Form 990-T (2018

Form 990-T	(2018) NORTHLAND FOUNDATION	41-1554455	Page
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	a A 36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	34 37 T	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	/ / 	27000.
00	enter the smaller of zero or line 36	1	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	35	
40			
44	Tax rate schedule or Schedule D (Form 1041)		
	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)	1 42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		0.
Part V		- · · · · · · · · · · · · · · · · · · ·	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47		tach schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments. A 2017 overpayment credited to 2018	' '	
þ	2018 estimated tax payments 50th 50th	880.	
C	Tax deposited with Form 8868	2,600.	
d	Foreign organizations; Tax paid or withheld at source (see instructions) 50d 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 500		
51	Total payments. Add lines 50a through 50g	s ₁	3,480.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲	5/2	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	~_ \$ \$	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	7-31 ▶ 54	3,480.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded 55	3,480.
Part V	1 Statements Regarding Certain Activities and Other Information (see instruction)	ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		ŀ
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?	Х
	If "Yes," see instructions for other forms the organization may have to file.	•	
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge and belief, it is	s true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	3-/2-30 ▶ PRESIDENT	May the IRS discuss the preparer shown	
	Signature of officer Date Title	instructions)? X	
	Print/Type preparer's name Preparer's signature Date Ch	heck If PTIN	<u> </u>
Paid		elf- employed	
		P0127	78549
Prepa	- DOW TIG TID		714325
Use O	227 WEST FIRST STREET, SUITE 700	<u>v</u> v	
		Phone no 218-727-	-5025

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A					
1 Inventory at beginning of year 1				Inventory at end of yea	ır		6		
2 Purchases	es 2 7 Cost of goods sold Subtract line 6					line 6			
3 Cost of labor	3	_	from line 5. Enter here and in Part I,						
4 a Additional section 263A costs				line 2		7	<u> </u>		
(attach schedule)	4a		. 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?		114711 5 15		<u>,</u>	L
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)	
Description of property	<u> </u>	-							
(1)				-					
(2)									
(3)		•	_						
(4)									
	2. Rent receiv	ed or accrued						· · · · · · · · · · · · · · · · · · ·	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)						· · · · · · · · · · · · · · · · · · ·			
(2)				 					
(3)									
(4)									
Total	0.	Total		•	0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
			١,	Gross income from		 Deductions directly con to debt-finance 			
1 Description of debt-fo	nanced property		'	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
Description of debt-financed property				financed property		(attach schedule)		(attach schedule)	
(1)			+				+		
(2)			1		<u> </u>		\top		
(3)							\top		
(4)			†				\top		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average of or a debt-financed		adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)			8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)	<u> </u>			%			+		
(2)				%					
(3)				%					
(4)				%					
					E .	nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				▶		0			0.
Total dividends-received deductions in	ncluded in column	ı 8			·				0.

Form 990-T (2018), NORTHL	AND F	'OUNDA'	TION						41-15	54455	5 Page	
Schedule F - Interest, A	nnuitie	s, Royal	ties, an	d Rents	From Co	ntrolled	Organiza	tions	see ins	structions		
			-	Exempt (Controlled O	rganızatıc	ons			_		
1 Name of controlled organization		identif					al of specified lents made	5 Part of column 4 th included in the contro organization's gross in		rolling	olling connected with income	
(1)								<u> </u>				
(2)	<u> </u>	<u> </u>										
(3)		 										
(4)		<u> </u>				<u>. </u>						
Nonexempt Controlled Organiz	zations	<u> </u>		<u> </u>		L		<u> </u>				
7 Taxable Income		unrelated incon	no (loce)	O Tatal	of openition and		40 Cost of colu	O the	t to restricted	44 00		
y raxable income		see instruction			l of specified payments made		10 Part of column 9 that is includ in the controlling organization's gross income			ed 11. Deductions directly connected with income in column 10		
(1)	·											
(2)												
(3)		<u>-</u> .										
(4)												
14/	L <u></u>						Add colum Enter here and		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0.	
Schedule G - Investme		me of a s	Section	501(c)(7), (9), or (17) Org 						
1 Descri	1 Description of income				2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)											ļ	
(3)												
(4)					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals				>		0.	: 				0.	
Schedule I - Exploited (see instru		Activity	Income	e, Other	Than Adv	ertisin	g Income					
			3 =-	penses	4. Net incom	ne (loss)					7. Excess exempt	
Description of exploited activity	1 Description of exploited activity unrelated business income from trade or business of u		directly of with pro of uni	connected oduction related s income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	that attribut		able to	expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)		_										
(4)							-				<u> </u>	
	Enter he	re and on	Enter he	re and on					<u> </u>		Enter here and	
		I, Part I, col (A)		i, Part I, col (B)							on page 1, Part II, line 26	
Totals	,	0.		0.							0.	
Schedule J - Advertisir	a Incor		nstruction								1 0.	
Part I Income From F					hatchilo	Racic			-			
	Criodic	- I CP					т		r ·			
1 Name of periodical	2. Gross advertising income			3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5 Circulat income				7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)					1							
(4)			1 -		7						•	
												
Totals (carry to Part II, line (5))	•		0.	. 0							0.	

%

Total Enter here and on page 1, Part II, line 14

Form 990-T (2018), NORTHLAND							<u>-155445</u>	5 Page
Part II Income From Perio columns 2 through 7 on a			Separ	ate Basis (For ea	ch peri	odical listed in f	Part II, fill in	
1. Name of periodical	2 Gross advertising income	3 c advertis			Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	-		_					
(2)				****				
(3)								
(4)			-					
Totals from Part I	0.		0.		,	*	·	0.
	Enter here and on page 1 Part I, line 11, col (A)	page 1	e and on , Part I col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	n of Officers, D	Directo	rs, and	Trustees (see in	structio	ons)		
1 Name								pensation attributable prelated business
(1)							%	
(2)	•						%	
(3)				· · · · · ·	•		0/	

Form 990-T (2018)

0.

(4)