

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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 \$ 42,427,855

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 SEVEN COUNTIES AND FIVE TRIBAL NATIONS IN NORTHEASTERN MINNESOTA WITH GRANTS, BUSINESS LOANS, KIDS PLUS PROGRAM, AND 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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	16
6 Total number of volunteers (estimate if necessary)	6	638
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,944,595	4,162,213
9 Program service revenue (Part VIII, line 2g)	2,683,247	1,587,256
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,150,334	2,744,811
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	215,719	-4,119,355
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,993,895	4,374,925
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,098,785	3,615,754
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)	3,058,289	2,535,640
16a Professional fundraising fees (Part IX, column (A), line 11e)	36,000	36,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶222,831		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,375,209	2,159,271
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,568,283	8,346,665
19 Revenue less expenses. Subtract line 18 from line 12	7,425,612	-3,971,740
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	87,351,872	87,209,560
21 Total liabilities (Part X, line 26)	12,144,518	10,557,300
22 Net assets or fund balances. Subtract line 21 from line 20	75,207,354	76,652,260

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: 2020-03-02
TONY SERTICH PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01278549
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 227 WEST FIRST STREET SUITE 700 DULUTH, MN 558021926			Phone no. (218) 727-5025	

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.

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 \$ 4,126,754 including grants of \$ 3,590,065) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 854,315 including grants of \$) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 810,531 including grants of \$ 25,688) (Revenue \$ 772,710)

See Additional Data

(Code:) (Expenses \$ 952,680 including grants of \$) (Revenue \$ 814,546)

NORTHLAND ASSISTED LIVING WAS LAUNCHED IN 2006 TO PROVIDE HIGH-QUALITY SENIOR HOUSING WITH SERVICES AS WELL AS EMPLOYMENT OPPORTUNITIES IN UNDERSERVED NORTHEAST MINNESOTA RURAL COMMUNITIES. NORTHLAND DEVELOPED THREE, 20-UNIT RESIDENTIAL FACILITIES FOR OLDER ADULTS LOCATED IN MCGREGOR, BUHL, AND HOYT LAKES, MN. IN FISCAL YEAR 2019, NORTHLAND ASSISTED LIVING SERVED 52 RESIDENTS, RESULTING IN 6,455 RESIDENT DAYS, AND EMPLOYED 78 PEOPLE.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 952,680 including grants of \$) (Revenue \$ 814,546)

4e Total program service expenses ▶ 6,744,280

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, financial reporting, and asset management.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HEATHER BROUSE 202 WEST SUPERIOR STREET NO 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 TRUSTEE	2.00	X					0	0	0	
(2) MARY HARRELSON TRUSTEE	2.00	X					0	0	0	
(3) STEVE DOWNING PAST CHAIR	1.00	X		X			0	0	0	
(4) LYNN GOERDT TRUSTEE - TERMED AUG 2018	1.00	X					0	0	0	
(5) VICTORIA HAGBERG SECRETARY	2.00	X		X			0	0	0	
(6) JASON HOLLINDAY VICE CHAIR	2.00	X		X			0	0	0	
(7) TRENT JANEZICH CHAIR	3.00	X		X			0	0	0	
(8) LISA KRUSE TRUSTEE	2.00	X					0	0	0	
(9) NEVADA LITTLEWOLF 2ND VICE CHAIR - TERMED AUG 2018	1.00	X		X			0	0	0	
(10) PETER MCDERMOTT TRUSTEE	2.00	X					0	0	0	
(11) ANGIE MILLER TRUSTEE	2.00	X					0	0	0	
(12) SHAYE MORIS TRUSTEE	3.00	X					0	0	0	
(13) SUMAIR SHEIKH TRUSTEE	2.00	X					0	0	0	
(14) JOANN SMITH TRUSTEE	2.00	X					0	0	0	
(15) TOM RIDER TREASURER	3.00	X		X			0	0	0	
(16) LYNN HAGLIN VICE PRESIDENT	50.00			X			156,381	0	41,985	
(17) HEATHER BROUSE CHIEF FINANCIAL OFFICER	45.00			X			109,801	0	28,852	

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) ANTHONY SERTICH PRESIDENT	55.00 1.00			X				173,391	0	31,618
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								439,573	0	102,455

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,479,997				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,682,216				
	g Noncash contributions included in lines 1a - 1f: \$ _____						
	h Total. Add lines 1a-1f			4,162,213			
Program Service Revenue	2a ASSISTED LIVING INITIATIVE	Business Code					
		623000	794,272	794,272			
	b LOAN PROGRAM INTEREST INCOME	525990	655,710	655,710			
	c PROVISION FOR LOAN LOSSES	525990	117,000	117,000			
	d RECOVERIES OF BAD DEBT	623000	20,274	20,274			
	e _____						
	f All other program service revenue.						
g Total. Add lines 2a-2f			1,587,256				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,056,051			2,056,051	
	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	(ii) Other				
		38,737,490	4,200				
		b Less: cost or other basis and sales expenses					
		38,052,930	0				
	c Gain or (loss)	684,560	4,200				
	d Net gain or (loss)			688,760		688,760	
	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 LOSS ON DISCONTINUED OPERATIONS	623000	-4,119,355			-4,119,355		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			-4,119,355				
12 Total revenue. See Instructions.			4,374,925	1,587,256	0	-1,374,544	

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	1,602,698	1,602,698		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,013,056	2,013,056		
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	547,174	426,033	79,648	41,493
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	1,472,994	1,274,783	102,343	95,868
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	55,612	43,895	6,049	5,668
9 Other employee benefits	310,416	286,294	5,351	18,771
10 Payroll taxes	149,444	128,549	11,767	9,128
11 Fees for services (non-employees):				
a Management	44,933		44,933	
b Legal	58,127	5,662	52,465	
c Accounting	55,567	13,997	41,570	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	36,000			36,000
f Investment management fees	638,331		638,331	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	193,830	184,051	9,473	306
12 Advertising and promotion	51,693	15,158	31,715	4,820
13 Office expenses	90,681	63,745	25,293	1,643
14 Information technology	80,659	7,508	73,151	
15 Royalties				
16 Occupancy	102,141		102,141	
17 Travel	120,223	59,728	57,977	2,518
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	249,697	236,057	11,803	1,837
20 Interest	110,026	107,995	84	1,947
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,539	87,675	30,165	699
23 Insurance	18,657		18,657	
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 UNRELATED BUSINESS TAX	1,741		1,741	
b OTHER EXPENSES	53,210	53,210		
c REPAIRS AND MAINTENANCE	45,537	45,537		
d FOOD	38,553	38,553		
e All other expenses	87,126	50,096	34,897	2,133
25 Total functional expenses. Add lines 1 through 24e	8,346,665	6,744,280	1,379,554	222,831
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	1,196,140	1	1,347,159
	2 Savings and temporary cash investments	7,702,623	2	8,780,100
	3 Pledges and grants receivable, net	1,070,036	3	202,639
	4 Accounts receivable, net		4	157,718
	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	9,559,566	7	8,673,734
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,979	9	29,455
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	425,564		
	b Less: accumulated depreciation	361,594		
		4,224,721	10c	63,970
	11 Investments—publicly traded securities	63,363,051	11	67,954,785
	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	202,756	15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,351,872	16	87,209,560	
Liabilities	17 Accounts payable and accrued expenses	1,901,588	17	1,251,022
	18 Grants payable	677,524	18	355,699
	19 Deferred revenue	885,356	19	645,456
	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	8,680,050	23	8,305,123
	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	0
	26 Total liabilities. Add lines 17 through 25	12,144,518	26	10,557,300
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	72,980,233	27	75,493,815
	28 Temporarily restricted net assets	2,227,121	28	1,158,445
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	75,207,354	33	76,652,260	
34 Total liabilities and net assets/fund balances	87,351,872	34	87,209,560	

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	4,374,925
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,346,665
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,971,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,207,354
5	Net unrealized gains (losses) on investments	5	5,416,646
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	76,652,260

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1554455

Name: NORTHLAND FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE GRANT PROGRAM PROVIDES FINANCIAL AND TECHNICAL RESOURCES TO TAX-EXEMPT NONPROFITS AND PUBLIC ENTITIES SUCH AS SCHOOL DISTRICTS WITHIN OUR 7-COUNTY REGION. OUR TWO PRIORITY AREAS ARE: 1) CHILDREN, YOUTH AND FAMILIES; AND 2) INDIVIDUAL AND COMMUNITY WELLBEING. THE NORTHLAND FOUNDATION ALSO ACTS AS AN INTERMEDIARY GRANTOR WHERE MISSION AND PRIORITIES ALIGN. IN FISCAL YEAR 2019, NORTHLAND AWARDED 181 GRANTS TOTALING \$1.6 MILLION AND DISTRIBUTED \$2 MILLION IN MINNESOTA EARLY LEARNING SCHOLARSHIPS ON BEHALF OF THE STATE.

Form 990, Part III, Line 4b:

THE KIDS PLUS PROGRAM HAS BEEN IMPROVING THE WELL-BEING OF CHILDREN AND YOUTH SINCE 1992. FROM BIRTH TO ADULTHOOD. KIDS PLUS PROVIDES: 1) EARLY CHILDHOOD EFFORTS ENCOMPASSING EARLY CARE AND EDUCATION, INFANT AND EARLY CHILDHOOD MENTAL HEALTH, AND INCREASED ACCESS TO HIGH-QUALITY CHILD CARE; 2) YOUTH PROGRAMS INCLUDING LEADERSHIP DEVELOPMENT AND PHILANTHROPY LEARNING; AND 3) INTERGENERATIONAL PROGRAMS CONNECTING YOUNG PEOPLE WITH ADULTS 55+. IN FISCAL YEAR 2019, KIDS PLUS ENGAGED 3,146 PEOPLE IN 93 TRAININGS AND CONVENINGS, AND ITS PROGRAMS SERVED 26,067 PEOPLE ACROSS THE REGION.

Form 990, Part III, Line 4c:

THE BUSINESS FINANCE PROGRAM OFFERS FLEXIBLE FINANCING TO ASSIST WITH BUSINESS START-UP AND EXPANSION WITHIN OUR 7-COUNTY REGION, IN ORDER TO BOLSTER THE REGIONAL ECONOMY AND PROMOTE JOB CREATION - CRITICAL COMPONENTS OF THRIVING COMMUNITIES. FINANCING IS OFTEN IN THE FORM OF GAP LENDING MADE IN PARTNERSHIP WITH BANKS OR OTHER DEVELOPMENT LENDERS. BORROWERS MAY BE FOR-PROFIT OR NONPROFIT ENTITIES. IN FISCAL YEAR 2019, NORTHLAND CLOSED 25 LOANS TOTALING \$2 MILLION WHICH HELPED CREATE OR SAVE 171 JOBS AND LEVERAGE \$10.2 MILLION IN OTHER INVESTMENTS.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,389,776	4,745,539	2,547,664	2,944,595	4,162,213	17,789,787
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	3,389,776	4,745,539	2,547,664	2,944,595	4,162,213	17,789,787
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)						7,812,116
6	Public support. Subtract line 5 from line 4.						9,977,671

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	3,389,776	4,745,539	2,547,664	2,944,595	4,162,213	17,789,787
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,575,542	1,655,477	1,459,433	1,825,129	2,056,052	8,571,633
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.). . .				215,719	137,274	352,993
11	Total support. Add lines 7 through 10						26,733,536
12	Gross receipts from related activities, etc. (see instructions)					12	11,481,765

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	37.320 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	28.400 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	RECOVERIES OF LOAN LOSSES - 2017 AMOUNT: \$ 11,909. PROVISION FOR LOAN LOSSES - 2017 AMOUNT : \$ 203,810. 2018 AMOUNT: \$ 117,000. RECOVERY OF BAD DEBT - 2018 AMOUNT: \$ 20,274.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
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.
▶ Go to www.irs.gov/Form990 for the latest information.

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.

	(a) Donor advised funds	(b) Funds and other accounts
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.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 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
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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	13,131,121
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,416,646	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-638,331	
e	Add lines 2a through 2d			2e 4,778,315
3	Subtract line 2e from line 1			3 8,352,806
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	-3,977,881	
c	Add lines 4a and 4b			4c -3,977,881
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 4,374,925

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	11,686,215
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	3,977,881	
e	Add lines 2a through 2d			2e 3,977,881
3	Subtract line 2e from line 1			3 7,708,334
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	638,331	
c	Add lines 4a and 4b			4c 638,331
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 8,346,665

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 BOARD-DESIGNATED ENDOWMENT IS TO GROW THE NORTHLAND FOUNDATION'S CAPACITY FOR FUTURE GENERATIONS AND ENSURE THE STABILITY OF THE ORGANIZATION TO ADDRESS ITS MISSION IN THE REGION.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>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 2016.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES -638,331.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	LOSS ON DISCONTINUED OPERATIONS -4,119,355. PROVISION FOR LOAN LOSSES 117,000. RECOVERY OF BAD DEBT 20,274. SALE OF ASSETS 4,200.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR LOAN LOSSES -117,000. SALE OF ASSETS -4,200. LOSS ON DISCONTINUED OPERATIONS 4,119,355. RECOVERY OF BAD DEBT -20,274.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 638,331.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
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.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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			
FUND CONSULTING INC 1165 N CLARK ST STE 300 CHICAGO, IL 60610	ASSISTANCE WITH GRANT WRITING		No	0	36,000	-36,000
Total					36,000	-36,000

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, WI

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))
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 provide any additional information. See instructions.

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EARLY LEARNING SCHOLARSHIPS	573	2,013,056			
(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 REPORTS DETAILING PROGRAM ACCOMPLISHMENTS AND USE OF GRANT FUNDS FOR THE GRANT PERIOD. ORGANIZATIONS PROVIDE ACTUAL EXPENDITURES COMPARED TO THE PROPOSED BUDGET THAT WAS INCLUDED IN THE GRANT APPLICATION. FUNDED ORGANIZATIONS REPORT HOW THE NORTHLAND FOUNDATION FUNDING WAS USED, AS WELL AS OTHER SOURCES. BOTH THE DIRECTOR OF GRANTMAKING AND THE GRANTS MANAGER REVIEW ALL REPORTS.

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
BOYS & GIRLS CLUBS OF GRAND RAPIDS AND GREENWAY PO BOX 61 GRAND RAPIDS, MN 55744	41-0969947	501(C)(3)	40,798				TO SUPPORT OUT-OF-SCHOOL TIME ENRICHMENT PROGRAMMING FOR STUDENTS IN THE GRAND RAPIDS AND GREENWAY SCHOOL DISTRICTS. TO PROVIDE CLUB MEMBERS WITH ACCESS TO CLEAN CLOTHES, PERSONAL HYGIENE ITEMS, AND NECESSITIES. TO SUPPORT HEALTHY LIFESTYLE PROGRAMMING AROUND PHYSICAL ACTIVITY AND NUTRITION AT THE BOYS AND GIRLS CLUBS IN DULUTH.
MEN AS PEACEMAKERS 123 W SUPERIOR STREET 301 DULUTH, MN 55802	41-1841689	501(C)(3)	40,000				TO PROVIDE DOMESTIC VIOLENCE AND HUMAN TRAFFICKING PREVENTION PROGRAMMING TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN 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
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA 1720 BIG LAKE ROAD CLOQUET, MN 55720	41-0965719	GOVERNMENTAL	35,500				TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROMOTE THE HEALTH AND WELL-BEING OF ELDERS THROUGH COMMUNITY GARDENING, FOOD PRESERVATION AND SOCIAL ENGAGEMENT. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.
SILVER BAY EARLY CHILDHOOD COALITION 137 BANKS BLVD SILVER BAY, MN 55614	41-6001896	GOVERNMENTAL	34,600				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO SUPPORT ACTIVE LIVING AND INTERGENERATIONAL OPPORTUNITIES FOR OLDER ADULTS. TO SUPPORT A LOCAL "FIND THE KIND CHALLENGE" THAT ENCOURAGES PEOPLE TO POSITIVELY IMPACT SOMEONE'S MENTAL HEALTH THROUGH ACTS OF KINDNESS. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND PORTAGE BAND OF LAKE SUPERIOR CHIPPEWA PO BOX 428 GRAND PORTAGE, MN 55605	41-0969619	GOVERNMENTAL	34,000				TO SUPPORT INTERGENERATIONAL YOUTH PROGRAMMING IN GRAND PORTAGE. TO SUPPORT THE DEVELOPMENT OF A WEBSITE TO PROVIDE HISTORICAL, PROGRAM, AND COMMUNITY INFORMATION FOR THE GRAND PORTAGE BAND OF LAKE SUPERIOR CHIPPEWA. TO SUPPORT SOCIAL ENGAGEMENT PROGRAMMING FOR GRAND PORTAGE ELDERS.
FIRST CHILDREN'S FINANCE 111 THIRD AVE S SUITE 220 MINNEAPOLIS, MN 55401	41-1694837	501(C)(3)	33,333				TO ESTABLISH A CHILDCARE BUSINESS CENTER IN NORTHEASTERN MINNESOTA DEDICATED TO SERVING THE NEEDS OF CHILD CARE PROVIDERS IN THIS REGION.

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
LUTHERAN SOCIAL SERVICE OF MINNESOTA 424 W SUPERIOR ST STE 502 DULUTH, MN 55802	41-0872993	501(C)(3)	31,750				TO PROVIDE OUTREACH AND SERVICES TO YOUTH WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS. TO PROVIDE BASIC NEEDS AND HYGIENE SUPPLIES FOR HOMELESS AND AT RISK YOUTH THAT VISIT THE TEEN CLOSET. TO PROVIDE TRANSPORTATION SUPPORT FOR RESIDENTS OF ANOTHER DOOR SHELTER TO HELP THE YOUTH COMPLETE THEIR CASE MANAGEMENT GOALS.
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY NORTH SAINT PAUL, MN 55104	41-0693889	501(C)(3)	30,168				TO SUPPORT THE DEVELOPMENT OF INDICATOR PUBLICATIONS FOR NORTHEAST MINNESOTA. TO SUPPORT THE DULUTH NEIGHBORHOOD PROFILES ON THE MN COMPASS WEBSITE.

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
SECOND HARVEST NORTH CENTRAL FOOD BANK 2222 CROMELL DRIVE/BOX 5130 GRAND RAPIDS, MN 55744	41-1782776	501(C)(3)	30,000				TO SUPPORT PROGRAMMING TO REDUCE THE INCIDENCE OF CHILDHOOD HUNGER IN ITASCA AND AITKIN COUNTIES. TO SUPPORT THE DISTRIBUTION OF FRESH PRODUCE TO LOW-INCOME FAMILIES THROUGH MARKET POP-UPS.
CENTER CITY HOUSING CORPORATION 105 1/2 WEST FIRST STREET DULUTH, MN 55802	36-3485584	501(C)(3)	27,500				SUPPORT FOR STRATEGIC PLANNING ACTIVITIES. TO PROVIDE EARLY CHILDHOOD AND YOUTH PROGRAMMING TO HOMELESS FAMILIES IN TRANSITIONAL HOUSING.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781	41-2006723	501(C)(3)	27,500				TO SUPPORT STRONG SOCIAL-EMOTIONAL DEVELOPMENT THROUGH MENTORING FOR HIBBING AREA YOUTH.
MOOSE LAKE SCHOOLS - ISD #097 4812 COUNTY ROAD 10 MOOSE LAKE, MN 55767	41-6000446	GOVERNMENTAL	26,500				TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOQUET PUBLIC SCHOOLS- ISD #094 302 14TH STREET CLOQUET, MN 55720	41-6000450	GOVERNMENTAL	26,500				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.
PROCTOR PUBLIC SCHOOLS - ISD #704 131 9TH AVENUE PROCTOR, MN 55810	41-6003748	GOVERNMENTAL	26,500				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO SUPPORT ACTIVE LIVING AND INTERGENERATIONAL OPPORTUNITIES FOR OLDER ADULTS. TO SUPPORT A LOCAL "FIND THE KIND CHALLENGE" THAT ENCOURAGES PEOPLE TO POSITIVELY IMPACT SOMEONE'S MENTAL HEALTH THROUGH ACTS OF KINDNESS. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES UNITED IN MINISTRY 102 WEST 2ND STREET DULUTH, MN 55802	41-1227969	501(C)(3)	26,000				TO SUPPORT PARTICIPATION IN HOMELESS DAY ON THE HILL IN 2019. TO SUPPORT ADDITIONAL STAFFING TO BETTER SERVE PEOPLE WHO ARE HOMELESS WITH CHEMICAL AND MENTAL HEALTH CHALLENGES.
MCGREGOR KIDS PLUS SOMETHING COOL INC PO BOX 99/94 NORTH MADDY STREET MCGREGOR, MN 55760	41-1941630	501(C)(3)	25,500				TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AITKIN PUBLIC SCHOOLS - ISD #001 225 2ND AVENUE SW AITKIN, MN 56431	41-6000001	GOVERNMENTAL	25,500				TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.
WELL BEING DEVELOPMENT 715 CENTRAL AVENUE ELY, MN 55731	27-2987032	501(C)(3)	25,000				TO SUPPORT THE LAUNCH OF A NEW PROGRAM TO HELP PEOPLE WITH CHRONIC MENTAL ILLNESS GAIN ACCESS TO EMPLOYMENT OPPORTUNITIES.

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

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CITIZENS FOR BACKUS 900 FIFTH STREET INTERNATIONAL FALLS, MN 56649	32-0018497	501(C)(3)	25,000				TO PROVIDE A SUMMER MEAL PROGRAM TO CHILDREN AND ADULTS IN INTERNATIONAL FALLS. GENERAL OPERATING SUPPORT FOR THE BACKUS COMMUNITY CENTER IN INTERNATIONAL FALLS.
APEX 306 WEST SUPERIOR STREET SUITE 902 DULUTH, MN 55802	32-0079166	501(C)(3)	25,000				TO SUPPORT A WORKFORCE SKILLS ASSESSMENT PROJECT. TO SUPPORT ECONOMIC DEVELOPMENT EFFORTS IN DULUTH AND THE SURROUNDING AREA.

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

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NORTH SHORE HORIZONS INC 127 7TH STREET TWO HARBORS, MN 556160206	41-1451736	501(C)(3)	25,000				TO SUPPORT TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE IN TWO HARBORS.
ADVOCATES AGAINST DOMESTIC ABUSE DBA HOPE (HEALING OPPORTUNITY PROVIDED EQU PO BOX 153 AITKIN, MN 564310153	41-1543099	501(C)(3)	25,000				TO SUPPORT PROGRAMMING TO INCREASE THE SAFETY OF VICTIMS OF DOMESTIC VIOLENCE.

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

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LIFE HOUSE INC 102 WEST 1ST STREET DULUTH, MN 55802	41-1704840	501(C)(3)	25,000				TO SUPPORT THE EDUCATIONAL AND EMPLOYMENT NEEDS OF YOUTH WHO ARE EXPERIENCING OR ARE AT-RISK OF HOMELESSNESS.
DEER RIVER SCHOOLS-ISD #317 BOX 307 DEER RIVER, MN 56636	41-6001597	GOVERNMENTAL	25,000				TO SUPPORT INCREASED FAMILY OUTREACH AS PART OF THE FULL SERVICE COMMUNITY SCHOOL MODEL.

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

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CHISHOLM KIDS PLUS 301 4TH STREET SW CHISHOLM, MN 55719	20-1241174	501(C)(3)	23,000				TO SUPPORT COMMUNITY VITALITY EFFORTS IN CHISHOLM. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.
BARNUM SCHOOLS-ISD #091 3675 COUNTY ROAD 140 BARNUM, MN 55707	41-6000448	GOVERNMENTAL	21,000				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION 202 WEST SUPERIOR STREET SUITE 301 DULUTH, MN 55802	13-3030229	501(C)(3)	20,000				TO SUPPORT COMMUNITY DEVELOPMENT EFFORTS ACROSS DULUTH.
CENTER AGAINST SEXUAL AND DOMESTIC ABUSE 318 21ST AVENUE EAST SUPERIOR, WI 54880	39-1478768	501(C)(3)	20,000				TO PROVIDE EMERGENCY HOUSING AND OTHER SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.

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

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VALLEY YOUTH CENTERS 720 NORTH CENTRAL AVENUE DULUTH, MN 55807	41-0850223	501(C)(3)	20,000				TO SUPPORT AFTER-SCHOOL PROGRAMMING FOR YOUTH IN WEST DULUTH.
ADVOCATES FOR FAMILY PEACE 1611 NW FOURTH STREET GRAND RAPIDS, MN 55744	41-1377489	501(C)(3)	20,000				TO INCREASE THE SAFETY OF WOMEN AND CHILDREN THROUGH SUPERVISED VISITATION AND EXCHANGES.

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

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DOMESTIC ABUSE INTERVENTION PROGRAMS 202 EAST SUPERIOR STREET DULUTH, MN 55802	41-1382134	501(C)(3)	20,000				TO PROVIDE SERVICES THAT INCREASE THE SAFETY FOR VICTIMS OF DOMESTIC VIOLENCE.
DAMIANO OF DULUTH INC 206 W 4TH ST RM 201 DULUTH, MN 55806	41-1453521	501(C)(3)	20,000				TO SUPPORT EXPANDED SERVICES TO PEOPLE WITH LOW-INCOMES.

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

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NASHWAUK-KEEWATIN SCHOOLS - ISD #319 400 SECOND STREET NASHWAUK, MN 55769	41-6001598	GOVERNMENTAL	20,000				TO SUPPORT OUT-OF-SCHOOL TIME PROGRAMMING FOR ELEMENTARY AGED CHILDREN IN THE NASHWAUK-KEEWATIN SCHOOLS.
LINCOLN PARK MIDDLE SCHOOL COLLABORATIVE 3215 WEST THIRD STREET DULUTH, MN 55806	46-1003776	GOVERNMENTAL	20,000				TO PILOT A SCHOOL-BASED INTERVENTION PROGRAM AIMED AT REDUCING ADOLESCENT DRUG AND ALCOHOL USE IN HIGH-RISK TEENAGERS IN THE LINCOLN PARK MIDDLE SCHOOL IN DULUTH AND THE VIRGINIA SCHOOL DISTRICT

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

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AUNTY'S CHILD CARE LLC 4801 COOKE STREET DULUTH, MN 55804	46-1211754		20,000				IN SUPPORT OF CHILD CARE PROGRAM START-UP WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION.
OSHKI OGIMAAG CHARTER SCHOOL PO BOX 320 73 UPPER ROAD GRAND PORTAGE, MN 55605	80-0272550	GOVERNMENTAL	19,000				TO PROVIDE ADDITIONAL ENRICHMENT OPPORTUNITIES FOR STUDENTS DURING THE SCHOOL DAY. TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.

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

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COOK COUNTY SCHOOLS-ISD #166 101 WEST 5TH STREET GRAND MARAIS, MN 55604	41-6000677	GOVERNMENTAL	18,000				TO SUPPORT IN-SCHOOL PROGRAMMING THAT SUPPORTS THE SOCIAL-EMOTIONAL DEVELOPMENT OF STUDENTS.
DULUTH PUBLIC SCHOOLS-ISD #709 215 N 1ST AVENUE EAST DULUTH, MN 55802	41-6003776	GOVERNMENTAL	15,500				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO PROVIDE SUPPORT TO FIRST-TIME PARENTS WHO HAVE MENTAL HEALTH AND CHEMICAL DEPENDENCY ISSUES. TO SUPPORT A NEW PROGRAM TO HELP STUDENTS OF COLOR EXPLORE CAREER OPPORTUNITIES AS TEACHERS. TO SUPPORT THE FIRST LEGO ROBOTICS TEAM AT LAURA MACARTHUR ELEMENTARY THROUGH THE PLANNING AND IMPLEMENTATION STAGE OF COMPETITION.

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

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KOOCHICHING AGING OPTIONS 1000 FIFTH STREET SUITE 210 INTERNATIONAL FALLS, MN 56649	26-4636084	501(C)(3)	15,000				TO SUPPORT SERVICES FOR OLDER ADULTS AND THEIR CAREGIVERS.
MINNESOTA CHIPPEWA TRIBE 15542 STATE HIGHWAY 371 CASS LAKE, MN 56633	41-0673588	GOVERNMENTAL	15,000				TO CONDUCT COMMUNITY PLANNING AND OUTREACH TO ASSIST ELDERS AND CAREGIVERS WITH ACCESSING SERVICES AND RESOURCES IN WESTERN ITASCA COUNTY (LEECH LAKE RESERVATION DISTRICT I).

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

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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.
UNITED WAY OF NORTHEASTERN MINNESOTA 608 EAST DRIVE CHISHOLM, MN 557190066	41-0908454	501(C)(3)	15,000				TO STRENGTHEN THE ORGANIZATIONAL CAPACITY OF THE UNITED WAY TO PROVIDE FUNDING AND PROGRAMMING IN NORTHERN ST. LOUIS AND KOOCHICHING COUNTIES.

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

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BOIS FORTE BAND OF CHIPPEWA 5344 LAKESHORE DRIVE NETT LAKE, MN 55772	41-0954784	GOVERNMENTAL	15,000				TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.
BOIS FORTE HEALTH AND HUMAN SERVICES 5219 SAINT JOHNS DRIVE NETT LAKE, MN 55771	41-0973541	GOVERNMENTAL	15,000				TO HELP ELDERS AGE IN PLACE BY IMPROVING THE ACCESSIBILITY OF THEIR HOMES.

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

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NORTHERN ITASCA HOSPITAL DISTRICT 258 PINE TREE DRIVE BIGFORK, MN 56628	41-1242647	GOVERNMENTAL	15,000				TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.
GRAND RAPIDS AREA COMMUNITY FOUNDATION 350 NW FIRST AVENUE SUITE E GRAND RAPIDS, MN 55744	41-1761590	501(C)(3)	15,000				TO SUPPORT YOUTH LEADERSHIP AND ENRICHMENT OPPORTUNITIES IN BALL CLUB, MN. TO INCREASE INDEPENDENT LIVING, INCLUSION, AND INTEGRATION FOR PEOPLE IN WHEELCHAIRS, AGING ADULTS, AND THEIR CAREGIVERS IN ITASCA COUNTY.

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

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NORTH HOUSE FOLK SCHOOL 500 W HIGHWAY 61 - PO BOX 759 GRAND MARAIS, MN 55604	41-1878887	501(C)(3)	15,000				TO PROVIDE INCREASED STAFF CAPACITY TO SUPPORT ORGANIZATIONAL EXPANSION.
FLOODWOOD KIDS PLUS PO BOX 348 FLOODWOOD, MN 55736	41-6005161	501(C)(3)	15,000				TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE.

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

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GOOD SAMARITAN SOCIETY - INTERNATIONAL FALLS 2201 KEENAN DRIVE INTERNATIONAL FALLS, MN 56649	45-0228055	501(C)(3)	15,000				TO LAUNCH THE ENGAGE ARTS PROGRAM PROVIDING SOCIAL ENGAGEMENT AND INTER-GENERATIONAL CONNECTIONS FOR OLDER ADULTS IN THE INTERNATIONAL FALLS AREA.
SERVANTS OF SHELTER 900 5TH ST STE 212 INTERNATIONAL FALLS, MN 56649	80-0860415	501(C)(3)	15,000				TO PROVIDE SHELTER AND SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS IN INTERNATIONAL FALLS.

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OSTARA INITIATIVE PO BOX 18603 MINNEAPOLIS, MN 55418	82-4855661	501(C)(3)	15,000				TO PROVIDE PRENATAL AND PARENTING SUPPORTS TO PREGNANT WOMEN AND MOTHERS WHO ARE INCARCERATED.
FRIENDS OF THE FINLAND COMMUNITY PO BOX 582 6866 CRAMER ROAD FINLAND, MN 55603	83-0494175	501(C)(3)	15,000				TO SUPPORT OUT-OF-SCHOOL TIME ENRICHMENT PROGRAMMING FOR YOUTH IN THE FINLAND AREA.

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FATHERS RISE TOGETHER 201 EAST 1ST STREET DULUTH, MN 55806	46-4718066	501(C)(3)	14,000				TO SUPPORT BUSINESS PLANNING WORKSHOPS TO ASSIST ENTREPRENEURS OF COLOR IN THE DULUTH AREA.
SUMMER WORK OUTREACH PROJECT (SWOP) 8590 ENTERPRISE DRIVE SOUTH MT IRON, MN 55768	80-0312401	501(C)(3)	14,000				TO SUPPORT YOUTH SUMMER EMPLOYMENT PROGRAMMING IN MOUNTAIN IRON, BUHL, CHISHOLM, EVELETH, AND VIRGINIA.

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VIRGINIA SCHOOL DISTRICT #706 411 SOUTH FIFTH AVENUE VIRGINIA, MN 55792	41-6003760	GOVERNMENTAL	11,000				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO SUPPORT STAFF DEVELOPMENT OF K - 2 TEACHERS AND PARAPROFESSIONALS TO STRENGTHEN SOCIAL EMOTIONAL PROGRAMMING FOR STUDENTS.
ELY COMMUNITY HEALTH CENTER 40 N 1ST AVENUE EAST ELY, MN 55731	47-5399418	501(C)(3)	11,000				TO SUPPORT HEALTH CARE SERVICES FOR PEOPLE WITHOUT INSURANCE.

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(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
KIDS CLOSET OF DULUTH 11520 HIGHWAY 8 FLOODWOOD, MN 55736	20-1878745	501(C)(3)	10,000				TO SUPPORT ACCESS TO CLOTHING FOR CHILDREN IN NEED. TO PROVIDE SCHOOL CLOTHING AND WINTER OUTERWEAR TO STUDENTS IN NEED.
THE SEAFARERS CENTER 2024 WEST THIRD STREET DULUTH, MN 55806	23-7296211	501(C)(3)	10,000				TO SUPPORT THE ESTABLISHMENT OF TRANSITIONAL HOUSING 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
JUST KIDS DENTAL PO BOX 146 TWO HARBORS, MN 55616	27-2311353	501(C)(3)	10,000				TO PROVIDE PREVENTIVE ORAL HYGIENE SERVICES FOR CHILDREN WITHOUT ACCESS TO DENTAL CARE.
FALLS HUNGER COALITION INC 1000 5TH STREET INTL FALLS, MN 56649	36-3602229	501(C)(3)	10,000				TO INCREASE ACCESS TO FRESH FRUITS AND VEGETABLES FOR PEOPLE WITH LOW INCOMES.

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 PROVIDE PERSONAL AND PROFESSIONAL SKILL DEVELOPMENT TO HELP PEOPLE WITH DISABILITIES THRIVE IN THE WORKPLACE.
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 2700 E LAKE STREET SUITE 3350 MINNEAPOLIS, MN 55406	41-1694717	501(C)(3)	10,000				TO PROVIDE EMERGENCY ASSISTANCE TO VETERANS IN NEED.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SHORE HEALTH CARE FOUNDATION PO BOX 454 GRAND MARAIS, MN 55604	41-1694904	501(C)(3)	10,000				TO SUPPORT ACCESS TO ORAL HEALTH EDUCATION AND CARE TO CHILDREN AND YOUTH IN COOK COUNTY.
GND DEVELOPMENT ALLIANCE 2630 W SUPERIOR STREET DULUTH, MN 55806	46-5272750	501(C)(3)	10,000				TO SUPPORT AFTER-SCHOOL PROGRAMMING FOR YOUTH IN THE GARY NEW DULUTH 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
HERMANTOWN SCHOOLS-ISD #700 5028 MILLER TRUNK HIGHWAY HERMANTOWN, MN 55811	41-6003749	GOVERNMENTAL	8,500				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT.
LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 2424 WEST 5TH STREET SUITE 10 DULUTH, MN 55806	27-4990487	501(C)(3)	7,500				TO PROVIDE PARENTING SUPPORTS AND EDUCATION TO FAMILIES WITH CHILDREN IN THE LINCOLN PARK NEIGHBORHOOD.

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	GOVERNMENTAL	7,500				TO SUPPORT A NEW SERVICE LEARNING PROGRAM FOR MIDDLE SCHOOL STUDENTS. TO PROVIDE PROGRAMMING TO INTRODUCE YOUTH TO A VARIETY OF CAREERS.
MINNESOTA COUNCIL OF NONPROFITS 2314 UNIVERSITY AVE WEST SUITE 20 SAINT PAUL, MN 55114	36-3501477	501(C)(3)	6,500				MEMBERSHIP SUPPORT FOR PROGRAMS AND ACTIVITIES IN NORTHEASTERN MINNESOTA. TO SUPPORT ACTIVITIES TO STRENGTHEN THE NONPROFIT SECTOR IN NORTHEAST MINNESOTA. MEMBERSHIP SUPPORT FOR PROGRAMS AND ACTIVITIES IN NORTHEASTERN 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
PLANNED PARENTHOOD OF MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA STREET SAINT PAUL, MN 55114	41-0948382	501(C)(3)	6,000				TO SUPPORT PROGRAMMING TO PROVIDE EDUCATION AND SUPPORT TO TEENS ABOUT SEXUAL HEALTH IN THE DULUTH AREA. TO PROVIDE RESOURCES AND INFORMATION THAT PROMOTE BODY POSITIVITY THROUGHOUT THE LOCAL HIGH SCHOOLS AND MIDDLE SCHOOLS.
ELY COMMUNITY RESOURCE INC 111 S FOURTH AVENUE E ELY, MN 55731	41-1333048	501(C)(3)	6,000				AMONG 14 TOTAL PREK TO GRADE 3 TEAM GRANTS AWARDED TO SCHOOL DISTRICTS AND RESERVATION SCHOOL TEAMS THAT ATTENDED THE 2018 EARLY CHILDHOOD SUMMIT, MADE IN SUPPORT OF PLANNING AND ACTIVITIES TO STRENGTHEN THE EARLY LEARNING CONTINUUM. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT.

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
INT'L FALLS COMMUNITY EDUCATION-ISD #361 1515 11TH STREET INTERNATIONAL FALLS, MN 56649	41-6001826	GOVERNMENTAL	6,000				TO SUPPORT INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO PROMOTE HEALTHY ACTIVITIES THROUGH CROSS COUNTRY SKIING ON LOCAL TRAILS.
LEE CENTER AVINITY SENIOR LIVING 3220 8TH AVE E HIBBING, MN 55746	41-1301507	501(C)(3)	5,500				TO PROVIDE PAID INTERNSHIP OPPORTUNITIES TO COLLEGE STUDENTS OVER THE SUMMER, TO GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE NORTHLAND FOUNDATION'S RURAL AGING INITIATIVE.

Schedule J
(Form 990)

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

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 idemnification 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 idemnification 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 idemnification 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									
<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									
<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 checked="" 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 checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</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 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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
NORTHLAND FOUNDATION

Employer identification number

41-1554455

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	NORTHLAND FOUNDATION TRANSFERRED THE ASSETS FOR THEIR ASSISTED LIVING AND PROPERTIES DURING FY19 AND NO LONGER OPERATES THEM.

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 DRAFT 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 RECOMMEND APPROVAL AT THE NEXT BOARD MEETING. AT THAT MEETING, THE 990 WILL BE DISCUSSED AND APPROVED.

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 OF TRUSTEES IN CONSULTATION WITH THE EXECUTIVE COMMITTEE USES DATA FROM THE 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 COMPARE SIMILAR NONPROFITS 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 AN APPROPRIATE ADJUSTMENT, 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

2018

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

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 610 DULUTH, MN 55802 20-5440048	ASSISTED LIVING ORGANIZATION	MN	1,416,527	123,913	N/A
(2) MCGREGOR PROPERTIES LLC 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 20-5490145	PROPERTIES	MN	26	1,001	N/A
(3) BUHL PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 26-0558429	PROPERTIES	MN	941,996	103	N/A
(4) HOYT LAKES PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 26-4816942	PROPERTIES	MN	1,153,093	99	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 202 W SUPERIOR STREET 610 DULUTH, MN 55802 31-1504160	NO ACTIVITY	MN	501(C)(3)	LINE 10	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)	Yes	
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		No
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 VII **Supplemental Information**

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

Return Reference	Explanation