DLN: 93493344002280 **Return of Organization Exempt From Income Tax**

Department of the

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 $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

		enue Service	landan veri i i '	inning 07 04 2040 ' ''	00 00	2020			
			C Name of organization	peginning 07-01-2019 , and endi	ng 06-30	-2020	D Employe	r identif	ication number
		applicable: change	NORTHLAND FOUNDATION						reaction maniper
□ Na		-	Doing business as				41-1554	455	
☐ Ini		turn m/terminated	Doing business as						
		d return		ox if mail is not delivered to street address)	Room/suit	:e	E Telephone	e number	
□ Ар	plicati	on pending	202 WEST SUPERIOR STREET	NO 610			(218) 72	3-4040	
			City or town, state or province DULUTH, MN 55802	e, country, and ZIP or foreign postal code					
			,				G Gross rec		0,302,225
			F Name and address of pr ANTHONY SERTICH	incipal officer:		H(a) Is this	• .	urn for	
			202 WEST SUPERIOR STRE DULUTH, MN 55802	ET NO 610		subord H(b) Are all	linates? subordinate	es	☐Yes ☑No
I Ta:	x-exe	mpt status:	✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.)	7	include	ed?		Yes No
1 W	oheit	to: > \\/\\/	/W.NORTHLANDFDN.ORG) ((insert no.)	32/	H(c) Group		•	instructions) ►
	CD31	ter ww	W.NORTHEARDI DIV.ORG						
K Forr	n of o	rganization:	✓ Corporation ☐ Trust ☐	Association ☐ Other ▶		L Year of forma		M State	of legal domicile:
								TYTIN	
Pa	art I	Sumi Briefly des	-	ion or most significant activities:					
	'	THE NORT	HLAND FOUNDATION INVES	TS IN PEOPLE AND COMMUNITIES TO	SUPPOR	Γ A THRIVING	NORTHEAST	Γ MINNE	SOTA. WE SERVE
e C			UNTIES AND FIVE TRIBAL N. IAL INITIATIVES.	ATIONS IN NORTHEASTERN MINNESC	TA WITH	GRANTS, BUS	SINESS LOAI	NS, KID	S PLUS PROGRAM,
Ĕ	:								
/em	:								
Governance	2	Check thi	s box ▶ ☐ if the organization	on discontinued its operations or dispo	sed of m	ore than 25%	of its net as	sets.	
×ŏ				verning body (Part VI, line 1a)				3	10
Activities	4	Number o	of independent voting memb	ers of the governing body (Part VI, line	e 1b) .			4	10
₹	l			in calendar year 2019 (Part V, line 2a	1)		-	5	20
AC	l		nber of volunteers (estimate	**			•	6	616
	l			n Part VIII, column (C), line 12				7a	0
	В	Net unrei	ated business taxable incom	e from Form 990-T, line 39			or Year	7b	Current Year
	8	Contribut	ions and grants (Part VIII, lin	e 1h)	_	FIR	4,162,2	1.3	8,994,202
	l		,	e 2g)			1,587,2	_	645,472
Ravenue	l	=	-	(A), lines 3, 4, and 7d)			2,744,8		6,763,752
Œ	11	Other rev	renue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)			-4,119,3	55	11,186
	12	Total reve	enue—add lines 8 through 1:	l (must equal Part VIII, column (A), lin	ie 12)		4,374,9	25	16,414,612
	13	Grants ar	nd similar amounts paid (Par	t IX, column (A), lines 1–3)			3,615,7	54	4,308,304
	l		•	IX, column (A), line 4)				0	0
8	l			ee benefits (Part IX, column (A), lines	•		2,535,6	-	2,062,131
Expenses	l			column (A), line 11e)	•		36,0	00	30,000
Ä	l		raising expenses (Part IX, column	· · · · · - · · - · · · · · · · · · · ·			2.150.2	74	2.057.005
	l		, , , , , , , , , , , , , , , , , , , ,	lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)	•		2,159,2 8,346,6	_	2,957,005 9,357,440
	l		less expenses. Subtract line	, , , , , , , , , , , , , , , , , , , ,	_		-3,971,7	_	7,057,172
χ φ χ φ		Revenue	TOO EXPENSEST SUBTREE INTO		•	Beginning	of Current Ye		End of Year
Net Assets or Fund Balances									
Ass. Bal	l		ets (Part X, line 16)		•		87,209,5	_	95,143,879
E E	l		ilities (Part X, line 26)				10,557,3		11,380,450
			s or fund balances. Subtract	line 21 from line 20	•		76,652,2	60	83,763,429
	rt II 1 pen		ature Block eriury, I declare that I have	examined this return, including accom	npanving	schedules and	statements.	and to	the best of my
know	edge	and belie		plete. Declaration of preparer (other t					
any k	nowi	eage.							
		*****	k				0-11-24		
Sign		Signatu	ure of officer			Date	!		
Here	•		NY SERTICH PRESIDENT r print name and title						
		17	rint/Type preparer's name	Preparer's signature	l Da	ate		TIN	
Paid	1	[''	, - , _E - E - E - E - O O HOME			Ched		01278549	Э
Pre		er 🗔	irm's name ► RSM US LLP		<u> </u>		employed o's EIN ► 42-0	714325	
Use		<u> </u>	irm's address ▶ 227 WEST FIRST	STREET SUITE 700		Pho	ne no. (218) 7	27-5025	
-		· ''	DULUTH, MN 55				(210) /	5025	
M +	he T	S discuss		shown above? (see instructions)					res □ No
			duction Act Notice, see the	· · · · · · · · · · · · · · · · · · ·		Cat. No. 1	1282Y	Y	Form 990 (2019)

Form	990 (2019)					Page 2
Pa	statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:				
THE	NORTHLAND FOUNDAT	TION INVESTS IN PEOP	LE AND COMMU	NITIES TO SUPPORT A	THRIVING NORTHEAST MINNES	OTA.
2	Did the organization	undertake any significa	int program serv	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	nedule O.			
3	Did the organization	cease conducting, or m	ake significant o	changes in how it condu	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O.			
4	Section 501(c)(3) an		ns are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code:) (Expenses \$	4,903,261	including grants of \$	4,308,304) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	2,236,539	including grants of \$) (Revenue \$	627,592)
	See Additional Data					
4c	(Code:) (Expenses \$	701,659	including grants of \$) (Revenue \$)
	See Additional Data					
	(Code:) (Expenses \$	23,196	including grants of \$) (Revenue \$	17,880)
	ACTIVITY RELATED TO	THE DISSOLUTION OF NOR	THLAND ASSISTED) LIVING.		
4d	Other program servi	ces (Describe in Schedu	ıle O.)			
	(Expenses \$	23,196 incl	uding grants of	\$) (Revenue \$	17,880)
		vice expenses ▶	7,864,6			

19

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

19

20a

20b

21

Yes

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 65		Yes	No

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management		1	
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 10		Yes	No
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
b	similar committee, explain in Schedule O. 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	.		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		No
	of officers, directors or trustees, or key employees to a management company or other person? .	3		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
5		6		No
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			No
	members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure		l	
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	MN , WI 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			
			orm 00	n (2019)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Co	ntractors					
and independent co	illiactors					

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.

See instructions for the order in which to list the persons above.

See instructions for the order in which to list the	-									
Check this box if neither the organization no	r any related or	ganizal	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, i n of or/t	t ch unle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) ANTHONY SERTICH	55.00			х				170 150	0	28.025
PRESIDENT	1.00			^				178,156	0	28,025
(2) LYNN HAGLIN VICE PRESIDENT	50.00			х				160,211	0	37,698
(3) HEATHER BROUSE CHIEF FINANCIAL OFFICER	50.00			х				112,675	0	25,930
(4) CINDY ANDERSON BINA TRUSTEE	2.00	Х						0	0	0
(5) MARY HARRELSON	2.00	×						0	0	0
TRUSTEE		^						Ŭ	0	
(6) LISA KRUSE	2.00	×						o	0	0
TRUSTEE		^						ŭ		
(7) PETER MCDERMOTT TRUSTEE	2.00	×						0	0	0
(8) ANGIE MILLER TRUSTEE	2.00	х						0	0	0
(9) SHAYE MORIS TRUSTEE	3.00	Х						0	0	0
(10) SUMAIR SHEIKH TRUSTEE	2.00	х						0	0	0
(11) JOANN SMITH TRUSTEE - TERMED OCT 2019	2.00	х						0	0	0
(12) TOM RIDER TREASURER	3.00	х		х				0	0	0
(13) JASON HOLLINDAY VICE CHAIR	2.00	х		х				0	0	0
(14) STEVE DOWNING PAST CHAIR - TERMED AUG 2019	1.00	×		х				0	0	0
(15) VICTORIA HAGBERG SECRETARY - TERMED JUNE 2020	2.00	Х		х				0	0	0
(16) TRENT JANEZICH CHAIR	3.00	х		х				0	0	0

(A)

compensation from the organization ▶ 0

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	Name and title	Average hours per week (list any hours for related	than c	one bo	ox, ι n of	t cho unles ficer	eck moss pers r and a tee)	son	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organization (W-2/1099-	n d s	Estim amount comper from organizat	nated of other nsation i the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1039 MISC)		rela organiz	ted
				_		L							
											+		
					_						\perp		
					_	\vdash	_						
											+		
c 1	Sub-Total	art VII, Section	Α.				* _		451,042		0		91,653
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived more than	\$100,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			ee, ke	•	mpl	oyee, o	or hi	ghest compensat	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											,,	
5	Did any person listed on line 1a receiservices rendered to the organization										4	Yes	N-
Se	ection B. Independent Contract										5		No
1	Complete this table for your five high from the organization. Report compe										mpens	sation	
	Name a	(A) and business addre	ess						D	(B) escription of services			C) ensation
						—							

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(E)

		(2019)								Page 9
Part	VIII						Bull to Oliver School			
		Check if Sched	dule	O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(4)	1:	a Federated campa	igns	s	1a			revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s .		1b					
Gra mo		c Fundraising even	ts .		1c					
fs, FA		d Related organiza	tions	5	1d	52,941				
ija Ija		e Government grants	(con	tributions)	1e	3,091,493				
ıns, Sin	1	f All other contribution	ns, g	jifts, grants,						
utio		and similar amounts above			1f	5,849,768				
<u> </u>	!	g Noncash contribution lines 1a - 1f:\$	ns in	icluded in	1g					
ng pu		h Total. Add lines :	1a-1	f	<u>-9</u>	•				
9		Totall / (ad III) o			•	Business Code	8,994,202	T		
	2a	LOAN PROGRAM INTE	RES	T INCOME			608,830	608,830		+
e.		•				525990				
ven	b	LOAN ORIGINATION	FEES			525990	18,762	18,762		
Program Service Revenue	c	ASSISTED LIVING IN	ITIAT	TIVE		623000	17,880	17,880		+
.vice						623000				
Se	d	I								
ram										
₹og	е									
_	f	All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. ▶	645,472		L		
		Investment income similar amounts)		luding divid		nterest, and other	1,725,671			1,725,671
		Income from invest				•				
	5	Royalties				•				
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental					1			
		expenses Rental income	6b				-			
	C	or (loss)	6с							
	C	Net rental income	or							
	_			(i) Secur	ities	(ii) Other	_			
	/a	Gross amount from sales of assets other than inventory	7a	68,	917,194	8,50	0			
	b	Less: cost or other basis and sales expenses	7b	63,	884,666	2,94	7			
	c	Gain or (loss)	7c	5.0	032,528	5,55	3			
		l Net gain or (loss)		<u>'</u>		· ·	5,038,081			5,038,081
Other Revenue	8a	Gross income from fu (not including \$ contributions reporter	d on	of line 1c).						
}e^		See Part IV, line 18			8a					
ar F		Less: direct expen Net income or (los			8b	ente				
Ç.	•	. Net income or (los	13) 11	om randrais	IIIg ev	ents •	1			
	9a	Gross income from See Part IV, line 19	gam	ing activities.						
		Less: direct expen			9a 9b		-			
		Net income or (los				ies	_			
							1			
	10	aGross sales of inve returns and allowa	ento	ry, less s	10a					
	Ŀ	Less: cost of good	s so	ld	10b		-			
		Net income or (los			invent	ory >	_			
		Miscellaneo	us R	evenue		Business Code				
	11	La MISCELLANEOUS	REV	/ENUE		90009	9 11,186	5		11,186
	Ŀ	·								
	_									
	•	•								
		All other revenue								
		Total. Add lines 1 Total revenue. S					11,186	5		
			11		• •	• • • •	16,414,612	645,472		0 6,774,938

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>	<u> </u>	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,071,911	2,071,911		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,236,393	2,236,393		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	561,817	415,790	103,630	42,397
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	1,085,357	940,066	66,469	78,822
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,422	44,081	4,233	5,108
9 Other employee benefits	252,473	214,874	19,296	18,303
10 Payroll taxes	109,062	88,763	11,278	9,021
11 Fees for services (non-employees):				
a Management	17,039		17,039	
b Legal	27,370	24,800	2,570	
c Accounting	65,503	29,654	35,849	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,000			30,000
f Investment management fees	669,207		669,207	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	415,542	385,906	29,338	298
12 Advertising and promotion	50,305	28,886	16,650	4,769
13 Office expenses	50,193	27,502	20,867	1,824
14 Information technology	75,205	15,647	59,405	153
15 Royalties				
16 Occupancy	108,220	2,968	105,252	
17 Travel	112,125	49,169	59,105	3,851
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	122,060	115,327	2,394	4,339
20 Interest	124,290	92,024	32,266	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,307	14,527	16,542	1,238
23 Insurance	16,937		16,937	
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	2,600		2,600	
b PROVISION FOR LOAN LOSS	1,048,000	1,048,000		
c MISCELLANEOUS EXPENSE	12,440	12,389	51	
d DUES AND SUBSCRIPTIONS	7,378	5,978	1,400	
e All other expenses	284		135	149
25 Total functional expenses. Add lines 1 through 24e	9,357,440	7,864,655	1,292,513	200,272
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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33

87,209,560

1,251,022

355.699

645.456

8,305,123

10.557.300

75,493,815

1,158,445

76,652,260

87,209,560

Page 11

95,143,879

2,190,500

450.500

660.689

8,078,761

11.380.450

81,574,791

2,188,638

83,763,429

95,143,879

Form 990 (2019)

Check if Schedule O contains a re	esponse or not	te to any line in '	this Part IX.

		Beginning of year		End of year
1	Cash-non-interest-bearing	1,347,159	1	2,898,621
2	Savings and temporary cash investments	8,780,100	2	16,481,561
3	Pledges and grants receivable, net	202.639	3	1.806.229

_			l	
2	Savings and temporary cash investments	8,780,100	2	1
3	Pledges and grants receivable, net	202,639	3	
4	Accounts receivable, net	157,718	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under			

49.301 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 8.673.734 8.088.391 Notes and loans receivable, net . . . 7 Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges . 29,455 9 28,442 10a Land, buildings, and equipment: cost or other 10a 466,128 basis. Complete Part VI of Schedule D 10b 367,376 63,970 10c 98,752 b Less: accumulated depreciation 11 Investments—publicly traded securities . 67,954,785 11 65,692,582 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11

	or family member of any of these persons
23	Secured mortgages and notes payable to unrelated third parties
24	Unsecured notes and loans payable to unrelated third parties
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
26	Total liabilities. Add lines 17 through 25
27	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions
28	Net assets with donor restrictions
29	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds
30	Paid-in or capital surplus, or land, building or equipment fund

14

15

16

17

18

19

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21

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

Total net assets or fund balances

Total liabilities and net assets/fund balances

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Form 990 (2019)

Additional Data

Software ID:

Software Version: **EIN:** 41-1554455

Name: NORTHLAND FOUNDATION

Form 990 (2019)

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 2020, NORTHLAND AWARDED 374 GRANTS

TOTALING \$2.3 MILLION AND DISTRIBUTED \$2 MILLION IN MINNESOTA EARLY LEARNING SCHOLARSHIPS ON BEHALF OF THE STATE.

Form 990, Part III, Line 4b: THE BUSINESS SERVICES PROGRAM OFFERS TECHNICAL ASSISTANCE AND 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

THE REGION. THE REGIONAL FOOTPRINT OF THE SBDC MATCHES THE NORTHLAND FOUNDATION FOOTPRINT.

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 2020, NORTHLAND CLOSED 64 LOANS TOTALING \$2.4 MILLION WHICH HELPED CREATE LEVERAGE OF \$5.2 MILLION IN OTHER INVESTMENTS.

IN OCTOBER 2019, NORTHLAND FOUNDATION BEGAN HOSTING THE REGIONAL SMALL BUSINESS DEVELOPMENT CENTER (SBDC). THE SBDC'S MISSION IS TO "HELP ENTREPRENEURS AND BUSINESSES GROW AND SUCCEED" BY PROVIDING TECHNICAL ASSISTANCE AND ONE-ON-ONE CONSULTING SERVICES TO SMALL AND MEDIUM SIZED BUSINESSES AT NO COST TO THE CLIENT. THE REGIONAL CENTER IS LOCATED IN DULUTH: THERE ARE ALSO FIVE OTHER SATELLITE OFFICES SPREAD ACROSS

Form 990, Part III, Line 4c: 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 ENGAGEMENT AND LEARNING: AND 3) INTERGENERATIONAL PROGRAMS

CONNECTING YOUNG PEOPLE WITH ADULTS 55+, IN FISCAL YEAR 2020, KIDS PLUS ENGAGED 2,067 PEOPLE IN 72 TRAININGS AND CONVENINGS, AND ITS PROGRAMS

SERVED OVER 25,000 PEOPLE ACROSS THE REGION.

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493344002280
SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(Form 990 or 990EZ)			Complete if the or	Attach to Form 990 or Form 990-EZ.				2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza FOUNDATION	tion				Employer identific	ation number
		TOUNDATION					41-1554455	
	rt I		for Public Charity State				See instructions.	
1 ne c	organiz		a private foundation because	•	•		(A)(:)	
		·	onvention of churches, or as					
2			scribed in section 170(b)(`	, ,		
3		·	or a cooperative hospital serv	_			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local government or	_				
7	✓		ation that normally receives (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated integrated. The organization (s). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>	
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	т'		<u> </u>	
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9	

1	membership fees received. (Do not	4,745,539	2,547,664	2,944,595	4,162,213	8,994,202	23,394,213
2	include any "unusual grant.") Tax revenues levied for the						
2	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	4,745,539	2,547,664	2,944,595	4,162,213	8,994,202	23,394,213
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						10.189.986
	supported organization) included on line 1 that exceeds 2% of the						10,169,966
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						13,204,227
	from line 4.						13,204,227
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶		. ,		` '	` '	
7	Amounts from line 4.	4,745,539	2,547,664	2,944,595	4,162,213	8,994,202	23,394,213
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	1,655,477	1,459,433	1,825,129	2,056,052	1,725,671	8,721,762
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			215,719	137,274	11,186	364,179
11	assets (Explain in Part VI.) Total support. Add lines 7 through						
111	10						32,480,154
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9,955,867
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	d, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and ${f stop\ here}$					▶ 🗆	
S	ection C. Computation of Publi						
14	·	• •	_	olumn (f))		14	40.650 %
15	Public support percentage for 2018 Sc					15	37.320 %
	33 1/3% support test—2019. If the						
109	33 1/3 70 support test—2019: If the	_			. I 1 13 33 1/3 /0 OI	more, check this t	,o,

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. 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

Schedule A (Form 990 or 990-EZ) 2019

h 10%-facts-and-circumstances test-2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **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 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 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

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

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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,"

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

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	Did the supprise time and the bounds of any supprised arrangement of the theory of a constant arrangement of the	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	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> .	3a		
i	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 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	(iii) Distributable

other distributions (describe in Fare 42), 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 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
	Underdistributions	Distributable	

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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 RECOVERIES OF LOAN LOSSES - 2017 AMOUNT: \$ 11.909. PROVISION FOR LOAN LOSSES - 2017 AMOUNT SCHEDULE A. PART II, LINE 10. **EXPLANATION OF OTHER** : \$ 203,810. 2018 AMOUNT: \$ 117,000. RECOVERY OF BAD DEBT - 2018 AMOUNT: \$ 20,274. MISCELL

ANEOUS REVENUE - 2019 AMOUNT: \$ 11,186.

INCOME:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

DLN: 93493344002280

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

8

2

▶ 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.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** NORTHLAND FOUNDATION 41-1554455 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 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 ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

	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.
ar	t 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.
.a	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
(i	i)Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

 ☐ Yes

 \boldsymbol{d} Equipment .

	Organizations Maintaining Col	loctions of Art	Histori	cal Tr	22611826	or Othor	Cimilar Acco	to (santi		Page A
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records		any of t	ne followin	g that are a	significant use	of its coll	ection	
а	☐ Public exhibition		d	Ш	Loan or ex	change prog	rams			
b	Scholarly research		е		Other					
C	Preservation for future generations									
4	Provide a description of the organization's col Part XIII.	lections and explain	how the	y furth	er the orga	nization's ex	kempt purpose i	n		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	□ N	0
Par	t IV Escrow and Custodial Arrange	ments.					·			
	Complete if the organization answ X, line 21.	vered "Yes" on Fo	rm 990	, Part I	IV, line 9,	or reporte	d an amount	on Form	990,	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?							Yes	□ N	o
	TE IIV.		- 11	h-1-1			A			_
b	If "Yes," explain the arrangement in Part XIII		_			1c	Amo	unt		_
C C	Beginning balance					1d				_
d	Additions during the year									_
e	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or custodia	l account lia	bility? 🗆	Yes	\square N	0
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ϵ	explanati	on has	been provi	ded in Part)	‹ш □]		
Pa	rt V Endowment Funds.									
	Complete if the organization answ									
		(a) Current year	(b) P	rior year			(d) Three years b		our yea	
	Beginning of year balance	68,526,202		63,570,		62,444,273	55,698,		60,	148,388
	Contributions	3,844 6,135,721		7,545,	029	8,307 4,734,032	7,791,	827	-2	11,930 260,951
	Net investment earnings, gains, and losses						7,751,	027		
	Grants or scholarships	483,364		5,	452	500			•	249,725
	Other expenditures for facilities and programs	197,945		1,598,		2,763,371	1,058,	791		037,890
f	Administrative expenses	548,038		988,	199	852,440				913,176
g	End of year balance	73,436,420		68,526,	202	63,570,301	62,444,	273	55,	698,576
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, colun	nn (a)) held	las:				
а	Board designated or quasi-endowment 🟲	100.000 %								
b	Permanent endowment ►									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses organization by:	ssion of the organiza	tion that	are he	ld and adm	inistered for	r the		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answ		<u>rm 990</u> t or other			a. See For			O. ook valu	
	Description of property (a) Cost or oth (investment)		corouner	nasis (0)	.ner) (c) /	accumulated 0	epreciation	(a) Bo	JUK VAIU	-
	Land									
b	Buildings									
_	t and a decided the conservation of the second of the seco	I		21	- 012		25.012			

430,215

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

98,752

331,463

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Doub V. Bing 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(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, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (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, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(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, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
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	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

Part XI

2

b

1

2

C

d

е

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

Page 4

-549,010 16,409,059

5,553

16,414,612

8,748,880

60,647

8,688,233

669,207

9.357.440

Schedule D (Form 990) 2019

е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		

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

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Add lines 4a and 4b .

b

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Other (Describe in Part XIII.)

5

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Part XII

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

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

Add lines **4a** and **4b**

Supplemental Information

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Total expenses and losses per audited financial statements

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

4b

2a

2b

2c

2d

4a 4b

Explanation

2a

2b

2c

2d

5,553

66,200

-5,553

669,207

2e

3

4c

5

53,997

66,200

-669,207

4c

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 41-1554455

Name: NORTHLAND FOUNDATION

Supplemental Information

Return Reference

ION IN THE REGION.

Explanation PART V, LINE 4: THE PURPOSE OF THE BOARD-DESIGNATED ENDOWMENT IS TO GROW THE NORTHLAND FOUNDATION'S CAPACI TY FOR FUTURE GENERATIONS AND ENSURE THE STABILITY OF THE ORGANIZATION TO ADDRESS ITS MISS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION HAS 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 2017.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES -669,207.

Ē

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SALE OF ASSETS 5,553.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SALE OF ASSETS -5,553.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 669,207.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization NORTHLAND FOUNDATION

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.

DLN: 93493344002280 OMB No. 1545-0047

Open to Public Inspection

Employer identification number

						41-1554455	
	tivities. Complete if ters are not required to	_			on Form	990, Part IV, line 1	7.
Indicate whether the orga	anization raised funds thr	ough any	of the fo	ollowing activities. C	heck all t	hat apply.	
a 🗹 Mail solicitations			е	✓ Solicitation of	f non-gov	ernment grants	
b Internet and email sol	licitations		f	✓ Solicitation o	f governr	ment grants	
c Phone solicitations			g	Special fundi	aising ev	ents	
d 🗹 In-person solicitations	5						
2a Did the organization have or key employees listed in							s 🗆 No
b If "Yes," list the 10 highes to be compensated at least			draisers)	pursuant to agreem	ents und	er which the fundraisei	is ·
i) Name and address of individence or entity (fundraiser)	dual (ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receip 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	ASSISTANCE WITH GRANT WRITING		No		0	30,000	-30,000
CHICAGO, IL 60610							
·							
otal			.▶			30,000	-30,000
3 List all states in which the o	organization is registered	or licens	ed to soli	cit contributions or	has been	notified it is exempt fr	om registration or

Cat. No. 50083H

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		d gross income on Form	n 990-EZ, lines 1 and 6	6b. List events with
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
NO POR					
	1 Gross receipts				
	2 Less: Contributions3 Gross income (line 1 minus				
4	line 2) . `				
	4 Cash prizes				
	6 Rent/facility costs				
5	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
- 1					1
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		>	
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10	-		>	
	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organization	from line 3, column (d)	es" on Form 990, Part I		I more than \$15,000
ar	11 Net income summary. Subtract line 10	from line 3, column (d)	es" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar on one of the same	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		1
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ar	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add
ar	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add
	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No nn (d)	(c) Other gaming Yes% No	(d) Total gaming (add
a	11 Net income summary. Subtract line 10 Gaming. Complete if the organization form 990-EZ, line 6a. Gross revenue	(a) Bingo (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No nn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3					
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио						
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes							
13	Indicate the percentage of gam	ning activity conducted in:										
а	The organization's facility .			13a			%					
b	An outside facility			13b			%					
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:								
	Name •											
	Address >											
15a			m the organization receives gaming		· Yes	Пио						
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the								
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:											
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио						
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3							
		pt activities during the tax year										
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.					
	Return Reference		Explanation									

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493344002280

Open to Public Inspection

Name of the organization						Employer identific	cation number
NORTHLAND FOUNDATION						41-1554455	
Part I General Inform	ation on Grants	and Assistance				·	
1 Does the organization main the selection criteria used						e, and	☑ Yes ☐ N
2 Describe in Part IV the org	· ·						
Part II Grants and Other I that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(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 secti							88
3 Enter total number of othe For Paperwork Reduction Act Notice			· · · · · · ·	Cat. No. 5005			1 hedule I (Form 990) 2019
TOT PAPELWOIK REGUCTION ACT NOTIC	.e, see me Instructio	nis ioi Foini 990.		Cal. NO. 5005.	J.F.	Scr	

COVID-19 CHILDCARE EMERGENCY GRANTS

Schedule I (Form 990) 2019

Part III

(2)

(2)

(3)

(4)

(5)

(7)

Part IV

PART I, LINE 2:

Return Reference

Part III can be duplicated if additional space is needed.

Explanation

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

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

COVID-19 PANDEMIC.

Schedule I (Form 990) 2019

Page 2

(f) Description of noncash assistance

TO SUPPORT FAMILIES IN NEED OF CHILDCARE.

TO SUPPORT CHILD CARE PROVIDERS SERVING

EMERGENCY AND ESSENTIAL WORKERS DURING THE

(6)

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

2,012,393

224,000

(b) Number of

recipients

THE GRANTS MANAGER REVIEW ALL REPORTS.

99

176

Additional Data

AITKIN, MN 564310153 ADVOCATES FOR FAMILY

1611 NW FOURTH STREET

GRAND RAPIDS, MN 55744

PEACE

Software Version: EIN: 41-1554455 Name: NORTHLAND FOUNDATION Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organiz

41-1377489

(a) Name and address or organization or government	(p) EIN	if applicable	(d) Amount of cash grant	cash assistance	(book, FMV, appraisal, other)	(g) non-

or government		п арупсавте	grant	assistance	other)
ADVOCATES AGAINST	41-1543099	501 (C)(3)	11,000		

501 (C)(3)

Software ID:

nıza	izations and Domestic Governments.										
sh	(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							

TO PROVIDE

COUNTY.

ADDITIONAL SERVICES

VICTIMS OF DOMESTIC VIOLENCE AMIDST THE COVID-19 PANDEMIC IN NORTHERN ST. LOUIS

AND SUPPORTS TO

organization or government	(b) LIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
ADVOCATES AGAINST DOMESTIC ABUSE DBA HOPE	41-1543099	501 (C)(3)	11,000				TO PROVIDE ADDITIONAL SERVICES

ADVOCATES AGAINST DOMESTIC ABUSE DBA HOPE (HEALING OPPORTUNITY PROVIDED EQU PO BOX 153 117 2ND STREET NW	41-1543099	501 (C)(3)	11,000		TO PROVIDE ADDITIONAL SERVICES AND SUPPORTS TO VICTIMS OF DOMESTIC VIOLENCE AMIDST THE COVID-19 PANDEMIC.

30,000

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) AGE WELL ARROWHEAD INC 46-5092311 501 (C)(3) 15,000 TO SUPPORT 306 W SUPERIOR ST SUITE 10 TECHNOLOGY DULUTH, MN 55802 IMPROVEMENTS TO HELP IMPROVE GROCERY DELIVERY SERVICES FOR OLDER ADULTS. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC. 80-0620414 501 (C)(3) 35,500 AITKIN COUNTY CARE INC TO EXPAND EFFORTS PO BOX 212 20 THIRD STREET TO HELP OLDER ADULTS AND THEIR CAREGIVERS TO CONTINUE TO LIVE INDEPENDENTLY, TO SUPPORT COMMUNITY-BASED PLANNING

(f) Method of valuation

(h) Purpose of grant

ACTIVITIES TO STRENGTHEN PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP MEET THE NEEDS OF OLDER ADULTS AND THEIR CAREGIVERS. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19

PANDEMIC.

(g) Description of

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

(d) Amount of cash

(c) IRC section

(b) EIN

NE AITKIN, MN 56431

(a) Name and address of

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AITKIN PUBLIC SCHOOLS -41-6000001 GOVERNMENTAL 21,500 TO ENGAGE OLDER ISD #001 ADULTS IN HELPING 225 2ND AVENUE SW BOOST ACADEMIC AITKIN, MN 56431 ACHIEVEMENT THROUGH THE READING PALS PROGRAM. 41-1782394 50.000l TO SUPPORT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AMERICAN INDIAN 501 (C)(3) COMMUNITY HOUSING CULTURALLY ORGANIZATION GROUNDED 202 WEST SECOND STREET PROGRAMMING FOR DULUTH, MN 55802 YOUTH AND FAMILIES

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

IN AICHO'S PERMANENT SUPPORTIVE HOUSING. TO PROVIDE ADDITIONAL SERVICES AND SUPPORTS TO VICTIMS OF DOMESTIC VIOLENCE AMIDST THE COVID-19 PANDEMIC.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ANGELS OF MCGREGOR 20-0587492 501 (C)(3) 5.000 TO PROVIDE SERVICES AND SUPPORTS TO 7 SOUTH MADDY STREET

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

501 (C)(3)

32-0079166

APEX

SUITE 902

DULUTH, MN 55802

306 WEST SUPERIOR STREET

MCGREGOR, MN 55760							OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC.
--------------------	--	--	--	--	--	--	--

TO SUPPORT ECONOMIC

DEVELOPMENT EFFORTS

IN DULUTH AND THE

SURROUNDING AREA.

15.000l

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) ARROWHEAD ECONOMIC 41-6052144 501 (C)(3) 45.000 TO PROVIDE OPPORTUNITY AGENCY ADDITIONAL SHELTER 702 3RD AVENUE SOUTH OPTIONS FOR PEOPLE VIRGINIA, MN 55792 EXPERIENCING HOMELESSNESS IN THE WINTER.TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING

(f) Method of valuation

(a) Description of

(h) Purpose of grant

THE COVID-19 PANDEMIC. ARROWHEAD REGIONAL 41-0914274 501 (C)(3) 23,645 TO SUPPORT DEVELOPMENT COMMISSION DEVELOPMENT AND 221 WEST 1ST STREET LEADER TRAINING FOR DULUTH, MN 55802 EVIDENCE-BASED HEALTH PROGRAMS SERVING OLDER

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

ADULTS IN NORTHEASTERN MINNESOTA. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC.

or government assistance other) 41-6000448 GOVERNMENTAL 7,450 A TOTAL OF 15 PREK TO BARNUM SCHOOLS-ISD #091 GRADE 3 TEAM GRANTS 3675 COUNTY ROAD 140 BARNUM, MN 55707 WERE AWARDED TO SCHOOL DISTRICTS THAT ATTENDED THE NORTHLAND FOUNDATIONS 2019 EARLY CHILDHOOD SUMMIT TO SUPPORT PLANNING AND ACTIVITIES THAT STRENGTHEN THE

5,000

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

LEARNING CONTINUUM

TO PROVIDE RESPITE HOUSING AND

SUPPORTS FOR PEOPLE

EXPERIENCING HOMELESSNESS AFTER DISCHARGE FROM THE

HOSPITAL.

FROM EARLY CHILDHOOD TO 3RD GRADE. TO SUPPORT THE CREATION OF A GAGA PIT FOR KIDS TO USE BEFORE, DURING AND AFTER SCHOOL TO PROMOTE HEALTHY OUTDOOR PLAY WHILE BEING SOCIAL. TO SUPPORT AN AGE TO AGE FELLOW TEAM, MADE UP OF A COLLEGE STUDENT AND A 50+ ADULT, TO WORK TOGETHER TO OFFER INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWN.

or assistance

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

501 (C)(3)

(c) IRC section

if applicable

(d) Amount of cash

grant

(b) EIN

41-1227969

(a) Name and address of

organization

BOB TAVANI RESPITE HOUSE -

DULUTH, MN 55802

CHUM 2119 W 2ND ST

non-cash assistance organization if applicable (book, FMV, appraisal, or assistance grant cash or government assistance other) BOIS FORTE BAND OF 41-0954784 GOVERNMENTAL 85.000 TO SUPPORT THE CHIPPEWA DEVELOPMENT OF A 5344 LAKESHORE DRIVE COMPREHENSIVE NETT LAKE, MN 55772 NEEDS AND RESOURCES ASSESSMENT FOR THE BOIS FORTE BAND OF CHIPPEWA. TO SUPPORT CRITICAL SERVICES TO HELP ELDERS REMAIN SAFE AND HEALTHY IN THE COVID-19 PANDEMIC.TO PROVIDE SERVICES AND SUPPORTS TO OLDER

(f) Method of valuation

(a) Description of

(h) Purpose of grant

GREENWAY SCHOOL DISTRICTS.

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

(d) Amount of cash

(c) IRC section

(b) EIN

(a) Name and address of

ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC.TO SUPPORT EFFORTS TO ADDRESS FOOD SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19 PANDEMIC.

41-0969947 501 (C)(3) 25,000 TO SUPPORT OUT-OF-BOYS & GIRLS CLUBS OF GRAND RAPIDS AND SCHOOL TIME **GREENWAY** ENRICHMENT

PO BOX 61 PROGRAMMING FOR GRAND RAPIDS, MN 55744 STUDENTS IN THE GRAND RAPIDS AND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BOYS & GIRLS CLUBS OF THE 41-0969947 501 (C)(3) 10.000l TO SUPPORT EFFORTS NORTHLAND TO ADDRESS FOOD PO BOX 16435/102 S 29TH SECURITY FOR PEOPLE AVENUE WEST AT-RISK OF HUNGER 200 AMIDST THE COVID-19 PANDEMIC.

SUPPORT OF THE NORTHLAND FOUNDATION.

DULUTH, MN 55816

BRANDIE'S LITTLE BEAR
LEARNING CENTER
1250 INDUSTRIAL PARK DRIVE
EVELETH, MN 55734

BRANDIE'S LITTLE BEAR
EXPANSION WITH
EVELETH, MN 55734

BRANDIE'S LITTLE BEAR
CARE PROGRAM
EXPANSION WITH
FUNDING PROVIDED BY
THE STATE OF
MINNESOTA, WITH

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

if applicable (book, FMV, appraisal, organization grant or government assistance other) CARE PARTNERS OF COOK 47-3747964 501 (C)(3) 17,500 TO SUPPORT COUNTY COMMUNITY-BASED PO BOX 282 PLANNING ACTIVITIES GRAND MARAIS, MN 55604 TO STRENGTHEN PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP

cash

(f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

INORTHEAST MINNESOTA.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

MEET THE NEEDS OF OLDER ADULTS AND THEIR CAREGIVERS. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC. 41-0857929 501 (C)(3) 15,000 TO SUPPORT ACCESS CHILDREN'S DENTAL TO ORAL HYGIENE SERVICES INC 636 BROADWAY STREET NE CARE AND EDUCATION FOR LOW-INCOME MINNEAPOLIS, MN 55413 STUDENTS IN

or government assistance other) CHURCHES UNITED IN 41-1227969 501 (C)(3) 40.000 TO SUPPORT EFFORTS MINISTRY TO REVIEW AND 102 WEST 2ND STREET UPDATE OF FINANCIAL. DULUTH, MN 55802 COMPLIANCE AND OPERATIONAL INFRASTRUCTURE OF

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

CHUM TO HELP ACCESS. FUNDING THAT WILL PROVIDE LONG-TERM SUSTAINABILITY. CITIZENS FOR BACKUS 32-0018497 501 (C)(3) 21,500 900 FIFTH STREET INTERNATIONAL FALLS, MN 56649 THE BACKUS

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

GENERAL OPERATING SUPPORT TO PROVIDE CRITICAL SERVICES AT COMMUNITY CENTER. TO SUPPORT EFFORTS TO ADDRESS FOOD SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19 PANDEMIC.

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 41-1697620 GOVERNMENTAL 20.000 IN SUPPORT OF CHILD CITY OF COHASSET 305 NW 1ST AVENUE CARE PROGRAM COHASSET, MN 55721 EXPANSION WITH FUNDING PROVIDED BY THE STATE OF

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CAREER FORCE STAFF.

MINNESOTA, WITH SUPPORT OF THE INORTHLAND FOUNDATION. 12,500 CITY OF DULUTH 41-6005105 GOVERNMENTAL TO SUPPORT 411 WEST FIRST STREET PROFESSIONAL

ROOM 403 DEVELOPMENT EFFORTS DULUTH, MN 55802 TO IMPROVE THE CULTURAL COMPETENCY OF

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GOVERNMENTAL 20.000 CITY OF NASHWAUK 41-6005403 TO SUPPORT STAFFING 301 CENTRAL AVENUE TO HELP FOSTER A NASHWAUK, MN 55769 SAFE SCHOOL IENVIRONMENT TO ENHANCE LEARNING.

ELIAS CLAYTON, ELMER JACKSON, AND ISAAC

MCGHIE.

11,000 CLAYTON JACKSON MCGHIE 04-3746191 501 (C)(3) TO SUPPORT PROGRAMMING TO MEMORIAL INC 222 EAST SUPERIOR STREET COMMEMORATE THE SUITE 327 100TH ANNIVERSARY OF THE LYNCHING OF

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

DULUTH, MN 55803

or government assistance other) CLOOUET PUBLIC SCHOOLS-41-6000450 GOVERNMENTAL 19.500 A TOTAL OF 15 PREK TO ISD #094 CLOQUET SENIOR GRADE 3 TEAM GRANTS HS ISD #94 WERE AWARDED TO 302 14TH STREET 1000 18TH SCHOOL DISTRICTS STREET THAT ATTENDED THE CLOQUET, MN 55720 NORTHLAND FOUNDATIONS 2019 EARLY CHILDHOOD SUMMIT TO SUPPORT PLANNING AND ACTIVITIES THAT STRENGTHEN THE LEARNING CONTINUUM

cash

(f) Method of valuation

(book, FMV, appraisal,

(h) Purpose of grant

FRESH PRODUCE TO PEOPLE WITH LOW-INCOMES AND THOSE LIVING IN FOOD DESERTS.

or assistance

(a) Description of

non-cash assistance

FROM EARLY CHILDHOOD TO 3RD GRADE. TO EXPAND THE EXISTING LEARNING OPPORTUNITIES TO VENTURE OUTSIDE THE TRADITIONAL WALLS. TO SUPPORT THE RIPSAW ROBOTICS TEAM THROUGH THE PLANNING AND IMPLEMENTATION STAGE OF COMPETITION. COMMUNITY ACTION DULUTH 41-1410670 501 (C)(3) 10,000 TO SUPPORT 2424 WEST 5TH STREET SUITE PROGRAMMING TO 102 IMPROVE ACCESS TO

(d) Amount of cash

grant

DULUTH, MN 55806

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

(c) IRC section

if applicable

(b) EIN

(a) Name and address of

organization

or government assistance other) COMMUNITY PARTNERS - TWO 41-1963127 501 (C)(3) 20,000 TO SUPPORT THE HARBORS LIVING AT IMPLEMENTATION OF THE AGING MASTERY HOMEBLOCK NURSE PROGRAM PO BOX 327 417 SOUTH PROGRAM, AN AVENUE EVIDENCE-BASED TWO HARBORS, MN HEALTH PROMOTION 556160327 PROGRAM FOR OLDER ADULTS, TO SUPPORT COMMUNITY-BASED PLANNING ACTIVITIES TO STRENGTHEN PARTNERSHIPS AND

cash

(f) Method of valuation

(book, FMV, appraisal,

(a) Description of

non-cash assistance

(h) Purpose of grant

or assistance

WORKING GROUPS

FOCUSED ON TOPICS. ISSUES AND NEEDS THAT WILL IMPROVE OUALITY AND EXPAND ACCESS TO EARLY CHILDHOOD CARE.

COOK COUNTY EARLY	 l	l			
				THEIR C PROVIDI AND SU OLDER A THEIR C DURING PANDEM	-
					IE NEEDS OF
				SERVICE	S TO HELP
				INTEGRA	ATION OF

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(a) Name and address of

organization

101 WEST 5TH STREET

GRAND MARAIS, MN 55604

(b) EIN

5,000 SUPPORT FOR THE COOK COUNTY EARLY 41-6000677 GOVERNMENTAL CHILDHOOD COALITION -DEVELOPMENT OF KEY STRATEGIC COOK COUNTY SCHOOLS ISD 166 INTERAGENCY

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 41-1670765 501 (C)(3) 30,000 TO SUPPORT RECOVERY COOK COUNTYGRAND MARAIS EFFORTS FOLLOWING ECONOMIC DEVELOPMENT AUTHORITY THE APRIL 2020 FIRE IN PO BOX 597/15 NORTH DOWNTOWN GRAND MARAIS. BROADWAY GRAND MARAIS, MN 55604

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ADDRESS FOOD SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19

PANDEMIC.

DAMIANO OF DULUTH INC
206 W 4TH ST RM 201
DULUTH, MN 55806

41-1453521

501 (C)(3)

10,000

TO SUPPORT
PROGRAMMING TO
REDUCE FOOD
INSECURITY OF YOUTH
AND FAMILIES IN THE
CENTRAL HILLSIDE
NEIGHBORHOOD. TO
SUPPORT EFFORTS TO

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DOMESTIC ABUSE 41-1382134 501 (C)(3) 15.000l TO PROVIDE SERVICES INTERVENTION PROGRAMS THAT INCREASE THE 202 EAST SUPERIOR STREET SAFETY FOR VICTIMS DULUTH, MN 55802 OF DOMESTIC VIOLENCE. DULUTH AREA FAMILY YMCA 41-0693931 501 (C)(3) 35,000 TO SUPPORT EFFORTS 302 WEST 1ST STREET TO ADDRESS FOOD

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

DULUTH, MN 55802 SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19 PANDEMIC. TO SUPPORT THE PLACEMENT OF AMERICORPS MEMBERS IIN RURAL SCHOOL DISTRICTS IN INORTHEAST MINNESOTA TO FOSTER STRONG SOCIAL-EMOTIONAL LEARNING FOR STUDENTS.

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

5.0001

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

TO SUPPORT

CHEMICAL

DEPENDENCY ISSUES.

5020111 00111111 0011002				1.0 00 0
COLLABORATIVE				PROGRAMMING TO
32 E 1ST ST STE 202				FOSTER COMMUNITY
DULUTH, MN 55802				PARTNERSHIPS THAT
·				PROMOTE WELLNESS
				AND SCHOOL SUCCESS
				FOR YOUTH AND
				FAMILIES

(d) Amount of cash

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

501 (C)(3)

(c) IRC section

(b) EIN

41-2002724

(a) Name and address of

DULUTH COMMUNITY SCHOOL

41-6003776 501 (C)(3) 5,000 DULUTH EARLY CHILDHOOD FAMILY EDUCATION TO FIRST-TIME 215 N 1ST AVE E

TO PROVIDE SUPPORT PARENTS WHO HAVE DULUTH, MN 55811 MENTAL HEALTH AND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DULUTH LIBRARY 41-1696460 501 (C)(3) 10,000 TO SUPPORT FOUNDATION PROGRAMMING THAT 520 W SUPERIOR STREET FOSTERS EARLY DULUTH, MN 55802 LITERACY FOR YOUNG CHILDREN. 501 (C)(4) 30,000 DULUTH NATIONAL 91-2083002 TO SUPPORT CAPACITY-ASSOCIATION FOR THE BUILDING EFFORTS TO ADVANCEMENT OF COLORED STRENGTHEN AND

SUSTAIN THE

PANDEMIC.

ORGANIZATION AND

ITS ANTI-RACISM

WORK.TO SUPPORT HEALTH OUTREACH TO BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) COMMUNITIES DURING THE COVID-19

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

ASSOCIATION FOR THE ADVANCEMENT OF COLOR PEOPLE PO BOX 494 310 N 1ST AVENUE WEST DULUTH, MN 55801

organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) DULUTH PUBLIC SCHOOLS-ISD 41-6003776 GOVERNMENTAL 5.000 A TOTAL OF 15 PREK TO #709 GRADE 3 TEAM GRANTS 215 N 1ST AVENUE EAST WERE AWARDED TO DULUTH, MN 55802 SCHOOL DISTRICTS THAT ATTENDED THE NORTHLAND FOUNDATIONS 2019 EARLY CHILDHOOD SUMMIT TO SUPPORT PLANNING AND ACTIVITIES THAT STRENGTHEN THE ING CONTINUUM EARLY HOOD TO 3RD

(f) Method of valuation

(a) Description of

(h) Purpose of grant

MEET THE NEEDS OF OLDER ADULTS AND THEIR CAREGIVERS. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19

PANDEMIC.

					LEARNING CONTINUUM FROM EARLY CHILDHOOD TO 3RD GRADE.
ELDERCIRCLE 400 RIVER RD SUITE 1 GRAND RAPIDS, MN 55744	41-1994691	501 (C)(3)	15,000		TO SUPPORT COMMUNITY-BASED PLANNING ACTIVITIES TO STRENGTHEN PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP

(d) Amount of cash

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

(c) IRC section

(b) EIN

400 RIVER RD SUITE 1 GRAND RAPIDS, MN 557

(a) Name and address of

if applicable (book, FMV, appraisal, organization grant or government assistance other) ELY COMMUNITY RESOURCE 41-1333048 501 (C)(3) 36,500 TO SUPPORT INC INTERGENERATIONAL 111 S FOURTH AVENUE E PROGRAMMING ELY, MN 55731 THROUGH THE RURAL AGING INITIATIVE. TO ENGAGE OLDER ADULTS IN HELPING BOOST

cash

(f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

AMIDST THE COVID-19

PANDEMIC.

or assistance

ACADEMIC ACHIEVEMENT THROUGH THE READING PALS PROGRAM. TO SUPPORT EFFORTS

501 (C)(3) 10,000 FALLS HUNGER COALITION 36-3602229 INC

1000 5TH STREET

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

56649

(b) EIN

TO ADDRESS FOOD SECURITY FOR PEOPLE INTERNATIONAL FALLS, MN AT-RISK OF HUNGER

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FAMILY FREEDOM CENTER 83-0943572 501 (C)(3) 25,000 TO EMPLOY 2024 WEST SUPERIOR STREET INNOVATIVE SUITE 204 STRATEGIES THAT 204 MOBILIZE THE LOCAL DULUTH, MN 55806 BLACK COMMUNITY,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

TO IMPROVE THE LONG-

TERM SAFETY OF PARENTS AND

VIOLENCE.

CHILDREN WHO ARE VICTIMS OF DOMESTIC

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

ADVOCACY CENTER

4 WEST 5TH STREET

DULUTH, MN 55806

(b) EIN

,					LOW-INCOME PEOPLE, AND THE BROADER COMMUNITY TO; BUILD ASSETS THAT PREVENT POVERTY, CREATE EQUALITY, AND STRENGTHEN THE SOCIAL FABRIC.
FIRST WITNESS CHILD	41-1737291	501 (C)(3)	15,000		TO SUPPORT EFFORTS

or government assistance other) FOND DU LAC BAND OF LAKE 41-0965719 GOVERNMENTAL 85,000 TO SUPPORT CRITICAL SERVICES TO HELP SUPERIOR CHIPPEWA 1720 BIG LAKE ROAD ELDERS REMAIN SAFE CLOQUET, MN 55720 AND HEALTHY IN THE COVID-19 PANDEMIC. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

VICTIMS OF DOMESTIC VIOLENCE AMIDST THE COVID-19 PANDEMIC.

or assistance

DURING THE COVID-19 PANDEMIC. TO SUPPORT EFFORTS TO ADDRESS FOOD SECURITY FOR PEOPLE PANDEMIC.

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

(d) Amount of cash

grant

(c) IRC section

if applicable

AT-RISK OF HUNGER AMIDST THE COVID-19 FRIENDS AGAINST ABUSE 41-1454505 501 (C)(3) 10,000 TO PROVIDE 407 4TH STREET ADDITIONAL SERVICES AND SUPPORTS TO

INTL FALLS, MN 56649

(a) Name and address of

organization

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501 (C)(3) 20.000 FRIENDS OF THE FINLAND 83-0494175 TO SUPPORT OUT-OF-COMMUNITY ISCHOOL TIME PO BOX 582 6866 CRAMER TENRICHMENT

SERVICES TO ADDRESS

HOMELESSNESS IN ITASCA COUNTY.

ROAD PROGRAMMING FOR FINLAND, MN 55603 YOUTH IN THE FINLAND larea.

GRACE HOUSE OF ITASCA 14-1974011 501 (C)(3) 5.000 TO SUPPORT COUNTY IPROGRAMS AND

501 SW 1ST AVE

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

GRAND RAPIDS, MN 55744

or government assistance other) GRAND PORTAGE BAND OF 41-0969619 GOVERNMENTAL 95.000 TO SUPPORT LAKE SUPERIOR CHIPPEWA INNOVATIVE INTER-PO BOX 428 GENERATIONAL GRAND PORTAGE, MN 55605 PROGRAMMING TO IMPROVE ACCESS TO FRESH FOODS. TO SUPPORT CRITICAL SERVICES TO HELP ELDERS REMAIN SAFE AND HEALTHY IN THE COVID-19 PANDEMIC. TO PROVIDE SERVICES

cash

(f) Method of valuation

(book, FMV, appraisal,

(a) Description of

non-cash assistance

(h) Purpose of grant

or assistance

AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC.TO SUPPORT

THROUGH THE RURAL AGING INITIATIVE.

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(b) EIN

(a) Name and address of

organization

HIBBING, MN 55746

EFFORTS TO ADDRESS FOOD SECURITY FOR PEOPLE AT-RISK OF HIBBING AGE TO AGE -20-2503955 501 (C)(3) 31.500

HUNGER AMIDST THE COVID-19 PANDEMIC. TO SUPPORT MINNESOTA DISCOVERY INTERGENERATIONAL 3363 SWINNERTON RD I PROGRAMMING

organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) HOPE UNITED METHODIST 27-0002401 501 (C)(3) 10,000 IN SUPPORT OF CHILD CHURCH CARE PROGRAM 301 W ST MARIE STREET EXPANSION WITH DULUTH, MN 55803 FUNDING PROVIDED BY

(f) Method of valuation

(g) Description of

(h) Purpose of grant

SUPPORT OF THE NORTHLAND FOUNDATION.

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

					THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION.
ITASCA COUNTY FAMILY YMCA 400 RIVER ROAD GRAND RAPIDS, MN 55744	41-1358634	501 (C)(3)	20,000		IN SUPPORT OF CHILD CARE PROGRAM EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 41-6005810 501 (C)(3) 5.000 TO SUPPORT THE ITASCA COUNTY HEALTH AND HUMAN SERVICES DEVELOPMENT AND 1209 SE 2ND AVENUE TESTING OF GRAND RAPIDS, MN 55744 INNOVATIVE STRATEGIES TO ADDRESS SUBSTANCE ABUSE AND RECOVERY

NORTHEAST MINNESOTA.

ADDRESS SUBSTANCE
ABUSE AND RECOVERY
EFFORTS IN ITASCA
COUNTY.

JUST KIDS DENTAL
PO BOX 146 13
TWO HARBORS, MN 55616

TWO HARBORS, MN 55616

ADDRESS SUBSTANCE
ABUSE AND RECOVERY
EFFORTS IN ITASCA
COUNTY.

TO SUPPORT ACCESS
TO ORAL HYGIENE
CARE AND EDUCATION
FOR LOW-INCOME
STUDENTS IN

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

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KOOCHICHING AGING 26-4636084 501 (C)(3) 17,500 TO SUPPORT **OPTIONS** COMMUNITY-BASED 1000 FIFTH STREET SUITE 210 PLANNING ACTIVITIES TO STRENGTHEN

10,000

(e) Amount of non-

(f) Method of valuation

(a) Description of

(d) Amount of cash

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

501 (C)(3)

(c) IRC section

INTERNATIONAL FALLS, MN 56649

KOOCHICHING ECONOMIC DEVELOPMENT AUTHORITY

405 3RD STREET

56649

INTERNATIONAL FALLS, MN

(a) Name and address of

(b) EIN

41-1977783

THEIR CAREGIVERS, TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC. IN SUPPORT OF CHILD CARE PROGRAM EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION.

(h) Purpose of grant

PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP MEET THE NEEDS OF OLDER ADULTS AND

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

LAKE SUPERIOR SCHOOL DISTRICT - ISD #381 1640 HIGHWAY 2 TWO HARBORS, MN 55616	41-6001896	GOVERNMENTAL	7,500		TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT THROUGH THE READING PALS PROGRAM. TO SUPPORT BUSINESS AND
					I BUSINESS AND

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

ILINANCIAL CONSULTATION FOR LITTLE MARINERS CHILD CARE CENTER. 501 (C)(3) 15,000 41-0944885 TO SUPPORT THE CREATION OF A

LAKE SUPERIOR ZOOLOGICAL SOCIETY 7210 FREMONT STREET NATURE-BASED DULUTH, MN 55807 PRESCHOOL PROGRAM.

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LEAD FOR AMERICA NATIONAL 83-1839530 501 (C)(3) 49.000 TO SUPPORT INC FELLOWSHIPS IN PO BOX 69 179 E FRANKLIN ST DULUTH, THE IRON CHAPEL HILL, NC 27514 RANGE, AND THE FOND DU LAC BAND OF LAKE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AT-RISK YOUTH
DEVELOP CRITICAL LIFE

SKILLS.

SUPERIOR CHIPPEWA
TO ENGAGE IN
INNOVATIVE WORK TO
ADDRESS PRESSING
COMMUNITY ISSUES.

LIFE HOUSE INC
102 WEST 1ST STREET
DULUTH, MN 55802

DULY A TO SUPPORT
PROGRAMMING THAT
HELPS HOMELESS AND

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

organization if applicable non-cash assistance grant cash (book, FMV, appraisal, or assistance or government assistance other) LIGHTHOUSE CENTER FOR 41-0706140 501 (C)(3) 25,000 TO PROVIDE SERVICES VISION LOSS AND SUPPORTS TO 4505 WEST SUPERIOR STREET OLDER ADULTS AND DULUTH, MN 55807 THEIR CAREGIVERS DURING THE COVID-19 PANDEMIC. LITTLEFORK-BIG FALLS - ISD 41-6008722 GOVERNMENTAL 5.998 TO PROVIDE AFTER #362 SCHOOL TUTORING 700 MAIN STREET ASSISTANCE TO LITTLEFORK, MN 56653 STUDENTS IN THE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LITTLEFORK-BIG FALLS
SCHOOL DISTRICT. TO

PROVIDE AN
OPPORTUNITY FOR
HIGH SCHOOL
STUDENTS TO MENTOR
2ND THROUGH 6TH
GRADE STUDENTS IN A
SUPERVISED AND
ORGANIZED SETTING.
STUDENTS WILL BE
PAIRED AND
PARTICIPATE IN AN
ARRAY OF ACTIVITIES
THROUGH DURING THE
SCHOOL YEAR.

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

(d) Amount of cash

(c) IRC section

(b) EIN

ETTLET OKK, PHV 30033

(a) Name and address of

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LOCAL INITIATIVES SUPPORT 13-3030229 501 (C)(3) 25,000 TO SUPPORT CORPORATION AFFORDABLE HOUSING, 202 WEST SUPERIOR STREET INCOME AND WEALTH SUITE 301 BUILDING, CAREER PATHWAYS AND DULUTH, MN 55802 I ECONOMIC DEVELOPMENT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LUTHERAN SOCIAL SERVICE OF MINNESOTA
1422 E SUPERIOR STREET

LUTHERAN SOCIAL SERVICE OF MINNESOTA
1422 E SUPERIOR STREET

LUTHERAN SOCIAL SERVICE OF MINNESOTA
1420 E SUPERIOR STREET

LUTHERAN SOCIAL SERVICE
OF MINNESOTA
1422 E SUPERIOR STREET
DULUTH, MN 55805

TO SUPPORT THE
RECRUITENT OF
FAMILIES TO SERVE
HIGH NEED FOSTER
CHILDREN. TO
SUPPORT OUTREACH
ACTIVITIES TO ASSIST
YOUTH WHO ARE ATRISK OR EXPERIENCING
HOMELESSNESS.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

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

MCGREGOR KIDS PLUSSOMETHING COOL INC PO BOX 99/ 96 NORTH MADDY STREET MCGREGOR, MN 55760	41-1941630	501 (C)(3)	31,500		TO SUPPORT AN INTERGENERATIONAL CHORE SERVICE THAT HELPS OLDER ADULTS LIVE INDEPENDENTLY AND GIVES WORKFORCE SKILLS TO YOUTH IN THE MCGREGOR AREA. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT THROUGH THE READING PALS PROGRAM.
MINNESOTA ASSISTANCE	41-1694717	501 (C)(3)	10,000		TO SUPPORT SERVICES

CRISIS.

MINNESOTA ASSISTANCE 41-1694717 501 (C)(3) 10,000 COUNCIL FOR VETERANS TO VETERANS AND 1000 UNIVERSITY AVENUE W THEIR FAMILIES IN

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

SUITE 10

SAINT PAUL, MN 55104

organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) MINNESOTA CHAMBER 41-1453093 501 (C)(3) 5,000 TO SUPPORT THE MINNESOTA: 2030 FOUNDATION 400 ROBERT STREET NORTH STUDY THAT TAKES A SUITE 1500 LONG-TERM LOOK AT ST PAUL, MN 55101 THE DEVELOPMENT OF MININECOTAIC

(f) Method of valuation

(g) Description of

(h) Purpose of grant

IN MINNESOTA FOR

2020.

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

(d) Amount of cash

(c) IRC section

(b) EIN

(a) Name and address of

					ECONOMY.
MINNESOTA COUNCIL ON FOUNDATIONS 800 WASHINGTON AVENUE NORTH SUITE 703 MINNEAPOLIS, MN 554011167	41-1269275	501 (C)(3)	6,950		TO SUPPORT THE MINNESOTA COUNCIL ON FOUNDATIONS ANNUAL CONFERENCE. MEMBERSHIP SUPPORT FOR PROGRAMS AND ACTIVITIES TO STRENGTHEN THE PHILANTHROPY SECTOR

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MINNESOTA DIVERSIFIED 41-0941924 501 (C)(3) 20,000 TO SUPPORT **INDUSTRIES** ENHANCING MDI'S 3501 BROADWAY ST NE SUITE EMPLOYMENT SERVICES 100 PROGRAM AND MINNEAPOLIS. MN 55413 INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES EMPLOYED.

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PROGRAM.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

MOOSE LAKE SCHOOLS - ISD 41-6000446 GOVERNMENTAL 22,500 A TOTAL OF 15 PREK TO #097 GRADE 3 TEAM GRANTS 4812 COUNTY ROAD 10 WERE AWARDED TO MOOSE LAKE, MN 55767 SCHOOL DISTRICTS THAT ATTENDED THE NORTHLAND FOUNDATIONS 2019 EARLY CHILDHOOD SUMMIT TO SUPPORT PLANNING AND ACTIVITIES THAT STRENGTHEN THE LEARNING CONTINUUM FROM EARLY CHILDHOOD TO 3RD GRADE. TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT THROUGH THE READING PALS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 20,000 TO SUPPORT OUT-OF-NASHWAUK-KEEWATIN 41-6001598 GOVERNMENTAL SCHOOLS - ISD #319 ISCHOOL TIME DROCK AMMING IN THE 400 CECOND CEREET

NASHWAUK, MN 55769					NASHWA	AUK-KEEWATIN DISTRICT.
NATIVE GOVERNANCE CENTER 60 PLATO BOULEVARD EAST SUITE 400 ST BALL MN 55107	47-4901644	501 (C)(3)	5,000		TO SUPP LEADERS DEVELOI	SHIP

MINNESOTA.

ST PAUL, MN 5510/ JOPPORTUNITIES FOR TRIBAL NATIONS IN INORTHEAST

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

organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) NEW HOPE FOR FAMILIES 83-3676468 501 (C)(3) 20,000 IN SUPPORT OF CHILD 1028 E 8TH STREET CARE PROGRAM DULUTH, MN 55805 EXPANSION WITH FUNDING PROVIDED BY THE STATE OF MINNESOTA, WITH SUPPORT OF THE NORTHLAND FOUNDATION. NORTH SHORE AGE TO AGE -20-1156990 501 (C)(3) 23,500 TO PROVIDE PAID INTERNSHIP NORTH SHORE AREA **PARTNERS** OPPORTUNITIES TO 99 EDISON BOULEVARD COLLEGE STUDENTS OVER THE SUMMER. TO

(f) Method of valuation

(h) Purpose of grant

GAIN EXPERIENCE IN INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWNS THROUGH THE INORTHLAND

FOUNDATION'S RURAL AGING INITIATIVE. TO

INTERGENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE. TO SUPPORT AN AGE TO AGE FELLOW TEAM, MADE UP OF A COLLEGE STUDENT AND A 50+ ADULT, TO WORK TOGETHER TO OFFER INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWN.

SUPPORT

(a) Description of

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

(d) Amount of cash

(c) IRC section

SILVER BAY, MN 55614

(a) Name and address of

(b) EIN

NORTH SHORE AREA 20-1156990 501 (C)(3) 17,500 TO SUPPORT **PARTNERS** COMMUNITY-BASED 99 FDISON BLVD PLANNING ACTIVITIES SILVER BAY, MN 55614 TO STRENGTHEN PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP MEET THE NEEDS OF OLDER ADULTS AND THEIR CAREGIVERS. TO

cash

assistance

(f) Method of valuation

(book, FMV, appraisal,

other)

(a) Description of

non-cash assistance

(h) Purpose of grant

INTERGENERATIONAL PROGRAMMING IN THEIR HOMETOWN.

or assistance

PROVIDE SERVICES
AND SUPPORTS TO
OLDER ADULTS AND
THEIR CAREGIVERS
DURING THE COVIDPANDEMIC.

NORTHERN ITASCA HOSPITAL 41-1242647 GOVERNMENTAL 16,500 TO SUPPORT AN AGE

TO SUPPORT AN AGE

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

(d) Amount of cash

grant

(c) IRC section

if applicable

(a) Name and address of

organization

or government

(b) EIN

NORTHERN ITASCA HOSPITAL DISTRICT
258 PINE TREE DRIVE
BIGFORK, MN 56628

DURING THE COVID-19
PANDEMIC.

TO SUPPORT AN AGE
TO AGE FELLOW TEAM,
MADE UP OF A COLLEGE
STUDENT AND A 50+
ADULT, TO WORK
TOGETHER TO OFFER

organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) NORTHWOODS PARTNERS 41-2016401 501 (C)(3) 24,448 TO SUPPORT 328 WEST CONAN STREET INNOVATIVE ELY, MN 55731 PROGRAMMING TO RAISE AWARENESS OF DEMENTIA AND PROVIDE SERVICES TO CAREGIVERS AND THOSE WITH

100,000

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

DEMENTIA. TO SUPPORT THE IMPLEMENTATION OF THE AGING MASTERY PROGRAM, AN EVIDENCE-BASED HEALTH PROMOTION PROGRAM FOR OLDER ADULTS. TO SUPPORT COMMUNITY-BASED PLANNING ACTIVITIES TO STRENGTHEN PARTNERSHIPS AND INTEGRATION OF SERVICES TO HELP MEET THE NEEDS OF OLDER ADULTS AND THEIR CAREGIVERS. TO PROVIDE SERVICES AND SUPPORTS TO OLDER ADULTS AND THEIR CAREGIVERS DURING THE COVID-19

PANDEMIC.

TO SUPPORT THE

DEVELOPMENT AND

AFFORDABLE HOUSING IN THE DULUTH AREA AND CARLTON, COOK AND LAKE COUNTIES.

MAINTENANCE OF

(d) Amount of cash

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

501 (C)(3)

(c) IRC section

(b) EIN

41-1678328

(a) Name and address of

ONE ROOF COMMUNITY HOUSING 12 EAST 4TH STREET DULUTH, MN 55805

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (d) Amount of cash (f) Method of valuation (h) Purpose of grant (a) Name and address of (c) IRC section (e) Amount of non-(g) Description of if applicable organization (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) PLANNED PARENTHOOD OF 41-0948382 501 (C)(3) 6.000 TO PROVIDE RESOURCES THAT MINNESOTA NORTH DAKOTA SOUTH DAKOTA SPREAD AWARENESS **671 VANDALIA STREET** ABOUT SEXUAL SAINT PAUL, MN 55114 VIOLENCE AND UNHEALTHY RELATIONSHIPS BY SUPPLYING LOCAL HIGH SCHOOLS AND MIDDLE SCHOOLS WITH KITS OF KINDNESS. TO SUPPORT PEER-LED REPRODUCTIVE HEALTH **EDUCATION IN THE** DULUTH AREA. PROCTOR PUBLIC SCHOOLS -41-6003748 GOVERNMENTAL 28,500 A TOTAL OF 15 PREK TO ISD #704 **GRADE 3 TEAM GRANTS** 131 9TH AVENUE WERE AWARDED TO PROCTOR, MN 55810 SCHOOL DISTRICTS THAT ATTENDED THE NORTHLAND **FOUNDATIONS 2019** EARLY CHILDHOOD SUMMIT TO SUPPORT PLANNING AND **ACTIVITIES THAT** STRENGTHEN THE LEARNING CONTINUUM FROM EARLY CHILDHOOD TO 3RD GRADE. TO SUPPORT THE IMPLEMENTATION

OF THE AGING
MASTERY PROGRAM, AN
EVIDENCE-BASED
HEALTH PROMOTION
PROGRAM FOR OLDER
ADULTS. TO ENGAGE
OLDER ADULTS IN
HELPING BOOST
ACADEMIC
ACHIEVEMENT.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PROJECT CARE FREE CLINIC 27-3176137 501 (C)(3) 20.000 TO SUPPORT

3112 6TH AVENUE EAST HIBBING, MN 55746		,,,,	,		INCREASED ACCESS TO HEALTH CARE SERVICES.
RISE INC	41-0972476	501 (C)(3)	5,000		TO PROVIDE SERVICES

230 W SUPERIOR ST 400

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

TO PEOPLE WITH DULUTH, MN 55802 HEARING DISABILITIES FIND, KEEP, AND

> ADVANCE IN IEMPLOYMENT.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SAINT PAUL & MINNESOTA 41-6031510 501 (C)(3) 30,000 TO EXPAND FOUNDATION EMERGENCY WARMING 101 5TH STREET EAST SUITE CENTERS TO BETTER 2400 SERVE PEOPLE EXPERIENCING SAINT PAUL, MN 55101 HOMELESSNESS IN WINTER.

SECOND HARVEST NORTH 41-1782776 501 (C)(3) 35.000 l TO SUPPORT CENTRAL FOOD BANK PROGRAMMING TO REDUCE FOOD 2222 CROMELL DRIVE/BOX 5130 INSECURITY AMONG GRAND RAPIDS, MN 55744 CHILDREN, TO SUPPORT EFFORTS TO

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

ADDRESS FOOD SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19 PANDEMIC.

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SECOND HARVEST NORTHERN 36-3479964 501 (C)(3) 41,000 TO SUPPORT EFFORTS LAKES FOOD BANK TO ADDRESS FOOD 4503 AIRPARK BLVD SECURITY FOR PEOPLE DULUTH, MN 558115737 AT-RISK OF HUNGER

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INTERNATIONAL FALLS.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

AMIDST THE COVID-19
PANDEMIC. TO
SUPPORT THE
INCREASED DEMAND
OF FOOD DURING THE
COVID-19 PANDEMIC.

SERVANTS OF SHELTER
900 5TH ST STE 212
INTERNATIONAL FALLS, MN

AMIDST THE COVID-19
PANDEMIC.

TO SUPPORT SERVICES
TO THE HOMELESS IN
INTERNATIONAL FALLS, MN

SERVANTS OF SHELTER
900 5TH ST STE 212
INTERNATIONAL FALLS, MN
56649

80-0860415

501 (C)(3)

20,000

TO SUPPORT SERVICES
TO THE HOMELESS IN
INTERNATIONAL FALLS, MN
FOR PROVIDE SHELTER
AND SERVICES FOR
PEOPLE EXPERIENCING
HOMELESSNESS IN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE HILLS YOUTH AND FAMILY 41-0693848 501 (C)(3) 25,000 TO SUPPORT OUT-OF-SERVICES SCHOOL TIME 4321 ALLENDALE AVENUE ENRICHMENT DULUTH, MN 55803 PROGRAMMING FOR YOUTH IN DULUTH'S CENTRAL HILLSIDE NEIGHBORHOOD. UNITED WAY OF 41-0908454 501 (C)(3) 60,000 TO SUPPORT A VARIETY NORTHEASTERN MINNESOTA OF SERVICES TO HELP 608 EAST DRIVE PEOPLE IN NEED CHISHOLM, MN 557190066 ACROSS THE IRON RANGE. TO PROVIDE BASIC NEEDS SUPPORTS TO PEOPLE IN NEED AS A RESULT OF THE COVID-19 PANDEMIC. TO SUPPORT EFFORTS TO ADDRESS FOOD

SECURITY FOR PEOPLE AT-RISK OF HUNGER AMIDST THE COVID-19

PANDEMIC.

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C)(3) 10.000 UNIVERSITY OF MN 41-1408161 TO SUPPORT EXTENSION SERVICE ITASCA MENTORING PROGRAMS IN COMMUNITIES ACROSS ITASCA ICOUNTY.

IPANDEMIC.

1861 US HWY 169 GRAND RAPIDS, MN 55744 501 (C)(3) 10.000 VOLUNTEER SERVICES OF 41-1598604

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

TO PROVIDE SERVICES CARLTON COUNTY INC. AND SUPPORTS TO PO BOX 450 199 CHESTNUT OLDER ADULTS AND AVENUE THEIR CAREGIVERS CARLTON, MN 55718 DURING THE COVID-19

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) WRENSHALL SCHOOL 41-6000454 GOVERNMENTAL 5,104 TO SUPPORT DISTRICT - ISD #100 PROGRAMMING TO PO BOX 68 IMPROVE THE WRENSHALL, MN 55797 ATMOSPHERE AND CULTURE OF THE WRENSHALL SCHOOLS. A TOTAL OF 15 PREK TO GRADE 3 TEAM GRANTS WERE AWARDED TO SCHOOL DISTRICTS THAT ATTENDED THE INORTHLAND FOUNDATIONS 2019 EARLY CHILDHOOD SUMMIT TO SUPPORT

PLANNING AND ACTIVITIES THAT STRENGTHEN THE LEARNING CONTINUUM

FROM EARLY CHILDHOOD TO 3RD

GRADE.

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

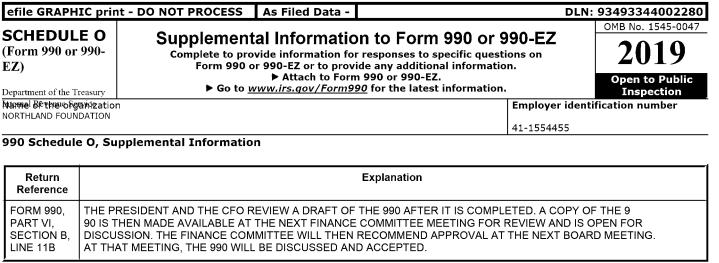
efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49334	14002	280			
Sch	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047			
(For	m 990)	For certain Office									
		► Complete if the org	Compensa Janization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019					
Danar	tment of the Treasury		▶ Attach	to Form 990. instructions and the latest inforr		Openi					
•	al Revenue Service	r do to <u>mmmango</u>	10.	motractions and the latest mion		Insp	ectio	n			
	me of the organiza RTHLAND FOUNDATIO				Employer identifica	tion nu	ımber				
					41-1554455						
Pa	rt I Questi	ons Regarding Compensa	tion				l				
1a				the following to or for a person liste y relevant information regarding the:			Yes	No_			
	☐ First-class	or charter travel		Housing allowance or residence for	personal use						
	Travel for	companions		Payments for business use of perso	nal residence						
	Tax idemr	nification and gross-up payment	s 🔲	Health or social club dues or initiation							
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)						
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b					
2				or allowing expenses incurred by all		2					
	airectors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked on Lir	ne Ia?						
3				ed to establish the compensation of the	ne						
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.						
	✓ Compensa	ation committee	П	Written employment contract							
		ent compensation consultant	$\overline{\mathbf{V}}$	Compensation survey or study							
		of other organizations	\checkmark	Approval by the board or compensa	tion committee						
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a						
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No			
b		• • •		ified retirement plan?		4b		No			
C			,	nsation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III.						
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.							
5			_	the organization pay or accrue any							
	compensation co	ontingent on the revenues of:									
а		1?				5a		No			
b		anization?				5b		No			
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any							
а	The organization	1?				6a		No			
b						6 b		No			
	•	6a or 6b, describe in Part III.									
7				the organization provide any nonfixe rt III		7		No			
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do 		8		No			
9	If "Yes" on line 8	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		INO			
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII.

instructions, on row (ii). Note. The sum of colun	Do no nns (B	ot list any individuals that)(i)-(iii) for each listed in:	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	it individual.
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ANTHONY SERTICH PRESIDENT	(i)	176,393	0	1,763	10,870	17,155	206,181	0
TRESIDENT	(ii)	0	0	0	0	0	0	0
2 LYNN HAGLIN VICE PRESIDENT	(i)	155,943	0	4,268	9,742	27,956	197,909	0
	(ii)	0	0	0	0	0	0	0
		<u> </u>	1	<u> </u>			Schedule	e J (Form 990) 2019





990 Schedule O, Supplemental Information

Return Reference	Explanation
LINE 12C	THE BOARD OF TRUSTEES, COMMITTEE MEMBERS AND STAFF MAKE REGULAR DECISIONS REGARDING DISBUR SEMENT 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 A GREEMENT 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 MOR 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.

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 PR ESIDENT TO DISCUSS. AFTER THE MEETING, A RECOMMENDATION IS BROUGHT TO THE BOARD OF TRUSTEE S 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 SALA RY ADJUSTMENT, THE PRESIDENT HAS THE AUTHORITY FROM THE BOARD TO MAKE SUCH AN APPROPRIATE ADJUSTMENT, IN LINE WITH THE BOARD APPROVED ANNUAL BUDGET.

Explanation

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

As Filed Data -

Related Organizations and Unrelated Partnerships

► 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.

OMB No. 1545-0047

Schedule R (Form 990) 2019

Employer identification number

DLN: 93493344002280

Open to Public Inspection

NORTHLAND FOUNDATION 41-1554455 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) NORTHLAND ASSISTED LIVING LLC MN 0 N/A ASSISTED LIVING 0 202 WEST SUPERIOR STREET 610 ORGANIZATION DULUTH, MN 55802 20-5440048 (2) MCGREGOR PROPERTIES LLC **PROPERTIES** MN 0 0 N/A 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 20-5490145 0 (3) BUHL PROPERTY DEVELOPMENT LLC **PROPERTIES** MN 0 N/A 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 26-0558429 (4) HOYT LAKES PROPERTY DEVELOPMENT LLC **PROPERTIES** MN 0 0 N/A 202 WEST SUPERIOR STREET 610 DULUTH, MN 55802 26-4816942 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. (b) (d) (f) (c) (e) (g) Name, address, and EIN of related organization Legal domicile (state Section 512(b) Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)NORTHLAND INSTITUTE NO ACTIVITY MN 501(C)(3) LINE 10 NORTHLAND FOUNDATION Yes 202 W SUPERIOR STREET 610 DULUTH, MN 55802 31-1504160

Cat. No. 50135Y

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Schedule R (Form 990) 2019		Pa	ge 3
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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
P. Charing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	$\overline{}$	No

g	Sale of assets to related organization(s)	1g		No	
h	Purchase of assets from related organization(s)	1h		No	
i	Exchange of assets with related organization(s)	1 i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No	
0	Sharing of paid employees with related organization(s)	10		No	
р	Reimbursement paid to related organization(s) for expenses	1 p		No	
	Reimbursement paid by related organization(s) for expenses	1 q		No	
r	Other transfer of cash or property to related organization(s)	1r		No	
s	Other transfer of cash or property from related organization(s)	1s		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 Method of determining amount involved					

(1)NORTHLAND INSTITUTE С 52,941 CASH Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990)) 2019

Schedule R (Form 990) 2019							
Part VII	Supplemental Info	ormation					
	Provide additional information for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation					