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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
NORTHLAND FOUNDATION

Doing business as

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

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

D Employer identification number
41-1554455

E Telephone number
(218)723-4040

G Gross receipts $ 62,814,772

F Name and address of principal officer
TONY SERTICH
202 WEST SUPERIOR STREET NO 610
DULUTH,MN 55802

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTHLANDFDN ORG

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

L Year of formation 1986

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NORTHLAND FOUNDATION IS A RESOURCE FOR PEOPLE, BUSINESSES, AND COMMUNITIES IN NE MN WORKING TOWARD PROSPERITY THROUGH ECONOMIC AND SOCIAL JUSTICE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	134
6	Total number of volunteers (estimate if necessary)	**6**	488
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	19,123
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	13,149

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,812,933	3,389,776
9	Program service revenue (Part VIII, line 2g)	2,225,414	2,171,370
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,566,900	3,251,980
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,000	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,639,247	8,813,126
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,326,298	2,134,962
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,875,155	3,020,820
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶135,838		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,957,722	2,428,302
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,159,175	7,584,084
19	Revenue less expenses Subtract line 18 from line 12	5,480,072	1,229,042

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	87,229,088	85,923,758
21	Total liabilities (Part X, line 26)	15,133,590	15,424,990
22	Net assets or fund balances Subtract line 21 from line 20	72,095,498	70,498,768

Part II Signature Block

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

Sign Here

****** | 2016-01-28
Signature of officer | Date

TONY SERTICH PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIE BOYER	JULIE BOYER			P01278549

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325
Firm's address ▶ 227 W FIRST ST STE 700 DULUTH, MN 558021926 | Phone no (218) 727-5025

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR PURPOSE IS TO STRENGTHEN FAMILIES, GROW A SUSTAINABLE REGIONAL ECONOMY, CULTIVATE LEADERSHIP AND PHILANTHROPY, AND FOSTER RESPECT FOR ALL THROUGH OUR GRANTS TO NONPROFITS, LOANS TO LOCAL BUSINESSES, KIDS PLUS PROGRAM, AND OTHER SPECIAL INITIATIVES, THE NORTHLAND FOUNDATION IS BUILDING A STRONG FOUNDATION FOR THE FUTURE OF OUR REGION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,960,110 including grants of $) (Revenue $ 1,489,490)

SINCE 1986, "AGING WITH INDEPENDENCE" HAS BEEN A CORE NORTHLAND FOUNDATION PRIORITY WITH THE SUPPORT OF ITS BOARD OF TRUSTEES, THE NORTHLAND FOUNDATION LAUNCHED NORTHLAND ASSISTED LIVING IN 2006 A 20-UNIT RESIDENTIAL STYLE COMMUNITY FOR OLDER ADULTS, "NORTHLAND VILLAGE - MCGREGOR'S ASSISTED LIVING COMMUNITY", OPENED IN APRIL 2007 FOLLOWED BY BUHL, MN IN 2009 AND HOYT LAKES, MN IN 2011 THESE DEVELOPMENTS HAVE PROVIDED MUCH-NEEDED SENIOR HOUSING WITH SERVICES TO OLDER ADULTS IN UNDERSERVED AREAS AND CREATED QUALITY EMPLOYMENT OPPORTUNITIES NORTHLAND DOES NOT DISCRIMINATE BETWEEN PRIVATE PAY RESIDENTS AND THOSE WHO NEED FINANCIAL ASSISTANCE IN FISCAL YEAR 2015, NORTHLAND ASSISTED LIVING SERVED 61 RESIDENTS AND EMPLOYED 70 PEOPLE

4b (Code) (Expenses $ 2,524,133 including grants of $ 2,112,933) (Revenue $)

THE GRANT PROGRAM PROVIDES FINANCIAL AND TECHNICAL RESOURCES TO TAX-EXEMPT NONPROFITS AND PUBLIC ENTITIES INCLUDING SCHOOL DISTRICTS LOCATED IN AITKIN, CARLTON, COOK, ITASCA, KOOCHICHING, LAKE AND ST LOUIS COUNTIES WITHIN THREE PRIORITY AREAS 1) CHILDREN, YOUTH AND FAMILIES, 2) AGING WITH INDEPENDENCE, AND 3) OPPORTUNITIES FOR SELF-RELIANCE THESE FUNDING PRIORITIES WERE ESTABLISHED AS A RESULT OF NEEDS ASSESSMENTS AND BROAD PUBLIC INPUT, AND ARE CONTINUALLY REFINED AS ECONOMIC AND SOCIAL CONDITIONS CHANGE WITHIN THE REGION GRANT FUNDING FROM THE NORTHLAND FOUNDATION HAS ASSISTED INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGHOUT THE REGION TO GROW AND PROSPER IN FISCAL YEAR 2015, NORTHLAND AWARDED 215 GRANTS TOTALING $2,112,933

4c (Code) (Expenses $ 908,357 including grants of $ 22,029) (Revenue $ 681,880)

SINCE 1988, THE NORTHLAND FOUNDATION'S BUSINESS FINANCE PROGRAM HAS OFFERED FLEXIBLE FINANCING OFTEN IN PARTNERSHIP WITH BANKS OR OTHER DEVELOPMENT LENDERS TO HELP BUSINESSES TO START UP OR EXPAND IN THE NORTHEASTERN MINNESOTA COUNTIES OF AITKIN, CARLTON, COOK, ITASCA, KOOCHICHING, LAKE, AND ST LOUIS THE PROGRAM'S GOAL IS TO PROMOTE A SUSTAINABLE REGIONAL ECONOMY AND ASSIST BORROWERS TO RETAIN OR CREATE NEW, HIGH-QUALITY JOBS - A CRITICAL COMPONENT OF RURAL COMMUNITY VITALITY IN A REGION THAT STRUGGLES WITH HIGHER THAN AVERAGE UNEMPLOYMENT RATES RECIPIENTS MAY BE FOR-PROFIT OR NONPROFIT ENTITIES IN FISCAL YEAR 2015, NORTHLAND APPROVED 19 LOANS TOTALING $2,518,300 WHICH IN TURN HELPED LEVERAGE $5 3 MILLION IN ADDITIONAL INVESTMENTS IN FISCAL YEAR 2015, NORTHLAND AWARDED GRANTS TOTALING $22,029

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 884,910 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 6,277,510

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	27		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	134		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 610
DULUTH, MN 55802 (218) 723-4040

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF COREY PAST CHAIR	3 00	X		X				0	0	0
(2) MARIETA JOHNSON TRUSTEE	2 00	X						0	0	0
(3) DIANE RAUSCHENFELS CHAIR	5 00	X		X				0	0	0
(4) ED ZABINSKI TRUSTEE	3 50	X						0	0	0
(5) STEVE DOWNING VICE CHAIR	5 00	X		X				0	0	0
(6) LYNN GOERDT TRUSTEE	2 00	X						0	0	0
(7) NEVADA LITTLEWOLF TRUSTEE	2 50	X						0	0	0
(8) TOM RIDER TRUSTEE	3 00	X						0	0	0
(9) TRENT JANEZICH SECRETARY/TREASURER	3 00	X		X				0	0	0
(10) JASON HOLLINDAY TRUSTEE	2 00	X						0	0	0
(11) LISA BODINE TRUSTEE	3 50	X						0	0	0
(12) VICTORIA HAGBERG TRUSTEE	2 00	X						0	0	0
(13) ANGIE MILLER TRUSTEE	2 00	X						0	0	0
(14) SHAYE MORIS TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) THOMAS RENIER PAST PRESIDENT	55 00 1 00			X				196,188	0	38,129
(16) LYNN HAGLIN VICE PRESIDENT	50 00			X				143,250	0	34,966
(17) HEATHER BROUSE CFO	50 00 1 00			X				97,500	0	20,477
(18) SCOTT MARTIN FORMER PRESIDENT NORTHLAND INSTITE	1 00 40 00			X				41,709	0	3,446
(19) ANTHONY SERTICH PRESIDENT	55 00 1 00			X				6,856	0	0
(20) JOHN ELDEN DIRECTOR OF BUSINESS FINANCE	40 00					X		110,399	0	32,640

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	595,902	0	129,658

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,389,776			
	g	Noncash contributions included in lines 1a-1f $		1,008,454			
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,389,776			
Program Service Revenue			Business Code				
	2a	ASSISTED LIVING INITIATIVE	623000	1,489,490	1,489,490		
	b	LOAN PROGRAM INTEREST INCOME	525990	681,880	681,880		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,171,370			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,594,665		19,123	1,575,542
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	55,648,014	10,947			
	b	Less cost or other basis and sales expenses	53,999,331	2,315			
	c	Gain or (loss)	1,648,683	8,632			
	d	Net gain or (loss) . . . . . ▶			1,657,315		1,657,315
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		8,813,126	2,171,370	19,123	3,232,857

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,134,962	2,134,962		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	541,073	387,455	105,598	48,020
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	1,872,811	1,598,635	248,402	25,774
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,394	67,531	10,961	1,902
9 Other employee benefits	343,930	239,662	93,577	10,691
10 Payroll taxes	182,612	154,143	23,761	4,708
11 Fees for services (non-employees)				
a Management				
b Legal	15,866	10,633	5,233	
c Accounting	50,500	13,300	37,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	391,847	256,565	126,099	9,183
12 Advertising and promotion	119,706	102,536	1,903	15,267
13 Office expenses	248,143	201,758	43,803	2,582
14 Information technology	360	360		
15 Royalties				
16 Occupancy	90,624		90,624	
17 Travel	167,125	80,321	81,049	5,755
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	170,443	166,373	2,922	1,148
20 Interest	243,342	238,205		5,137
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,181	249,916	84,188	2,077
23 Insurance	111,879	73,254	38,202	423
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 PROVISION FOR LOAN LOSS	123,143	123,143		
b UTILITIES	101,982		101,982	
c OTHER EXPENSES	94,113	78,263	15,850	
d REPAIRS AND MAINTENANCE	50,970		50,970	
e All other expenses	112,078	100,495	8,412	3,171
25 **Total functional expenses.** Add lines 1 through 24e	7,584,084	6,277,510	1,170,736	135,838
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		9,965,663	2	7,607,397
	3	Pledges and grants receivable, net		1,311,331	3	2,138,501
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		11,952,051	7	11,260,008
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,535	9	42,777
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,072,028			
	b	Less accumulated depreciation	10b 2,030,406	5,243,386	10c	5,041,622
	11	Investments—publicly traded securities		58,608,930	11	59,714,886
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		125,192	15	118,567
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		87,229,088	16	85,923,758
Liabilities	17	Accounts payable and accrued expenses		2,610,637	17	2,685,415
	18	Grants payable		462,350	18	776,657
	19	Deferred revenue		302,393	19	397,623
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		66,670	22	70,203
	23	Secured mortgages and notes payable to unrelated third parties		11,691,540	23	11,495,092
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		15,133,590	26	15,424,990
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		69,404,784	27	68,192,782
	28	Temporarily restricted net assets		2,690,714	28	2,305,986
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		72,095,498	33	70,498,768
	34	Total liabilities and net assets/fund balances		87,229,088	34	85,923,758

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,813,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,584,084
3	Revenue less expenses Subtract line 2 from line 1	3	1,229,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,095,498
5	Net unrealized gains (losses) on investments	5	-2,825,772
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,498,768

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 41-1554455
Name: NORTHLAND FOUNDATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 884,910 including grants of $) (Revenue $)

LAUNCHED BY THE NORTHLAND FOUNDATION IN 1990, THE GOAL OF THE KIDS PLUS PROGRAM IS TO IMPROVE THE WELL-BEING OF CHILDREN AND YOUTH IN NORTHEASTERN MINNESOTA AND THE BORDER COMMUNITY OF SUPERIOR, WISONSIN KIDS PLUS IS A FAMILY OF INITIATIVES DESIGNED TO SUPPORT CHILDREN FROM BIRTH TO ADULTHOOD IT IS A RESOURCE HAVING GREAT IMPACT IN A RURAL REGION OF 326,489 PEOPLE SPREAD OVER AN 18,185 SQ MILE EXPANSE DOTTED WITH 68 SMALL TOWNS AND 3 INDIAN RESERVATIONS FOCUS AREAS INCLUDE 1) TECHNICAL ASSISTANCE AND COMMUNITY-BASED PLANNING, 2) EARLY CHILDHOOD DEVELOPMENT, 3) YOUTH LEADERSHIP AND PHILANTHROPY, 4) INTERGENERATIONAL PROGRAMMING, AND 5) TRAINING AND CONFERENCING THROUGH THE KIDS PLUS FAMILY OF PROGRAMS, THOUSANDS OF COMMUNITY MEMBERS HAVE BEEN ENGAGED WITH LOCAL INITIATIVES THAT SUPPORT CHILDREN AND YOUTH

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,942,910	2,157,962	2,278,338	2,812,933	3,389,776	14,581,919
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,942,910	2,157,962	2,278,338	2,812,933	3,389,776	14,581,919
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,931,673
6 **Public support.** Subtract line 5 from line 4						7,650,246

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,942,910	2,157,962	2,278,338	2,812,933	3,389,776	14,581,919
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,721,893	1,652,661	1,412,765	1,594,630	1,575,542	7,957,491
9 Net income from unrelated business activities, whether or not the business is regularly carried on					19,123	19,123
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				34,000		34,000
11 **Total support** Add lines 7 through 10						22,592,533

12	Gross receipts from related activities, etc (see instructions)	12	10,854,356

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	33 860 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	36 940 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	62,346,271	53,779,082	46,186,545	43,950,194	34,691,229
b Contributions	21,103				
c Net investment earnings, gains, and losses	375,024	9,794,644	8,669,107	3,963,954	10,257,604
d Grants or scholarships	278,146				
e Other expenditures for facilities and programs	977,227	1,227,455	1,076,570	1,727,603	998,639
f Administrative expenses	1,338,637				
g End of year balance	60,148,388	62,346,271	53,779,082	46,186,545	43,950,194

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		317,602		317,602
b Buildings		4,906,977	1,104,138	3,802,839
c Leasehold improvements		51,848	38,050	13,798
d Equipment		872,631	625,101	247,530
e Other		922,970	263,117	659,853
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,041,622

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements			1	5,987,354
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-2,825,772		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-2,825,772
3	Subtract line **2e** from line **1**			3	8,813,126
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,813,126

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

1	Total expenses and losses per audited financial statements			1	7,593,034
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	8,950		
e	Add lines **2a** through **2d**			2e	8,950
3	Subtract line **2e** from line **1**			3	7,584,084
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,584,084

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT IS TO CONTINUE TO GROW OUR CAPACITY FOR FUTURE GENERATIONS AND ENSURE THE STABILITY OF THE NORTHLAND FOUNDATION TO MEET OUR MISSION AS IT RELATES TO THE NEEDS OF THE REGION
PART X, LINE 2	NORTHLAND FOUNDATION AND SUBSIDIARIES HAVE BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND A SIMILAR SECTION OF THE STATE CODE THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012
PART XII, LINE 2D - OTHER ADJUSTMENTS	NORTHLAND INSTITUTE EXPENSE 8,950

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493035015096

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 89

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS ARE REQUIRED TO SUBMIT INTERIM AND FINAL REPORTS DETAILING PROGRAM ACCOMPLISHMENTS AND USE OF GRANT FUNDS ORGANIZATIONS ITEMIZE ACTUAL EXPENDITURES COMPARED TO THE BUDGET THEY SUBMITTED WITH THEIR GRANT APPLICATION ORGANIZATIONS REPORT ON HOW NORTHLAND FOUNDATION FUNDS WERE SPENT AS WELL AS ADDITIONAL FUNDS PROVIDED BY THE GRANTEE AND OTHER SOURCES ORGANIZATIONS REPORT ON SOURCES OF FUNDING FOR THE PROJECT BOTH AS PROJECTED IN THE GRANT APPLICATION AND THE ACTUAL RECEIPTS OVER THE COURSE OF THE GRANT PERIOD ORGANIZATIONS RECEIVING GRANTS $5,000 AND UNDER SUBMIT A FINAL REPORT ORGANIZATIONS THAT RECEIVE GRANTS OVER $5,000 SUBMIT AN INTERIM REPORT IN ADDITION TO A FINAL REPORT BOTH THE DIRECTOR OF GRANTMAKING AND THE GRANTS MANAGER REVIEW THESE REPORTS AS THEY COME IN

Additional Data

Software ID:
Software Version:
EIN: 41-1554455
Name: NORTHLAND FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AH ZEPPA FAMILY FOUNDATION222 EAST SUPERIOR STREET SUITE 302 DULUTH,MN 55802	20-6424699	501(C)(3)	20,000				TO SUPPORT COMMUNITY-BASED EFFORTS TO ADDRESS HEALTH DISPARTIES IN DULUTH
ADULTS & CHILDRENS ALLIANCE INC2885 COUNTRY DRIVE LITTLE CANADA,MN 55117	41-1406591	501(C)(3)	7,500				TO IMPROVE THE QUALITY OF MEALS SERVED AT HOME BASED CHILD CARE PROVIDERS
ADVOCATES AGAINST DOMESTIC ABUSEPO BOX 153 AITKIN,MN 564310153	41-1543099	501(C)(3)	15,000				TO SUPPORT PREVENTION EDUCATION ON DOMESTIC VIOLENCE IN AITKIN COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCATES FOR FAMILY PEACE1611 NW FOURTH STREET GRAND RAPIDS,MN 55744	41-1377489	501(C)(3)	80,000				TO SUPPORT ADVOCACY AND INTERVENTION SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND EXPLORE A MERGER BETWEEN THE DOMESTIC ABUSE INTERVENTION PROGRAM AND ADVOCATES FOR FAMILY PEACE
AGE WELL ARROWHEAD INC10 ALWORTH BUILDING 306 WEST SUPERIOR STREET DULUTH,MN 55802	46-5092311	501(C)(3)	25,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
AITKIN COUNTY CARE INC 20 THIRD STREET NE PO BOX 212 AITKIN,MN 56431	80-0620414	501(C)(3)	74,236				TO SUPPORT COORDINATION OF THE RURAL AGING INITIATIVE'S COMMUNITY CARE INTEGRATION PILOT, COMMUNITY BASED WORK TO HELP OLDER ADULTS AGE IN PLACE AND STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION202 WEST SECOND STREET DULUTH,MN 55802	41-1782394	501(C)(3)	26,500				TO LAUNCH A NEW PROGRAM TO WORKFORCE TRAINING AND JOB OPPORTUNITIES, SUPPORT PROJECT HOMELESS CONNECT, AND A PROGRAM TO SERVE AMERICAN INDIAN VICTIMS OF DOMESTIC VIOLENCE
AMHERST H WILDER FOUNDATION451 LEXINGTON PKWY NORTH SAINT PAUL,MN 55104	41-0693889	501(C)(3)	20,000				TO EXTEND MN COMPASS NEIGHBORHOOD PROFILES TO DULUTH
ANGELS - A LIVING AT HOME BLOCK NURSE PROGRAM SM7 SOUTH MADDY STREET/PO BOX 35 MCGREGOR,MN 55760	20-0587492	501(C)(3)	26,440				TO PROVIDE FREE FOOT CARE SERVICES TO OLDER ADULTS IN THE MCGREGOR AREA AND STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
APEX306 WEST SUPERIOR STREET SUITE 902 DULUTH,MN 55802	32-0079166	501(C)(3)	15,000				TO SUPPORT ECONOMIC DEVELOPMENT EFFORTS IN DULUTH AND THE SURROUNDING AREA
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY 702 3RD AVENUE SOUTH VIRGINIA,MN 55792	41-6052144	501(C)(3)	26,410				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS AND THE EXPANSION OF RSVP BONE BUILDERS IN LAKE COUNTY
ARROWHEAD PARISH NURSE ASSOCIATIONPO BOX 16328 DULUTH,MN 55816	46-1527679	501(C)(3)	15,040				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASHINAABE O'DE320 E 2ND ST DULUTH,MN 55802	46-2368749	501(C)(3)	5,000				TO PROVIDE SERVICES AND SUPPORTS TO THE NATIVE AMERICAN COMMUNITY IN DULUTH
AUGUSTANA CARE1007 EAST 14TH STREET MINNEAPOLIS,MN 55404	41-1728753	501(C)(3)	18,000				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE
BAY VIEW ELEMENTARY SCHOOL - ISD #7048708 VINLAND STREET DULUTH,MN 55810	41-6003748	GOVERNMENTAL	27,000				TO SUPPORT THE PLACEMENT OF AMERICORPS MEMBERS TO HELP BOOST ACADEMIC ACHIEVEMENT AND SUPPORT A YOUTH RUN PROGRAM DISTRIBUTING CLOTHING TO CHILDREN AND FAMILIES IN NEED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIGFORK VALLEY258 PINE TREE DRIVE PO BOX 258 BIGFORK,MN 56628	41-1242647	501(C)(3)	25,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
BIRCH GROVE FOUNDATION INCPO BOX 2242 TOFTE,MN 55615	41-1529617	501(C)(3)	20,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
BOVEYCOLERAINE YOUTH CENTERBOX 432 BOVEY,MN 55709	41-1892590	501(C)(3)	5,500				RURAL AGING INITIATIVE - AGE TO AGE COLLEGE INTERN PROGRAM 2015

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE NORTHLAND102 S 29TH AVENUE WEST 200 PO BOX 16435 DULUTH,MN 55816	41-0969947	501(C)(3)	25,000				IN SUPPORT OF PLANNING AND ACTIVITIES TO IMPROVE THE OUTREACH AND MARKETING EFFORTS OF THE BOYS & GIRLS CLUBS OF THE NORTHLAND
CENTER AGAINST SEXUAL AND DOMESTIC ABUSE318 21ST AVENUE EAST SUPERIOR,WI 54880	39-1478768	501(C)(3)	20,000				IN SUPPORT OF EMERGENCY SHELTER AND SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE
CENTER CITY HOUSING CORPORATION105 1/2 WEST FIRST STREET DULUTH,MN 55802	36-3485584	501(C)(3)	70,000				TO SUPPORT PROGRAMMING FOR HOMELESS FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHESTER BOWL IMPROVEMENT CLUB1801 EAST SKYLINE PARKWAY DULUTH,MN 55812	41-1410681	501(C)(3)	20,000				SUPPORT FOR RECREATIONAL FAMILY AND YOUTH PROGRAMMING IN THE DULUTH AREA
CHILDREN'S DENTAL SERVICES INC636 BROADWAY STREET NE MINNEAPOLIS,MN 55413	41-0857929	501(C)(3)	10,000				TO PROVIDE ACCESS TO DENTAL CARE FOR LOW-INCOME CHILDREN ON THE IRON RANGE AND IN KOOCHICHING COUNTY
CHISHOLM KIDS PLUS301 4TH ST SW CHISHOLM,MN 55719	20-1241174	501(C)(3)	5,000				TO SUPPORT INTER-GENERATIONAL PROGRAMMING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHURCHES UNITED IN MINISTRY102 WEST 2ND STREET DULUTH,MN 55802	41-1227969	501(C)(3)	882	17,110	FMV	FURNITURE,FIXTURES, AND ARTWORK	IN SUPPORT OF THE STEVE O'NEIL APARTMENTS AND PUBLIC POLICY ADVOCACY ON POVERTY ISSUES
CITIZENS FOR BACKUS900 FIFTH STREET INTERNATIONAL FALLS, MN 56649	32-0018497	501(C)(3)	5,000				SUPPORT FOR AFTER SCHOOL ENRICHMENT PROGRAMS FOR INTERNATIONAL FALLS AREA YOUTH
CITIZENS LEAGUE213 4TH STREET EAST SUITE 425 ST PAUL,MN 55101	41-0722696	501(C)(3)	5,000				TO ENGAGE COMMUNITIES IN NORTHEASTERN MINNESOTA AROUND THE SHIFTING DEMOGRAPHICS FACING OUR REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLOQUET PUBLIC SCHOOLS - ISD #94509 CARLTON AVENUE CLOQUET,MN 55720	41-6000450	GOVERNMENTAL	11,500				TO SUPPORT INTER-GENERATIONAL PROGRAMMING THROUGH THE RURAL AGING INITIATIVE, PREK TO GRADE 3 TEAM GRANTS, AND AGE TO AGE COLLEGE INTERN PROGRAM
COMMUNITY ACTION DULUTH2424 WEST 5TH STREET SUITE 102 DULUTH,MN 55806	41-1410670	501(C)(3)	25,000				TO PROVIDE VEHICLE PURCHASE AND TRANSIT ACCESS ASSISTANCE TO LOW-INCOME PEOPLE AND FREE INCOME TAX PREPARATION
COMMUNITY PARTNERS - TWO HARBORS BLOCK NURSE PROGRAMPO BOX 327 - 505 1ST AVE TWO HARBORS,MN 556160327	41-1963127	501(C)(3)	15,898				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COOK COUNTY SCHOOLS - ISD #166101 WEST 5TH STREET GRAND MARAIS,MN 55604	41-6000677	GOVERNMENTAL	16,870				TO PROVIDE PROGRAMMING IN CHARACTER DEVELOPMENT FOR COOK COUNTY STUDENTS
COOK COUNTYGRAND MARAIS ECONOMIC DEVELOPMENT AUTHORITY411 WEST SECOND STREET GRAND MARAIS,MN 55604	41-1670765	501(C)(3)	13,000				TO SUPPORT PLANNING EFFORTS TO INCREASE AFFORDABLE AND WORKFORCE HOUSING IN COOK COUNTY
DULUTH AREA FAMILY YMCA302 WEST 1ST STREET DULUTH,MN 55802	41-0693931	501(C)(3)	40,000				TO SUPPORT ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION AND CARE FOR LOW-INCOME FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DULUTH LIGHTHOUSE FOR THE BLIND INC4505 W SUPERIOR ST DULUTH,MN 558072728	41-0706140	501(C)(3)	25,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
DULUTH PUBLIC SCHOOLS - ISD #709215 N 1ST AVENUE EAST DULUTH,MN 55802	41-6003776	GOVERNMENTAL	73,195				SUPPORT FOR ENVIRONMENTAL EDUCATION PROGRAMMING, EFFORTS TO IMPROVE ACADEMIC ACHIEVEMENT, STAFF TRAINING, ESSENTIAL SCHOOL SUPPLIES AND REDUCING THE ACHIEVEMENT GAP
ELDERCIRCLE400 RIVER RD STE 1 GRAND RAPIDS,MN 55744	41-1994691	501(C)(3)	25,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVELETH-GILBERT PUBLIC SCHOOLS104 SUMMIT STREET GILBERT,MN 55741	41-1744884	GOVERNMENTAL	5,000				IN SUPPORT OF STEM PROGRAMMING IN THE EVELETH-GILBERT SCHOOLS
FALLS HUNGER COALITION INC1000 5TH STREET INTL FALLS,MN 56649	36-3602229	501(C)(3)	15,000				TO EXPAND ACCESS TO FRESH FRUITS AND VEGETABLES AND OTHER HEALTHY FOODS FOR FOOD SHELF CLIENTS
FLOODWOOD SERVICES AND TRAINING INC601 ASH STREET/PO BOX 347 FLOODWOOD,MN 55736	41-1296075	501(C)(3)	31,500				TO SUPPORT INTER-GENERATIONAL PROGRAMMING AND CAPACITY BUILDING THROUGH THE RURAL AGING INITIATIVE AND THE AGE TO AGE COLLEGE INTERN PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA1720 BIG LAKE ROAD CLOQUET,MN 55720	41-0965719	501(C)(3)	28,000				IN SUPPORT OF YOUTH DEVELOPMENT AND LOCAL FOOD PROGRAMMING AND COMMUNITY DEVELOPMENT TRAINING
FOND DU LAC TRIBAL & COMMUNITY COLLEGE 2101 14TH STREET CLOQUET,MN 55720	41-1687554	GOVERNMENTAL	5,000				TO SUPPORT PROFESSIONAL DEVELOPMENT AROUND ADVERSE CHILDHOOD EXPERIENCES
FRIENDS AGAINST ABUSE 407 4TH STREET INTL FALLS,MN 56649	41-1454505	501(C)(3)	30,000				TO PROVIDE STIPENDS TO CRISIS LINE VOLUNTEERS AND PROVIDE GAP FUNDING

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

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FRIENDS OF THE FINLAND COMMUNITYPO BOX 582 6866 CRAMER ROAD FINLAND,MN 55603	83-0494175	501(C)(3)	10,000				TO PROVIDE OUT OF SCHOOL TIME ENRICHMENT ACTIVITIES TO YOUTH IN THE FINLAND AREA
HARBOR CITY INTERNATIONAL CHARTER SCHOOL332 WEST MICHIGAN ST DULUTH,MN 55802	41-1998054	GOVERNMENTAL	5,000				TO PROVIDE INCREASED LITERACY SERVICES TO STUDENTS NOT AT GRADE LEVEL
HIBBING KINSHIP MENTORING PROGRAMPO BOX 176 SIDE LAKE,MN 55781	41-2006723	501(C)(3)	20,000				SUPPORT FOR PROGRAMS TO AID IN THE HEALTHY SOCIAL EMOTIONAL DEVELOPMENT OF YOUTH IN THE HIBBING AREA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST301 W 1ST STREET SUITE 302 DULUTH,MN 55802	41-1424988	501(C)(3)	15,000				TO SUPPORT FINANCIAL LITERACY AND WORKFORCE EDUCATION PROGRAMS IN NORTHEAST MINNESOTA SCHOOLS
JUST KIDS DENTALPO BOX 146 TWO HARBORS,MN 55616	27-2311353	501(C)(3)	15,000				TO PROVIDE PREVENTIVE ORAL HEALTH CARE AND EDUCATION TO AT-RISK YOUTH IN NORTHEAST MINNESOTA
KIDS CLOSET OF DULUTH 11520 HIGHWAY 8 FLOODWOOD,MN 55736	20-1878745	501(C)(3)	5,000				TO PROVIDE WINTER CLOTHING TO CHILDREN IN NEED IN THE DULUTH AREA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KOOCHICHING AGING OPTIONS1000 FIFTH STREET SUITE 210 INTERNATIONAL FALLS, MN 56649	26-4636084	501(C)(3)	19,700				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE
LAKE SUPERIOR ZOOLOGICAL SOCIETY 7210 FREMONT ST DULUTH, MN 55807	41-0944885	501(C)(3)	20,000				TO SUPPORT EXPANDED OUTREACH PROGRAMMING
LEECH LAKE BAND OF OJIBWEC/O SYNERGETIC ENDEAVORS 660 TRANSFER ROAD SAINT PAUL, MN 55114	41-1242052	501(C)(3)	5,000				TO SUPPORT ACTIVITIES AROUND THE 50TH ANNUAL U S CAPITOL CHRISTMAS TREE LIGHTING CEREMONY IN WASHINGTON, D C

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL AID SERVICE OF NORTHEASTERN MINNESOTA424 WEST SUPERIOR STREET 302 ORDEAN BLDG DULUTH,MN 55802	41-0958386	501(C)(3)	45,000				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE AND EXPAND ACCESS TO LEGAL SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE
LET'S GO FISHING174 LAKE AVENUE N PO BOX 271 SPICER,MN 56288	48-1259413	501(C)(3)	5,000				TO SUPPORT EFFORTS TO PROVIDE ENRICHING RECREATIONAL PROGRAMMING TO OLDER ADULTS IN THE DULUTH AREA
LIFE HOUSE INC102 WEST 1ST STREET DULUTH,MN 55802	41-1704840	501(C)(3)	55,000				SUPPORT FOR IMPROVED TECHNOLOGY CAPACITY, SUPPORTIVE SERVICES TO AT-RISK YOUTH, AND SUPERVISED HOUSING FOR YOUNG ADULTS WHO HAVE EXPERIENCED DOMESTIC VIOLENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION 202 WEST SUPERIOR STREET SUITE 401 DULUTH,MN 55802	13-3030229	501(C)(3)	60,000				TO SUPPORT NEIGHBORHOOD REVITALIZATION, AND ECONOMIC AND COMMUNITY DEVELOPMENT IN DULUTH
MACROSTIE ART CENTER 405 NW FIRST AVENUE GRAND RAPIDS,MN 55744	23-7105948	501(C)(3)	10,000				TO SUPPORT AN EXHIBIT AND OUTREACH CAMPAIGN RAISING AWARENESS ON THE IMPACT OF SUICIDE
MEN AS PEACEMAKERS205 WEST 2ND STREET SUITE 15 DULUTH,MN 55802	41-1841689	501(C)(3)	25,000				TO SUPPORT THE CREATION OF A PROGRAM DIRECTOR POSITION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT STREET NORTH SUITE 306 SAINT PAUL,MN 55101	41-1694717	501(C)(3)	10,000				SUPPORT FOR SERVICES FOR VETERANS AND THEIR FAMILIES FACING HOMELESSNESS OR OTHER CRISES
MINNESOTA CITIZENS FEDERATION NORTHEAST 2110 WEST FIRST STREET 102 DULUTH,MN 55806	41-1253514	501(C)(3)	23,650				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE
MINNESOTA COALITION FOR THE HOMELESS2233 UNIVERSITY AVE W434 ST PAUL,MN 55114	41-1601248	501(C)(3)	20,000				TO SUPPORT A REGIONAL ORGANIZER TO FOSTER AND SUSTAIN COLLABORATION AROUND HOMELESSNESS ISSUES AND CONNECT PROVIDERS WITH STATEWIDE ADVOCACY EFFORTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA COUNCIL OF CHURCHES122 WEST FRANKLIN AVENUE SUITE 100 MINNEAPOLIS,MN 55404	41-0693871	501(C)(3)	5,000				TO SUPPORT EFFORTS TO HELP FAITH COMMUNITIES BETTER RESPOND TO THE NEEDS OF OLDER ADULTS IN THEIR CONGREGATIONS
MINNESOTA COUNCIL OF NONPROFITS2314 UNIVERSITY AVE WEST SUITE 20 SAINT PAUL,MN 55114	36-3501477	501(C)(3)	5,000				IN SUPPORT OF EFFORTS TO STRENGTHEN THE NONPROFIT SECTOR IN NORTHEASTERN MINNESOTA
MINNESOTA JUSTICE FOUNDATION229 19TH AVENUE SOUTH SUITE 140N MINNEAPOLIS,MN 55455	41-1447537	501(C)(3)	5,000				TO IMPROVE ACCESS OF LEGAL ASSISTANCE FOR LOW-INCOME PEOPLE THROUGH A SUMMER CLERKSHIPS FOR LAW SCHOOL STUDENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOOSE LAKE AREA HISTORICAL SOCIETYPO BOX 235 MOOSE LAKE,MN 55767	36-3308576	501(C)(3)	65,000				TO SUPPORT COORDINATION OF THE RURAL AGING INITIATIVE'S COMMUNITY CARE INTEGRATION PILOT AND COMMUNITY WORK TO HELP OLDER ADULTS AGE IN PLACE
MOOSE LAKE ELEMENTARY - ISD #097413 BIRCH AVE MOOSE LAKE,MN 55767	41-6000446	GOVERNMENTAL	5,000				TO PROVIDE SUMMER LEARNING CAMPS TO HELP STUDENTS MAINTAIN READING AND MATH SKILLS
MOOSE LAKE SCHOOLS - ISD #097413 BIRCH AVENUE PO BOX 489 MOOSE LAKE,MN 55767	41-6000446	GOVERNMENTAL	15,500				TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT, INTER-GENERATIONAL PROGRAMMING, PREK TO GRADE 3 TEAM GRANTS, AND AGE TO AGE COLLEGE INTERN PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH SHORE AREA PARTNERS99 EDISON BLVD SILVER BAY,MN 55614	20-1156990	501(C)(3)	15,240				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
NORTH SHORE HEALTH CARE FOUNDATIONPO BOX 454 GRAND MARAIS,MN 55604	41-1694904	501(C)(3)	40,000				TO IMPROVE ACCESS TO ORAL HEALTH CARE FOR CHILDREN IN COOK COUNTY AND CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE
NORTH SHORE HORIZONS INC127 7TH STREET TWO HARBORS,MN 556160206	41-1451736	501(C)(3)	16,000				TO LUANCH A NEW PROGRAM TO TEACH YOUTH AND COMMUNITY MEMBERS NEW SKILLS TO CHALLENGE THE SOCIAL NORMS OF SEXUAL VIOLENCE AND STAFF HOURS AND EXPAND OUTREACH PROGRAMMING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWOODS CARE PARTNERS328 WEST CONAN STREET ELY,MN 55731	41-2016401	501(C)(3)	25,000				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
ONE ROOF COMMUNITY HOUSING12 EAST 4TH STREET DULUTH,MN 55805	41-1678328	501(C)(3)	30,000				TO SUPPORT THE CREATION OF SINGLE AND MULTI-FAMILY AFFORDABLE HOUSING IN NORTHEAST MINNESOTA
PLANNED PARENTHOOD OF MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA STREET SAINT PAUL,MN 55114	41-0948382	501(C)(3)	5,000				TO SUPPORT PEER EDUCATION PROGRAMMING AROUND SEXUAL HEALTH FOR TWIN PORTS AREA YOUTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROCTOR PUBLIC SCHOOLS - ISD #704131 9TH AVENUE PROCTOR,MN 55810	41-6003748	GOVERNMENTAL	6,500				TO ENGAGE OLDER ADULTS IN HELPING BOOST ACADEMIC ACHIEVEMENT AND SUPPPORT CONTINUING EDUCATION FOR DISTRICT EDUCATORS AND STAFF
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT32 EAST FIRST ST STE 200 DULUTH,MN 55802	41-1350021	501(C)(3)	40,000				TO SUPPORT THE DEVELOPMENT OF A REGIONAL RESPONSE TO TRAFFICKING IN NORTHEAST MINNESOTA
PROJECT CARE FREE CLINIC3112 6TH AVENUE EAST HIBBING,MN 55746	27-3176137	501(C)(3)	25,000				TO SUPPORT ACCESS TO HEALTH CARE FOR PEOPLE WITHOUT HEALTH INSURANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RANGE ENGINEERING COUNCIL3800 5TH AVENUE WEST HIBBING,MN 55746	46-5057438	501(C)(3)	5,000				TO PROMOTE AWARENESS OF AND ENCOURAGE PARTICIPATION IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) PROGRAMS ACROSS THE IRON RANGE
RANGE RESPITE PROJECT INC1309 20TH STREET SOUTH VIRGINIA,MN 55792	41-1726790	501(C)(3)	22,930				SUPPORT FOR CAPACITY BUILDING EFFORTS AS PART OF THE RURAL AGING INITIATIVE
SAFE HAVEN SHELTER FOR BATTERED WOMENPO BOX 3558 DULUTH,MN 55803	41-1317462	501(C)(3)	55,000				PLANNING GRANT TO HELP ADDRESS THE MENTAL HEALTH NEEDS OF VICTIMS OF DOMESTIC VIOLENCE AND SERVICES TO BATTERED WOMEN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST NORTH CENTRAL FOOD BANK2222 CROMELL DRIVE/BOX 5130 GRAND RAPIDS,MN 55744	41-1782776	501(C)(3)	10,000				TO EXPAND THE IN-SCHOOL FOOD PANTRY PILOT IN THE DEER RIVER SCHOOL DISTRICT AND PROVIDE FOOD TO SCHOOL CHILDREN AT RISK OF HUNGER
SOAR CAREER SOLUTIONS 205 WEST 2ND STREET SUITE 101 DULUTH,MN 55802	41-1449179	501(C)(3)	25,000				TO SUPPORT REBRANDING AND STRATEGIC PLANNING WORK
THE NORTHSPAN GROUP INC221 WEST FIRST STREET DULUTH,MN 55802	36-3386158	501(C)(3)	5,000				IN SUPPORT OF THE NORTHLAND CONNECTION PROGRAM, WHICH PROVIDES ECONOMIC DEVELOPMENT DATA AND ANALYSIS TO RECRUIT, EXPAND AND RETAIN BUSINESSES, AND CREATE NEW JOBS IN OUR REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF NORTHEASTERN MINNESOTA229 WEST LAKE ST CHISHOLM,MN 557190066	41-0908454	501(C)(3)	50,000				TO SUPPORT THE EXPANSION OF CHILD CARE CAPACITY AND ENROLLMENT IN PARENT AWARE ACROSS THE IRON RANGE
US FIRST200 BEDFORD STREET MANCHESTER,NH 03101	22-2990908	501(C)(3)	5,000				IN SUPPORT OF THE 2015 REGIONAL ROBOTICS COMPETITION IN NORTHEAST MINNESOTA
VALLEY YOUTH CENTERS 720 NORTH CENTRAL AVENUE DULUTH,MN 55807	41-0850223	501(C)(3)	27,000				TO SUPPORT EXPANDED OUT OF SCHOOL TIME AND MENTORING PROGRAMMING AND A HMONG NEW YEAR CELEBRATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEER SERVICES OF CARLTON COUNTY INC199 CHESTNUT AVENUE PO BOX 450 CLOQUET,MN 55718	41-1598604	501(C)(3)	20,700				TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS SERVING OLDER ADULTS
VOLUNTEERS IN EDUCATION INC30 THIRD AVE PO BOX 65 SOUDAN,MN 557820065	45-0578555	501(C)(3)	25,000				TO SUPPORT THE PLACEMENT OF VOLUNTEER TUTORS TO HELP BOLSTER ACADEMIC ACHIEVEMENT IN SCHOOLS ACROSS THE IRON RANGE
WELL BEING DEVELOPMENTPO BOX 714 ELY,MN 55731	27-2987032	501(C)(3)	5,000				TO SUPPORT PROGRAMMING FOR PEOPLE WITH MENTAL ILLNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODLAND HILLS4321 ALLENDALE AVENUE DULUTH,MN 55803	41-0693848	501(C)(3)	18,000				TO INCREASE STAFF AWARENESS AND CAPACITY TO WORK WITH YOUTH AT-RISK OF TRAFFICKING
YWCA OF DULUTH32 EAST FIRST STREET SUITE 202 DULUTH,MN 55802	41-0696493	501(C)(3)	20,000				TO SUPPORT THE HIRING OF A DEVELOPMENT DIRECTOR

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS RENIER, PAST PRESIDENT	(i)	163,759	24,252	8,177	10,103	28,026	234,317	0
	(ii)	0	0	0	0	0	0	0
2 LYNN HAGLIN, VICE PRESIDENT	(i)	140,646	0	2,604	8,653	26,313	178,216	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	ITEM III THE PRESIDENT RECEIVES GROSS UP PAYMENTS ON HIS EXECUTIVE BENEFITS ITEM VII ALL STAFF ARE ELIGIBLE FOR A FULLY TAXABLE WELLNESS PROGRAM THAT INCLUDES THE ABILITY TO USE FOR HEALTH CLUB MEMBERSHIP
PART I, LINE 1B	THERE IS A WRITTEN POLICY IN PLACE FOR THE WELLNESS PROGRAM AND SUBSTANTIATION IS REQUIRED THERE IS NOT A WRITTEN POLICY REGARDING THE PERSONAL USE OF AUTOS, BUT SUBSTANTIATION IS REQUIRED PRIOR TO REIMBURSEMENT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) TOM RIDER	TRUSTEE	LINE OF CREDIT TO LUTSEN MOUNTAIN CORPORATIONS WHERE TOM RIDER IS 50% OWNER	X		500,000	70,203		No	Yes		Yes	
Total	▶ $					70,203						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	1,008,454	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

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

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
NORTHLAND FOUNDATION	41-1554455

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, 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, COMMU NITY 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 FO UNDATION 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 ADDITI ON, 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 PROPO SALS OR INITIATE BUSINESS AGREEMENTS FOR THE FOUNDATION THAT WOULD FINANCIALLY BENEFIT THE M OR MEMBERS OF THEIR FAMILY WITHOUT INFORMING THE PRESIDENT IF THE POTENTIAL CONFLICT OF INTEREST AFFECTS THE PRESIDENT, THE BOARD SHALL BE NOTIFIED OPTIONS FOR RESOLUTION IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, OPTIONS TO BE EMPLOYED, AT THE DISCRETION OF THE CHAIR AND/OR PRESIDENT WOULD INCLUDE, BUT NOT BE LIMITED TO 1 THE BOARD MEMBER, COMM ITTEE MEMBER OR STAFF MEMBER WOULD NOT BE PERMITTED INPUT ON THE DECISION 2 THE MEMBER I N QUESTION MAY RESPOND TO SPECIFIC INQUIRIES REGARDING THE DECISION, BUT NOT PARTICIPATE I N MAKING THE DECISION 3 THE MEMBER IN QUESTION SHALL LEAVE THE ROOM WHILE THE ITEM IS UN DER DISCUSSION CONFLICT OF INTEREST DISCLOSURE FORM BOARD, COMMITTEE AND STAFF MEMBERS WI LL ALSO BE EXPECTED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AT THE END OF EACH FISCAL YEAR OR UPON APPOINTMENT
FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD USES DATA FROM COMPENSATION SURVEYS TO DETERMINE COMPENSATION LEVEL S, AND THEN MEETS WITH THE PRESIDENT TO DISCUSS AFTER THE MEETING A RECOMMENDATION IS BRO UGHT TO THE BOARD OF TRUSTEES AND A DECISION IS MADE BY THE BOARD THE SURVEYS USED ARE ON ES THAT ARE DONE BY SIMILAR NON-PROFITS IN THE STATE TO BRING RECOMMENDATIONS TO THE BOARD OF TRUSTEES FOR ALL EMPLOYEE WAGES THE BOARD OF TRUSTEES APPROVE AN ANNUAL BUDGET THAT M AY INCLUDE AN INCREASE FOR THE ENTIRE STAFF IN CASES WHERE AN EMPLOYEE'S RESPONSIBILITIES HAVE INCREASE TO RECOMMEND A CORRESPONDING SALARY ADJUSTMENT, THE PRESIDENT HAS THE AUTHO RITY FROM THE BOARD TO MAKE SUCH APPROPRIATE ADJUSTMENTS, IN LINE WITH THE BOARD APPROVED ANNUAL BUDGET THIS DATA COMES FROM COMPENSATION SURVEYS THAT ARE DONE BY SIMILAR NON-PROF ITS IN THE STATE TO BRING RECOMMENDATIONS TO THE BOARD OF TRUSTEES FOR ALL EMPLOYEE WAGES
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 1023, FORM 990, AND FORM 990-T ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTHLAND FOUNDATION

Employer identification number
41-1554455

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHLAND ASSISTED LIVING LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 20-5440048	ASSISTED LIVING ORGANIZATION	MN	2,442,750	551,022	N/A
(2) MCGREGOR PROPERTIES LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 20-5490145	PROPERTIES	MN	43	1,312,214	N/A
(3) BUHL PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 26-0558429	PROPERTIES	MN	97,226	1,447,721	N/A
(4) HOYT LAKES PROPERTY DEVELOPMENT LLC 202 WEST SUPERIOR STREET DULUTH, MN 55802 26-4816942	PROPERTIES	MN	96,860	2,062,148	N/A

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

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

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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		No
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)	1f		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)	1i		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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m 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
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation