILL BE ACCESSIBLE FOR PEOPLE OF ALL AGES AND ABILITIES TO PLANT, GROW, AND HARVEST
BARNUM SCHOOLS - ISD #091 3675 COUNTY ROAD 140 BARNUM, MN 55707	41-6000448	GOVERNMENTAL	6,000				TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3 TO SUPPORT A SUMMER PROGRAM THAT OFFERS DIVERSE ACTIVITIES TO 3RD THROUGH 8TH GRADE STUDENTS PREK TO GRADE 3 TEAM GRANTS PROGRAM VIII, 9TH PLANNING GRANT OFFERED TO NORTHEAST MINNESOTA SCHOOL DISTRICTS AND INDIAN RESERVATION TEAMS ATTENDING THE NORTHLAND FOUNDATION'S EARLY CHILDHOOD SUMMIT IN 2016

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
BOYS & GIRLS CLUBS OF THE NORTHLAND 102 S 29TH AVENUE WEST 200 PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)(3)	30,540				TO PROVIDE MEALS FOR THE OUT-OF-SCHOOL TIME PROGRAM AT THE BOYS AND GIRLS CLUB IN DULUTH TO HELP CREATE A NEW ROBOTICS CLUB FOR ALL BOYS & GIRLS CLUB MEMBERS TO LEARN ABOUT GEARS, MACHINES, AND ENGINEERING TO SUPPORT THE CREATION OF A NEW BRANCH OF THE BOYS AND GIRLS CLUB SERVING YOUTH IN GRAND RAPIDS AND GREENWAY SCHOOL DISTRICTS
BRIDGES KINSHIP MENTORING 703 N POKEGAMA AVE GRAND RAPIDS, MN 55744	41-1922877	501(C)(3)	9,000				TO SUPPORT MENTORING PROGRAMS IN ITASCA COUNTY

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
CENTER CITY HOUSING CORPORATION 105 1/2 WEST FIRST STREET DULUTH, MN 55802	36-3485584	501(C)(3)	20,000				TO PROVIDE SERVICES TO HOMELESS FAMILIES IN TRANSITIONAL HOUSING
CHILDREN'S DENTAL SERVICES INC 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	15,000				TO SUPPORT ACCESS TO DENTAL CARE FOR LOW-INCOME CHILDREN IN NORTHEAST MINNESOTA

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
CHISHOLM KIDS PLUS 301 4TH ST SW CHISHOLM, MN 55719	20-1241174	501(C)(3)	7,500				RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS
CHURCHES UNITED IN MINISTRY 102 WEST 2ND STREET DULUTH, MN 55802	41-1227969	501(C)(3)	105,000				TO SUPPORT CHILDREN'S PROGRAMMING AT THE STEVE O'NEIL APARTMENTS

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
CITIZENS FOR BACKUS 900 FIFTH STREET INTERNATIONAL FALLS, MN 56649	32-0018497	501(C)(3)	9,800				TO DEVELOP A NEW STRATEGIC PLAN FOR THE BACKUS COMMUNITY CENTER TO SUPPORT PROGRAMMING TO ADDRESS HUNGER IN THE INTERNATIONAL FALLS COMMUNITY
CLOQUET PUBLIC SCHOOLS - ISD #094 302 14TH STREET CLOQUET, MN 55720	41-6000450	GOVERNMENTAL	12,500				PREK TO GRADE 3 TEAM GRANTS PROGRAM VIII, 9TH PLANNING GRANT OFFERED TO NORTHEAST MINNESOTA SCHOOL DISTRICTS AND INDIAN RESERVATION TEAMS ATTENDING THE NORTHLAND FOUNDATION'S EARLY CHILDHOOD SUMMIT IN 2016 TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3 RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS

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
COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET SUITE 102 DULUTH, MN 55806	41-1410670	501(C)(3)	44,000				SUPPORT FOR INCOME TAX PREPARATION SERVICES FOR PEOPLE WITH LOW-INCOMES TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS
COOK COUNTY SCHOOLS - ISD #166 101 WEST 5TH STREET GRAND MARAIS, MN 55604	41-6000677	GOVERNMENTAL	15,980				TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3 TO SUPPORT IN-SCHOOL PROGRAMMING THAT SUPPORTS THE SOCIAL-EMOTIONAL DEVELOPMENT OF STUDENTS

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
DAMIANO OF DULUTH INC 206 W 4TH ST RM 201 DULUTH, MN 55806	41-1453521	501(C)(3)	5,000				TO SUPPORT PROGRAMMING TO INCREASE ACCESS TO HEALTHY MEALS FOR YOUTH
DULUTH AREA FAMILY YMCA 302 WEST 1ST STREET DULUTH, MN 55802	41-0693931	501(C)(3)	35,000				TO SUPPORT THE EXPANSION OF THE LITTLE TREASURES CHILD CARE PROGRAM TO SUPPORT COLLABORATIVE EFFORTS TO EXPAND ACCESS TO OUTDOOR RECREATION 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
DULUTH PUBLIC SCHOOLS - ISD #709 215 N 1ST AVENUE EAST DULUTH, MN 55802	41-6003776	GOVERNMENTAL	20,000				TO SUPPORT PROFESSIONAL DEVELOPMENT TO STRENGTHEN PRE K - GRADE 3 LEARNING TO SUPPORT THE PLACEMENT OF AMERICORPS MEMBERS IN THE DULUTH PUBLIC SCHOOLS TO HELP BOOST ACADEMIC ACHIEVEMENT PREK TO GRADE 3 TEAM GRANTS PROGRAM VIII, 9TH PLANNING GRANT OFFERED TO NORTHEAST MINNESOTA SCHOOL DISTRICTS AND INDIAN RESERVATION TEAMS ATTENDING THE NORTHLAND FOUNDATION'S EARLY CHILDHOOD SUMMIT IN 2016
ELY COMMUNITY RESOURCE INC 40 NORTH 1ST AVENUE/PO BOX 374 ELY, MN 55731	41-1333048	501(C)(3)	5,500				RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017

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
FALLS HUNGER COALITION INC 1000 5TH STREET INTL FALLS, MN 56649	36-3602229	501(C)(3)	10,000				SUPPORT FOR THE BONUS BUCKS PROGRAM TO PROVIDE FRESH PRODUCE AND DAIRY PRODUCTS TO PEOPLE IN NEED
FIRST WITNESS CHILD ADVOCACY CENTER 4 WEST 5TH STREET DULUTH, MN 55806	41-1737291	501(C)(3)	10,000				TO SUPPORT EFFORTS TO IMPROVE THE RESPONSE OF THE CHILD PROTECTION SYSTEM WHEN DOMESTIC VIOLENCE IS ALSO PRESENT

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
FLOODWOOD KIDS PLUS PO BOX 348 FLOODWOOD, MN 55736	41-6005161	501(C)(3)	14,000				TO SUPPORT OUT OF SCHOOL TIME ACTIVITIES FOR YOUTH IN THE FLOODWOOD AREA
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA 1720 BIG LAKE ROAD CLOQUET, MN 55720	41-0965719	501(C)(3)	40,500				TO SUPPORT A SUMMER GARDENING PROGRAM FOR YOUTH TO TEACH HEALTHY COOKING/EATING AND BUSINESS DEVELOPMENT SKILLS RURAL AGING INITIATIVE AGE TO AGE COLLEGE INTERN PROGRAM TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS

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
FOND DU LAC TRIBAL & COMMUNITY COLLEGE 2101 14TH STREET CLOQUET, MN 55720	41-1687554	GOVERNMENTAL	20,000				TO PROVIDE COUNSELING AND EDUCATION SUPPORT TO PEOPLE IN RECOVERY FROM CHEMICAL DEPENDENCY
HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781	41-2006723	501(C)(3)	20,000				IN SUPPORT OF MENTORING PROGRAMS IN THE HIBBING AREA

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
INVEST EARLY 820 NW 1ST AVENUE GRAND RAPIDS, MN 55744	14-1998752	501(C)(3)	14,000				PREK TO GRADE 3 TEAM GRANTS PROGRAM VIII, 9TH PLANNING GRANT OFFERED TO NORTHEAST MINNESOTA SCHOOL DISTRICTS AND INDIAN RESERVATION TEAMS ATTENDING THE NORTHLAND FOUNDATION'S EARLY CHILDHOOD SUMMIT IN 2016 TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3
ITASCA COUNTY HABITAT FOR HUMANITY 510 SE 11TH STREET GRAND RAPIDS, MN 55744	58-1285159	501(C)(3)	20,000				TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS

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
JUST KIDS DENTAL PO BOX 146 TWO HARBORS, MN 55616	27-2311353	501(C)(3)	15,000				TO SUPPORT PREVENTATIVE ORAL HEALTH EDUCATION AND TREATMENT TO LOW-INCOME CHILDREN AND YOUTH
KICKSTART PRESCHOOL LLC 1073 HIGHWAY 61 TWO HARBORS, MN 55616	26-3969114	GOVERNMENTAL	50,000				IN SUPPORT OF CHILD CARE PROGRAM EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND 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
KINDRED FAMILY FOCUS 505 HIGHWAY 169 N SUITE 500 PLYMOUTH, MN 55441	36-4494707	501(C)(3)	10,000				TO FUND A STAFF POSITION TO HELP RECRUIT FOSTER FAMILIES IN CARLTON, AITKIN, ITASCA, AND ST LOUIS COUNTIES
KOOCHICHING AGING OPTIONS 1000 FIFTH STREET SUITE 210 INTERNATIONAL FALLS, MN 56649	26-4636084	501(C)(3)	7,500				TO SUPPORT SERVICES AND PROGRAMS TO HELP OLDER ADULTS AGE IN PLACE IN KOOCHICHING COUNTY

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 SCHOOL DISTRICT - ISD #381 1640 HIGHWAY 2 TWO HARBORS, MN 55616	41-6001896	GOVERNMENTAL	22,433				TO SUPPORT THE COORDINATION AND IMPLEMENTATION OF ACTIVITIES THAT TAP THE TALENTS OF OLDER ADULTS TO HELP YOUTH AND COMMUNITY THRIVE TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3 RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS
LEGAL AID SERVICE OF NORTHEASTERN MINNESOTA 424 WEST SUPERIOR STREET 302 ORDEAN BLDG DULUTH, MN 55802	41-0958386	501(C)(3)	20,000				TO PROVIDE INTERIM LEGAL SUPPORT DURING A LEADERSHIP TRANSITION

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
LIFE HOUSE INC 102 WEST 1ST STREET DULUTH, MN 55802	41-1704840	501(C)(3)	30,000				TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS
LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 2424 WEST 5TH STREET SUITE 10 DULUTH, MN 55806	27-4990487	501(C)(3)	7,500				TO SUPPORT EARLY CHILDHOOD PROGRAMMING AND PARENT EDUCATION IN THE LINCOLN PARK NEIGHBORHOOD OF DULUTH

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
LITTLE BEGINNINGS DAYCARE 174 N MADDY STREET MCGREGOR, MN 55760	46-9272050	501(C)(3)	10,000				IN SUPPORT OF CHILD CARE PROGRAM START-UP WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION
LITTLE EAGLES CHILDCARE INC 414 MAIN STREET TOWER, MN 55790	81-4487876	501(C)(3)	10,500				IN SUPPORT OF CHILD CARE PROGRAM START-UP WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND 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
LOCAL INITIATIVES SUPPORT CORPORATION 202 WEST SUPERIOR STREET SUITE 301 DULUTH, MN 55802	13-3030229	501(C)(3)	20,000				IN SUPPORT OF THE COMMUNITY AND ECONOMIC DEVELOPMENT WORK OF DULUTH LISC
MCGREGOR KIDS PLUS SOMETHING COOL INC PO BOX 99 94 NORTH MADDY STREET MCGREGOR, MN 55760	41-1941630	501(C)(3)	30,000				TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS

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
MINI MOS LLC 2 BETH ANN DRIVE ESKO, MN 55733	81-2069090	501(C)(3)	30,000				IN SUPPORT OF CHILD CARE PROGRAM EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 2700 E LAKE STREET SUITE 3350 MINNEAPOLIS, MN 55406	41-1694717	501(C)(3)	10,000				TO SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES IN CRISIS

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 COALITION FOR THE HOMELESS 2233 UNIVERSITY AVE W 434 ST PAUL, MN 55114	41-1601248	501(C)(3)	15,000				TO SUPPORT WORK THAT DEEPENS RELATIONSHIPS WITH TRIBAL PARTNERS WITH THE BOIS FORTE, FOND DU LAC, AND GRAND PORTAGE RESERVATIONS, ALONG WITH DULUTH AREA AND IRON RANGE COMMUNITY ALLIES INVESTED IN AMERICAN INDIAN HOUSING NEEDS
MINNESOTA COUNCIL OF NONPROFITS 2314 UNIVERSITY AVE WEST SUITE 20 SAINT PAUL, MN 55114	36-3501477	501(C)(3)	8,000				SUPPORT FOR THE 2017 MN COUNCIL OF NONPROFITS ANNUAL CONFERENCE TO SUPPORT PROGRAMMING TO STRENGTHEN THE NONPROFIT SECTOR IN NORTHEAST MINNESOTA

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 DIVERSIFIED INDUSTRIES 3501 BROADWAY ST NE SUITE 100 MINNEAPOLIS, MN 55413	41-0941924	501(C)(3)	10,000				TO SUPPORT THE DEVELOPMENT AND PILOTING OF A WORK SKILLS TRAINING PROGRAM FOR EMPLOYEES WITH AND WITHOUT DISABILITIES WORKING IN AN INTEGRATED WORKPLACE
MOOSE LAKE SCHOOLS - ISD #097 413 BIRCH AVENUE PO BOX 489 MOOSE LAKE, MN 55767	41-6000446	GOVERNMENTAL	7,850				TO CREATE BENCHES CONSTRUCTED AND DESIGNED BY STUDENTS THAT WILL CREATE GATHERING SPACES AT THEIR NEW SCHOOL RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017SUPPORT SELF-DETERMINED INTERGENERATIONAL ACTIVITIES THAT HELP FOSTER SOCIAL CONNECTIONS OF OLDER ADULTS AND YOUNG PEOPLE AS A KEY RESOURCE TO IMPROVE THE HEALTH & WELL-BEING OF COMMUNITY MEMBERS

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
NORTHOME KIDS PLUSNORTHOME SCHOOL PO BOX 465/HWY 1 NORTHOME, MN 56661	41-0853044	501(C)(3)	5,000				TO SUPPORT SUMMER ACADEMIC PROGRAMMING FOR NORTHOME AREA YOUTH
ONE ROOF COMMUNITY HOUSING 12 EAST 4TH STREET DULUTH, MN 55805	41-1678328	501(C)(3)	45,000				TO PROVIDE SERVICES TO RESOLVE DISPUTES BETWEEN TENANTS AND LANDLORDS THAT COULD LEAD TO EVICTION AND HOMELESSNESS TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS

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
PLANNED PARENTHOOD OF MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA STREET SAINT PAUL, MN 55114	41-0948382	501(C)(3)	5,500				TO SUPPORT THE TEEN COUNCIL PROVIDING PEER EDUCATION ON REPRODUCTIVE HEALTH TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO CREATE MONTHLY CAMPAIGNS WHICH PROMOTE THE SOCIAL AND PHYSICAL HEALTH OF ALL PEOPLE
PROCTOR PUBLIC SCHOOLS - ISD #704 131 9TH AVENUE PROCTOR, MN 55810	41-6003748	GOVERNMENTAL	9,500				TO SUPPORT LOCALLY-DESIGNED PROJECTS TO ENHANCE AND STRENGTHEN COORDINATION OF LEARNING EXPERIENCES FROM PREK TO GRADE 3 RURAL AGING INITIATIVE-AGE TO AGE COLLEGE INTERN PROGRAM 2017

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
PROJECT CARE FREE CLINIC 3112 6TH AVENUE EAST HIBBING, MN 55746	27-3176137	501(C)(3)	20,000				TO SUPPORT FREE HEALTH CLINICS IN HIBBING, VIRGINIA AND GRAND RAPIDS
RECREATIONAL EXPERIENCES ACHIEVING COMM HARMONY (REACH) 1214-1/2 CLOQUET AVE CLOQUET, MN 55720	81-0598151	501(C)(3)	10,000				TO SUPPORT A NEW STAFF POSITION TO EXPAND MENTORING IN CLOQUET

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
RURAL AND AMERICAN INDIGENOUS LEADERSHIP 222 SOUTH 8TH ST VIRGINIA, MN 55792	47-2887868	501(C)(3)	5,000				TO SUPPORT PLANNING ACTIVITIES TO IMPROVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE ON THE IRON RANGE
SECOND HARVEST NORTH CENTRAL FOOD BANK 2222 CROMWELL DRIVE/BOX 5130 GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)	10,000				TO SUPPORT EFFORTS TO REDUCE CHILDHOOD HUNGER IN AITKIN AND ITASCA COUNTIES

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
SERVANTS OF SHELTER 900 5TH ST STE 212 INTERNATIONAL FALLS, MN 56649	80-0860415	501(C)(3)	15,000				TO SUPPORT SERVICES TO PEOPLE EXPERIENCING HOMELESSNESS IN INTERNATIONAL FALLS AND SURROUNDING COMMUNITIES
SPIRIT OF THE LAKE COMMUNITY SCHOOL 1346 W ARROWHEAD ROAD BOX 339 DULUTH, MN 55811	45-4770508	501(C)(3)	16,500				IN SUPPORT OF CHILD CARE PROGRAM EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND 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
SUMMER YOUTH OUTREACH PROGRAM (SWOP) PO BOX 237 MT IRON, MN 55768	80-0312401	501(C)(3)	22,200				TO PROVIDE STRATEGIC PLANNING SERVICES TO A YOUTH EMPLOYMENT PROGRAM TO SUPPORT THE CREATION OF A PAID POSITION TO HELP STRENGTHEN THE ORGANIZATION
TWO HARBORS AREA FOOD SHELF PO BOX 601 TWO HARBORS, MN 55616	47-1321541	501(C)(3)	10,000				TO PURCHASE NEW COMPUTERS AND SOFTWARE TO TRACK DONATIONS AND DISTRIBUTIONS

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				TO SUPPORT PROGRAMMING THAT ENGAGES YOUTH IN CREATING INTER-GENERATIONAL RADIO STORIES
UNIVERSITY OF MINNESOTA-CENTER FOR URBAN AND REGIONAL AFFAIRS 301 19TH AVE S 330 HHH MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENTAL	15,000				TO PROVIDE SUPPORT SERVICES TO PREGNANT WOMEN WHO ARE INCARCERATED IN THE ST LOUIS COUNTY JAIL

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
VALLEY YOUTH CENTERS 720 NORTH CENTRAL AVENUE DULUTH, MN 55807	41-0850223	501(C)(3)	20,000				TO SUPPORT ENRICHING OUT-OF-SCHOOL TIME ACTIVITIES TO YOUTH IN WEST DULUTH TO SUPPORT SUMMER TIME PROGRAMMING FOR YOUTH IN WEST DULUTH
VIRGINIA SCHOOL DISTRICT #706 411 SOUTH FIFTH AVENUE VIRGINIA, MN 55792	41-6003760	GOVERNMENTAL	15,040				PREK TO GRADE 3 TEAM GRANTS PROGRAM VIII, 9TH PLANNING GRANT OFFERED TO NORTHEAST MINNESOTA SCHOOL DISTRICTS AND INDIAN RESERVATION TEAMS ATTENDING THE NORTHLAND FOUNDATION'S EARLY CHILDHOOD SUMMIT IN 2016 IN SUPPORT OF PRE-K PROGRAMMING IN THE VIRGINIA SCHOOL DISTRICT TO SUPPORT THE INTRODUCTION OF LEGO ROBOTICS TO K-2ND GRADERS IN AN AFTER SCHOOL SCIENCE PROGRAM TO HELP BUILD SCHOOL SPIRIT AMONG STUDENTS, STAFF AND COMMUNITY

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
VOLUNTEERS IN EDUCATION INC PO BOX 668 VIRGINIA, MN 55792	45-0578555	501(C)(3)	12,000				TO FURTHER DEVELOP TRAINING OF VOLUNTEER TUTORS WORKING TO STRENGTHEN THE READING AND MATH SKILLS OF ACADEMICALLY AT-RISK STUDENTS ACROSS THE IRON RANGE
WESTERN LAKE SUPERIOR HABITAT FOR HUMANITY 2002 W SUPERIOR ST SUITE 9 DULUTH, MN 55806	41-1631246	501(C)(3)	20,000				TO HELP CREATE AND STRENGTHEN SOCIAL ENTERPRISE AIMED AT SUPPORTING LOW-INCOME PEOPLE TO ADVANCE CAREER PATHWAYS AND BUILD FINANCIAL ASSETS

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
WOODLAND HILLS 4321 ALLENDALE AVENUE DULUTH, MN 55803	41-0693848	501(C)(3)	20,000				TO PROVIDE OUT-OF-SCHOOL TIME PROGRAMMING FOR YOUTH IN THE CENTRAL HILLSIDE NEIGHBORHOOD OF DULUTH
YWCA OF DULUTH 32 EAST FIRST STREET SUITE 202 DULUTH, MN 55802	41-0696493	501(C)(3)	15,000				TO SUPPORT PARENTING SERVICES AND STAFF DEVELOPMENT FOR THE YWCA EARLY CHILDHOOD EDUCATION PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization NORTHLAND FOUNDATION	Employer identification number 41-1554455
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b	No								
<p>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?</p>	2	Yes								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	No								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 ANTHONY SERTICH PRESIDENT	(i)	154,269 -----	3,162 -----	1,432 -----	8,808 -----	11,018 -----	178,689 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 LYNN HAGLIN VICE PRESIDENT	(i)	147,585 -----	0 -----	3,166 -----	9,135 -----	29,316 -----	189,202 -----	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.

Return Reference	Explanation
PART I, LINE 1A	THE PRESIDENT RECEIVES GROSS UP PAYMENTS ON HIS PERSONAL USE OF VEHICLE EXPENSE. CAR ALLOWANCE SUBSTANTIATION IS REQUIRED AND PAYMENTS ARE TAXABLE TO THE RECIPIENT.
PART I, LINE 1B	THERE IS NOT A WRITTEN POLICY REGARDING THE PERSONAL USE OF AUTOS, BUT SUBSTANTIATION IS REQUIRED PRIOR TO REIMBURSEMENT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHLAND FOUNDATION

Employer identification number

41-1554455

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	AVINITY MANAGEMENT COMPANY (AVINITY) HAS BEEN ENGAGED AS AN INDEPENDENT CONTRACTOR TO PROVIDE MANAGEMENT SERVICES TO NORTHLAND ASSISTED LIVING (NAL), WHICH OWNS THREE SENIOR HOUSING FACILITIES IN MINNESOTA AVINITY HAS THE AUTHORITY TO NEGOTIATE AND EXECUTE, ON BEHALF OF NAL, ALL LEASES, RENTAL AGREEMENTS, AND CONTRACTS FOR WORK OR SERVICES NECESSARY FOR OPERATION AND MANAGEMENT OF THE SENIOR HOUSING FACILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PRESIDENT AND THE CFO REVIEW A COPY OF THE 990 AFTER IT IS COMPLETED A COPY OF THE 990 IS THEN MADE AVAILABLE AT THE NEXT FINANCE COMMITTEE MEETING FOR REVIEW AND IS OPEN FOR DISCUSSION THE FINANCE COMMITTEE WILL THEN SUGGEST APPROVAL AT THE NEXT BOARD MEETING DURING THAT BOARD MEETING, IT IS OPEN FOR DISCUSSION AND APPROVED BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE BOARD OF TRUSTEES, COMMITTEE MEMBERS AND STAFF MAKE REGULAR DECISIONS REGARDING DISBURSEMENT OR ASSIGNMENT OF RESOURCES FROM THE FOUNDATION FOR BUSINESS LOANS, CONTRACTS, COMMUNITY AND ECONOMIC DEVELOPMENT GRANTS AND FOR THE ONGOING OPERATION OF THE FOUNDATION, AND SHALL REPRESENT THE ENTIRE REGION FAIRLY IT IS IMPERATIVE THAT DECISIONS AFFECTING THE FOUNDATION ARE NOT TAINTED BY REAL OR PERCEIVED CONFLICTS OF INTEREST MEMBERS OF THE BOARD OR COMMITTEES WILL NOT PARTICIPATE IN DISCUSSING OR VOTING UPON ANY PROPOSAL OR BUSINESS AGREEMENT IN WHICH THEY HAVE A DIRECT OR INDIRECT PERSONAL OR FINANCIAL INTEREST IN ADDITION, AS SOON AS A POTENTIAL CONFLICT OF INTERESTS BECOMES APPARENT, THE MEMBER MUST INFORM THE BOARD OR COMMITTEE OF THE POTENTIAL CONFLICT OF INTEREST STAFF WILL NOT PROMOTE PROPOSALS OR INITIATE BUSINESS AGREEMENTS FOR THE FOUNDATION THAT WOULD FINANCIALLY BENEFIT THE MEMBER OR MEMBERS OF THEIR FAMILY WITHOUT INFORMING THE PRESIDENT IF THE POTENTIAL CONFLICT OF INTEREST AFFECTS THE PRESIDENT, THE BOARD SHALL BE NOTIFIED OPTIONS FOR RESOLUTION IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, OPTIONS TO BE EMPLOYED, AT THE DISCRETION OF THE CHAIR AND/OR PRESIDENT WOULD INCLUDE, BUT NOT BE LIMITED TO 1 THE BOARD MEMBER, COMMITTEE MEMBER OR STAFF MEMBER WOULD NOT BE PERMITTED INPUT ON THE DECISION 2 THE MEMBER IN QUESTION MAY RESPOND TO SPECIFIC INQUIRIES REGARDING THE DECISION, BUT NOT PARTICIPATE IN MAKING THE DECISION 3 THE MEMBER IN QUESTION SHALL LEAVE THE ROOM WHILE THE ITEM IS UNDER DISCUSSION CONFLICT OF INTEREST DISCLOSURE FORM BOARD, COMMITTEE AND STAFF MEMBERS WILL ALSO BE EXPECTED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AT THE END OF EACH FISCAL YEAR OR UPON APPOINTMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD IN CONSULTATION WITH THE EXECUTIVE COMMITTEE USES DATA FROM COMPENSATION SURVEYS TO DETERMINE COMPENSATION LEVELS, AND THEN MEETS WITH THE PRESIDENT TO DISCUSS AFTER THE MEETING A RECOMMENDATION IS BROUGHT TO THE BOARD OF TRUSTEES AND A DECISION IS MADE BY THE BOARD THE SURVEYS USED ARE ONES THAT ARE DONE BY SIMILAR NON-PROFITS IN THE STATE TO BRING RECOMMENDATIONS TO THE BOARD OF TRUSTEES FOR ALL EMPLOYEE WAGES THE BOARD OF TRUSTEES APPROVE AN ANNUAL BUDGET THAT MAY INCLUDE ADJUSTMENTS FOR THE ENTIRE STAFF IN CASES WHERE AN EMPLOYEE'S RESPONSIBILITIES HAVE CHANGED TO RECOMMEND A CORRESPONDING SALARY ADJUSTMENT, THE PRESIDENT HAS THE AUTHORITY FROM THE BOARD TO MAKE SUCH APPROPRIATE ADJUSTMENTS, IN LINE WITH THE BOARD APPROVED ANNUAL BUDGET

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHLAND FOUNDATION

Employer identification number

41-1554455

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHLAND ASSISTED LIVING LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 20-5440048	ASSISTED LIVING ORGANIZATION	MN	2,520,542	702,265	N/A
(2) MCGREGOR PROPERTIES LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 20-5490145	PROPERTIES	MN	37	1,216,772	N/A
(3) BUHL PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 26-0558429	PROPERTIES	MN	97,242	1,319,686	N/A
(4) HOYT LAKES PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 26-4816942	PROPERTIES	MN	96,874	1,872,688	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTHLAND INSTITUTE 13911 RIDGEDALE DRIVE 260 MINNEAPOLIS, MN 55305 31-1504160	PROVIDE SUPPORT FOR SOCIAL AND ECONOMIC PROGRAMS IN THE AREA	MN	501(C)(3)	9	NORTHLAND FOUNDATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**