## (Rev. January 2020)

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)

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization NORTHERN WATERS LAND TRUST D Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 41-1887906 Name change O BOX 124 Telephone number Initial return City or town ZIP code WALKER MN 56484-0124 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 367,793 F Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for subordinates? TIM BREMICKER P O BOX 124, WALKER, MN 56484-0124 H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status: If "No," attach a list, (see instructions) 501(c) ( ) (insert no.) 527 Website: > www.northernwaterslandtrust.org H(c) Group exemption number Form of organization: X Corporation Association Other ▶ L Year of formation: 1995 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: TO FUND, PROMOTE AND ENABLE ACTIVITIES TH Activities & Governance WILL PROTECT THE NATURAL ENVIRONMENT OF THE AREA FOR THE USE AND ENJOYMENT OF CURRENT AND **FUTURE GENERATIONS** Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . 4 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . . . . . 5 4 6 Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0 Net unrelated business taxable income from Form 990-T, line 39. 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . . . . 498,768 296,584 Revenue 9 7,906 60,000 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . 10 413 11,209 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 12 507,087 367,793 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 17,500 100,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 15 80,278 16a Total fundraising expenses (Part IX, column (D), line 25) ► 6,762 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . 17 440,273 333,599 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). . . 560,744 513,877 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . -53,657 -146,084 **Beginning of Current Year** End of Year Total assets (Part X, line 16) . . 20 719,641 569,109 21 Total liabilities (Part X, line 26) . . . . 5.562 1,114 Net assets or fund balances. Subtract line 21 from line 20 714.079 567,995 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 Signature of officer Here NATHAN LUNDEEN **TREASURER** Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid 11/11/2020 self-employed Ronald A Peterson Ronald A Peterson P00025754 Preparer Firm's EIN ► 41-1796633 Firm's name Pederson, Smith, Roehl & Co **Use Only** Firm's address PO Box 1120, Walker, MN 56484 218-547-3320 Phone no. 

	90 (2019)	NORTHERN WATERS LAND TRUST	41-1887906	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
1	Briofly	Check if Schedule O contains a response or note to any line in this Part III describe the organization's mission:		<u> Ц</u>
•	TO FU	ND, PROMOTE AND ENABLE ACTIVITIES THAT WILL PROTECT THE NATURAL ENVIRONMENT	OF THE	
	AREAI	OR THE USE AND ENJOYMENT OF CURRENT AND FUTURE GENERATIONS		
2		organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
	service	s?	Yes	X No
		describe these changes on Schedule O.		
4	expens	ne the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow I expenses, and revenue, if any, for each program service reported.	as measured by cations to others,	
4a	(Code:	) (Expenses \$ 488,976 including grants of \$ ) (Revenue		<u> </u>
	TO FUI	${\sf ND}$ , PROMOTE AND ENABLE ACTIVITIES THAT WILL PROTECT THE NATURAL ENVIRONMENT (	OF THE AREA FO	DR .
		SE AND ENJOYMENT OF CURRENT AND FUTURE GENERATIONS		
	/O = -1= ·			
4b		) (Expenses \$ including grants of \$ ) (Revenue		
		***************************************		
	******	******		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	 ∋\$	)
			~~~~~~~~~~~~~~~	
4d		rogram services (Describe on Schedule O.)		
A -	(Expen		0)	<del> </del>
4e	TOTAL DI	ogram service expenses ► 488,976		

#### 41-1887906 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 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 . . . . . . . . . . Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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 b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Х c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e 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. . . . . Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 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 13 Х 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 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . 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 . . . . . .

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	~~		<del></del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	l	Х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	- · · · · · · · · · · · · · · · · · · ·		Ì	
	\$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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		į	
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		X
þ	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		100	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		\$1000 E	
u	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<del>`</del>
·	If"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		X
29	·	25		<del>- ^-</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X_
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			1
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	Х	
Par	t 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			П
		_	Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		A DESCRIPTION OF THE PERSON OF	for final
1a	Litter the number reported in Box of 611 offit 1656. Enter of it that applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- 1253 - 1254	11.5	
b	Effet the flutified of Forths VV-2G included in line 18. Effet 40° if not applicable 1	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	X	
	gaming (gambling) winnings to prize winners?	1	990	120101
		1,0[1]		12010

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	5.04 scorreitoteol
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			- Lympy Address Avenue
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١		.,
<b>b</b>	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	- Lancourant Contract		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	<del>-</del> -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	***********	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	- mr8420-x1-264.00	an and order refere
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Attended to	den lekaria	
	sponsoring organization have excess business holdings at any time during the year?	8	787 H 188 4 4 4	-congress)
9	Sponsoring organizations maintaining donor advised funds.	100000		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	· · · · · · · · · · · · · · · · · · ·	+		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	*****	***************************************
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	e di nasia	100	
b	Enter the amount of reserves the organization is required to maintain by the states in which		144	
	the organization is licensed to issue qualified health plans			20
С	Enter the amount of reserves on hand	12.00		10.79
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15	Maria California	X
	If "Yes," see instructions and file Form 4720, Schedule N.		Č.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

<u>Sect</u>	ion A. Governing Body and Management					
4		1 .	68	CHECKERS	Yes	No
1a	The state of the s	<u>1a</u>	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 on Schedule O.					
h	· ·	a e	اامد			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
•	any other officer, director, trustee, or key employee?		F	2		X
3	Did the organization delegate control over management duties customarily performed by or under			_		١.,
	supervision of officers, directors, trustees, or key employees to a management company or other p		_	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?		·	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	one or more members of the governing body?		·	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	stockholders, or persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following:					
а	The governing body?,			8a	X	
b	Each committee with authority to act on behalf of the governing body?		L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r					
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenu	e Co	ode.	)	· · ·
			Г		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Ľ	10a		Х
þ	If "Yes," did the organization have written policies and procedures governing the activities of such	•				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	ore filling the form?.		11a	X	SALES CONTRACTOR
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		?   <u>1</u>	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	describe in Schedule O how this was done			12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?			13	Х	ļ
14	Did the organization have a written document retention and destruction policy?		٠	14	Χ	5,4000,000
15	Did the process for determining compensation of the following persons include a review and appro					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1***			
а	The organization's CEO, Executive Director, or top management official			15a	X	
þ	Other officers or key employees of the organization		۔ اِ	15b	<u>X</u>	2.tmisener
	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 arrangements		9			
	with a taxable entity during the year?		Ľ	16a	ONTALKSHOWS:	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		· · · · · ·	********		
	the organization's exempt status with respect to such arrangements?	<u> </u>		16b		Ļ
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		on 50	U1(c)	I	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
		kplain on Schedule				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	, conflict of interest	polic	cy,		
	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			<b>&gt;</b>		
	MARLENE WALLER	218-547-45	<u> 1U</u>			
	P.O.BOX 124, WAI KER, MN 56484-0124					

Form 990 (2019)	NORTHERN WATERS LAND TRUST	

41-1887906

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X 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	box,	unles er and	Position heck more than one ss person is both an ad a director/trustee)			an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIM BREMICKER	10.00									
CHAIR	0.00	Х						0		
(2) DAVID MILLER	10.00									
SECRETARY	0.00	Х		Х				0		
(3) NATE LUNDEEN	10.00									
TREASURER	0.00	_X_		Х				0		
(4) MARY ACKERMAN	10.00									
VICE CHAIR	0.00	_X_		X				0		
(5) RANDY FERRIN	1.00									
DIRECTOR	0,00	X						0		
(6) RAY GILDOW	1.00									
DIRECTOR	0.00	X						0		
(7) DEREK JENSEN	1.00			Ì		İ				
DIRECTOR	0.00	X						0		
(8) DAN LEE	1.00									
DIRECTOR	0.00	X						0		
(9) MAGGIE MCGILL	1.00								]	
DIRECTOR	0.00	Х						0		
(10) NANCY MEIER	1.00									}
DIRECTOR	0.00	_				<u> </u>		0		
(11) BOB KARLS	1.00									
DIRECTOR	0,00	_	<u> </u>		ļ	<u> </u>		0		
(12) TERRY TRIPP .	1.00	•							]	
DIRECTOR	0.00		<u> </u>		<u> </u>		<u> </u>	0		
(13) BOB FRINK	1.00	• •			ļ					
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
(14)										

	(A) Name and title	(B) Average hours	(C) Position (do not check more than box, unless person is bot officer and a director/trus					one nan	(D) Reportable compensation	(E) Reportable compensation	Estima	(F) ted amount other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fro	ensation om the zation and organizations	
(15)													
(16)								ļ				<del></del>	
(17)			-			<u> </u>		-					
(18)												<del></del>	
(19)							_						
								_			<del></del>		
									<u> </u>		<del> </del>		
			<u> </u>										
(24)													
(25)													
1b c	Subtotal	ection A						•	0		0	0	
<u>d</u> 2	Total (add lines 1b and 1c)	nited to those lis							more than \$100	l	<u> </u>	0	
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ctor, trustee, ke					-		•		3	Yes No	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	iter than \$150,0									4	X	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo										5	Х	
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compe	 ensated indepen	dent	con	trac	tors	that	rece	eived more than	\$100,000 of			
	compensation from the organization. Report co	mpensation for	the c	aler	dar	yea	ar end	ding 	with or within th	e organization'	s tax yea (C)		
	(A) Name and business add	ress							Description of ser	rvices	Compens	ation	
_													
												C	
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 Revenu	2
I GIL VIII	Orgrenitetir di 17646ita	c

	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
S (5)	1a	Federated campaigns			1a	0		MANUAL ENGINEERS		sections 512-514
Grants	b	Membership dues		1b	0	NAC BARBO	Mary Comment	160 B B B B B B B B B B B B B B B B B B B		
	С	Fundraising events			1c	0				
£ Z	ď	Related organizations			1d	0	helik erekerek	And Global ex-		
o 튐	е	Government grants (contrib	utions	3)	1e	269,801	19 be one	7.77		
Si Si	f	All other contributions, gifts								
펄		similar amounts not include			1f	26,783		A PROPERTY.		CARL CO.
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu								
Contributions, Gifts, and Other Similar Ar		lines 1a-1f			1g			A Parel Service		Color of the State of
	<u>h</u>	Total. Add lines 1a-1f	• •		· · · ·	Business Code	296,584			
a	2a					Business Code	0	(A)		
울』	b	***************************************					0			
gram Sen Revenue	C	·***					0			
돌	q	·					0			
	e					_	0			
Program Service Revenue	f	All other program service re	evenue	e		···	60,000			
<u></u>	g	Total. Add lines 2a-2f			•		60,000			
	3	Investment income (includir					,			
		other similar amounts)					11,209			11,209
	4	Income from investment of	tax-ex	empt bon	ıd pro	ceeds 🕨	0			
	5	Royalties	<u> </u>			<b>&gt;</b>	0			
	_			(i) Rea	al	(ii) Personal		1000		444455
	6a	Gross rents	6a							
	b	Less: rental expenses	6b					101111		
	C	Rental income or (loss)  Net rental income or (loss)	6c		0	0				
	d 7a	Gross amount from		(i) Securi	ties	(ii) Other	U			
	Ju	sales of assets		(7		(.,, 52.6.				
		other than inventory	7a	-	0	0				1440964
ė	b	Less: cost or other basis	<u> </u>					100	1812/1916/1914	
en		and sales expenses	7b		0	0				
Revenue	c	Gain or (loss)	7c		0	0	n Color State of the	March Branch	a professional and a	
1	d	Net gain or (loss)			<u></u>	<u> ▶</u>	0			
Othe	8a	Gross income from fundrais	sing	_			ichida Pot	1444064	4.545.464	er geboure se
٦		events (not including \$	. No	0.			and the second			
		of contributions reported on See Part IV, line 18			8a	_	edication by	ili babaas		电电影图象
	b	Less: direct expenses			8b	0			2240 424 10 4	
	C	Net income or (loss) from fu				▶	0	Section 4.4		
	9a	Gross income from gaming		-						
		See Part IV, line 19			9a	0				
	b	Less: direct expenses			9b	0			Cheffering histories	159-17-17-17
	С	Net income or (loss) from g	aming	g activities		<u></u>	.0			
	10a	Gross sales of inventory, le					100000	Market Services		articularing a
		returns and allowances			10a	0				
	þ	Less: cost of goods sold.			10b	[0		State State		
	С	Net income or (loss) from s	ales c	t inventor	<u>у</u>		0			
Sn	44 -					Business Code				
Miscellaneous Revenue	11a						0		<u> </u>	
llar	b						0			
Re	ان	All other revenue				<del></del>	0	<del> </del>	-	-
Σiš	u e	Total. Add lines 11a–11d.			•		0	***	15.50	
	12	Total revenue. See instruc					367,793	0.00 - 100,00 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110	0	11,209

	t IX Statement of Functional Expenses			• • • • • • • • • • • • • • • • • • • •	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must o	omplete column (A)	
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments. See Part IV, line 21	100,000	100.000	and the second	
2	Grants and other assistance to domestic	, , , , , , , , , , , , , , , , , , , ,			
	individuals. See Part IV, line 22	l o			
3	Grants and other assistance to foreign				70 J
-	organizations, foreign governments, and foreign			100000	
	individuals. See Part IV, lines 15 and 16	l o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	l o		٥	
6	Compensation not included above to disqualified	<u> </u>			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l o			
7	Other selection and wegges	73,942	CO 054	7.004	0.007
	Other salaries and wages	13,942	62,851	7,394	3,697
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0	<del></del>		
9	Other employee benefits	0			
10	Payroll taxes	6,336	5,385	634	317
11	Fees for services (nonemployees):	[			
а	Management	0			
b	Legal	14,608	14,608		
C	Accounting	5,828	4,662	1,166	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	<u> </u>			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	26,826	26,826	0	
12	Advertising and promotion	15,677	14,109		1,568
13	Office expenses	3,111	2,644	311	156
14	Information technology	457	457		
15	Royalties	0			
16	Occupancy	22,102	17,682	4,420	
17	Travel	2,720			
18	Payments of travel or entertainment expenses				
••	for any federal, state, or local public officials	l o			
19	Conferences, conventions, and meetings	114	114		
20	Interest	0			
21	Payments to affiliates	- ŭ			
22	Depreciation, depletion, and amortization	1,278		0	0
23	Insurance	1,823	<u> </u>		
	Other expenses. Itemize expenses not covered	1,020	U U	1,023	u.
24	· · · · · · · · · · · · · · · · · · ·	59500000		100000000	
	above (List miscellaneous expenses on line 24e. If			100000000000000000000000000000000000000	
	line 24e amount exceeds 10% of line 25, column	Process of the second	(1.00 to 1.00		
	(A) amount, list line 24e expenses on Schedule O.)	000.015	000.015	Page Section (1997)	
a ,	Land Aquisition / Real Estate Tax	228,915			
b	Dues & Subscriptions	3,310			
C		0			
d	Telephone	6,830		2,391	1,024
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	513,877	488,976	18,139	6,762
26	Joint costs. Complete this line only if the	1			
	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)		1		

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	9,061
	2	Savings and temporary cash investments	366,719	2	387,732
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	29,328	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	***************************************
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	
A	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 325,281			
	b	Less: accumulated depreciation 10b 2,965	323,594	10c	172,316
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities, See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	719,641	16	569,109
	17	Accounts payable and accrued expenses	5,562	17	1,114
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
ļ	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	5,562	26	1,114
SS		Organizations that follow FASB ASC 958, check here ► X			nels and the second second
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	572,763	27	547,695
Ä	28	Net assets with donor restrictions	141,316	28	20,300
n c		Organizations that do not follow FASB ASC 958, check here			100000000000000000000000000000000000000
正		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
28	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	714,079	32	567,995
ž	33	Total liabilities and net assets/fund balances	719,641	33	569,109
					Form 990 (2019)

Form 9	990 (2019) NORTHERN WATERS LAND TRUST	41-1887	7906	Pag	e 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		367	7,793
2	Total expenses (must equal Part IX, column (A), line 25)	2		513	3,877
3	Revenue less expenses. Subtract line 2 from line 1	3		-146	5,084
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		714	1,079
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		567	,995
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			. [	
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		72.5		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		11.72		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	` ' `	10000		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
v	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	· · ·	20		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
UL	the Single Audit Act and OMB Circular A-133?		3a		х
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 on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)
				- 1	

#### SCHEDULE A (Form 990 or 990-EZ)

### Public Charity Status and Public Support

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

OMB No. 1545-0047 201**9** 

Open to Public Inspection

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number NORTHERN WATERS LAND TRUST 41-1887906 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 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 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) ď 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. ol f Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C)

n

0

(D)

(E)

Total

га	(Complete only if you check	ked the box on li	ine 5, 7, or 8 of	Part I or if the	organization fai	led to qualify un	der
Sar	Part III. If the organization faction A. Public Support	alis to quality ur	ider the tests in	sted below, ple	ase complete F	art III.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(0) 2017	(u) 2018	(e) 2019	(f) Total
•	membership fees received. (Do not				]		
	include any "unusual grants,")						0
2	Tax revenues levied for the						
	organization's benefit and either paid	1					
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge			·			0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly	100000000000000000000000000000000000000		4.4			
	supported organization) included on	Aug thairt				Leaning entry	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			a de de la companya			
6	Public support. Subtract line 5 from line 4	4					0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						0
9	Net income from unrelated business						0
,	activities, whether or not the business is					İ	
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10				AND THE PROPERTY OF		0
12	, ,					12	
13	First five years. If the Form 990 is for the						. –
_	organization, check this box and stop here						· · · · · • <u> </u>
	ction C. Computation of Public Su			<u></u>		14	0.000/
	Public support percentage for 2019 (line 6, Public support percentage from 2018 Schero					15	0.00% 0.00%
	33 1/3% support test—2019. If the organi						0.00 /6
iva	and stop here. The organization qualifies a				•		
b	33 1/3% support test—2018. If the organi		=				
_	box and stop here. The organization qualif						▶
17a	10%-facts-and-circumstances test—201	9. If the organization	n did not check a b	oox on line 13, 16a	, or 16b, and line 1	4	_
	10% or more, and if the organization meets	the "facts-and-circ	ımstances" test, ch	eck this box and s	stop here. Explain i	in	
	Part VI how the organization meets the "fac						. □
1.	organization						
þ	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization is					iiie	
	Explain in Part VI how the organization med					cly	
	supported organization						▶
18	Private foundation. If the organization did	I not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

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

Sec	ction A. Public Support	-	_		,		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			` '		, ,	
	received, (Do not include any "unusual grants.")	113,130	975,768	204,309	498,768	296,584	2,088,559
2	Gross receipts from admissions, merchandise				•		
	sold or services performed, or facilities						
	furnished in any activity that is related to the					60,000	60.000
3	organization's tax-exempt purpose					60,000	60,000
Ŭ	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities					-	<u>.</u> . u
3	furnished by a governmental unit to the						
	, , ,						0
c	organization without charge	113,130	975,768	204,309	498,768	356,584	2,148,559
6	Amounts included on lines 1, 2, and 3	113,130	9/0,/00	204,309	490,100	330,364	2,140,009
74							0
	received from disqualified persons						0
D	Amounts included on lines 2 and 3						
	received from other than disqualified			ŀ			
	persons that exceed the greater of \$5,000						0
	or 1% of the amount on line 13 for the year	0		-			0
_	Add lines 7a and 7b	O Supplied to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	0	0	0	0	0
8	Public support (Subtract line 7c from					a to be properly	0.440.550
500	line 6.)	Karal Marian Programme (A. 1904)					2,148,559
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	113,130	975,768	204,309	498,768	356,584	2,148,559
9		110,100	373,700	204,009	490,700	330,364	2,140,555
104	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1 121	741	1,363	413	11 200	1/ 057
	royalties, and income from similar sources	1,131	741	1,303	413	11,209	14,857
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	4 424	744	4 262	442	44.200	0 14,857
	Add lines 10a and 10b	1,131	741	1,363	413	11,209	14,007
11	Net income from unrelated business			1			
	activities not included in line 10b, whether						0
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	4 604	0.070	4.070	7.000		47 470
	(Explain in Part VI.)	1,631	3,072	4,870	7,906		17,479
13	Total support. (Add lines 9, 10c, 11,	445 888	070 504	040 540	507.007	007.700	0.400.005
	and 12.)	115,892	979,581	210,542	507,087	367,793	2,180,895
14	First five years. If the Form 990 is for the or	-		' <del>-</del> '			
	organization, check this box and stop here						
	ction C. Computation of Public Su					45	98.52%
15	Public support percentage for 2019 (line 8, c					15 16	98.91%
16	Public support percentage from 2018 Sched			· · · · · · · ·		16	90.9170
	ction D. Computation of Investmer			-1 (6)		17	0.68%
17	Investment income percentage for 2019 (line					18	0.68%
18	Investment income percentage from 2018 S						U.ZZ70
19a	33 1/3% support tests—2019. If the organi not more than 33 1/3%, check this box and s	ization did not check	uie DOX ON IINE T	4, and mie 13 is M ac a publick eussy	orted organization	and mid 17 18	<b>▶</b> 🛛
L	33 1/3% support tests—2018. If the organi	ization did not cheel	s hoy on line 14	or line 19a and lin	e 16 is more than	33 1/3%. and	<del></del>
ū	line 18 is not more than 33 1/3%, check this	box and ston here	. The organization	qualifies as a nub	licly supported ora	anization	▶ 🗀
20							
20	Fire organization in the organization and i	HOL CHECK A DOX OIL		N, OHIOOK HIID DOX C		<b></b> .	· · · · •

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
h	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		ļ
0000	on b. Type i dupperting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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			¥6.
	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			34.30
	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,			
0 (	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
a	Mara a majority of the associations discovery subsection desired by the terror of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Falsanies	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1.0		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	45.5		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	765.60		
	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	mamman and a	
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			
Section	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	icuon	s <i>).</i>	
_				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	esecuti		
	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		ALC: N	
	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.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 NORTHERN WATERS LAND TRUST		41-1	1887906 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	***
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Drian Vacu	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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	0	0
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	ł		
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	o	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		e e a Contación de la companya de la contación de la contación de la contación de la contación de la contación	en dise disease de la co
instructions for short tax year or assets held for part of year):		A Charles and Charles	entra figuria de la colo
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	o	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		i modelj sivetara primjest nestov	
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions).	4	l o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	/ <del></del>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5	Property and Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Com	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	- - <del>-</del>		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supporting	
instructions).		J 71 11 11 11 11 11 11 11 11 11 11 11 11	· · · · · · · · · · · · · · · · · · ·

Part	Type III Non-Functionally Integrated 509(a)(3)	<u>) Supporting Organi</u>	zations (continued)				
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<del></del>				
2	Amounts paid to perform activity that directly furthers exempt		i	<del></del>			
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>					
6	Other distributions (describe in Part VI). See instructions.		· ·				
7_	Total annual distributions. Add lines 1 through 6.			0			
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive				
	(provide details in Part VI). See instructions.	<del> </del>		<del></del>			
9	Distributable amount for 2019 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount	<u></u>	, , , , , , , , , , , , , , , , , , ,	0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required—explain in Part VI). See						
	instructions.	acetacs or colored at 1940 of		aucusa proprie et alla			
3	Excess distributions carryover, if any, to 2019						
a	From 2014	Control State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of t					
<u>b</u> _	From 2015						
	From 2016						
<u>d</u>	From 2017		Religios de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya d				
<del>t</del>	From 2018 0  Total of lines 3a through e	0					
<u>-</u> _	Applied to underdistributions of prior years	0	0				
<u>g</u> h	Applied to 2019 distributable amount		U	n turkin ilika kasa kasa kasa kasa kasa kasa kasa k			
i	Carryover from 2014 not applied (see instructions)			J			
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0					
4	Distributions for 2019 from		a de la composición de la composición de la composición de la composición de la composición de la composición				
	Section D, line 7: \$ 0		e president familie				
a	Applied to underdistributions of prior years		0	and the second			
b	Applied to 2019 distributable amount			0			
С	Remainder. Subtract lines 4a and 4b from 4.	0					
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		0				
6	Remaining underdistributions for 2019. Subtract lines 3h	And the second second					
	and 4b from line 1. For result greater than zero, explain in	Mark Held All Pales					
	Part VI. See instructions.		production of the second	0			
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
a	Excess from 2015	ran da <del>male i</del> da la					
b	Excess from 2016						
<u>c</u>	Excess from 2017						
<u>d</u>	Excess from 2018 0  Excess from 2019 0	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					
	1 AUGSS HOULZVIIS 11	<ul> <li>Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th</li></ul>	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t				

	orm 990 or 990-EZ) 2019 NORTHERN WATERS LAND TRUST	41-1887906	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b: Part	
···	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, Sectio	art 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	linge to 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 F	a, littles To, Za, Zb,	
	lines 2. 5. and 6. Also complete this part for any additional information (O. c.), and 6, and 7	ant v. Section E.	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	<del></del>	
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		•	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

**2019** 

Open to Public Inspection

Employer Identification number

NOR	THERN WATERS LAND TRUST		41-1887906
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		
Par			· · · · · · · · · · · · · · · · · · ·
rail			
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space	<del></del> -	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	on more a qualified control ration contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easer		
c	Number of conservation easements on a certif		
ď	Number of conservation easements included in	n (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified,		
•	the tax year	transferred, released, extinguioned, or term	milated by the organization daming
4	Number of states where property subject to co	nservation easement is located	1
5	Does the organization have a written policy reg		handling of
•	violations, and enforcement of the conservatio		
6	Staff and volunteer hours devoted to monitoring, in		
·	Stati and volunteer floars devoted to floritoring, in	specing, nanding of violations, and entoroning t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing cons	anystian accoments during the year
•	<b>▶</b> €	ung, natumg of violations, and emorcing cons-	ervation easements during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	of section 170/b)////R)/i)
٠	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization repo		
•	balance sheet, and include, if applicable, the to		- · · · · · · · · · · · · · · · · · · ·
	organization's accounting for conservation eas		alloar statements that describes the
Pari	III Organizations Maintaining Collect		r Other Similar Assets
1 411		ed "Yes" on Form 990, Part IV, line 8.	Other Ohimai Assets.
1a	If the organization elected, as permitted under		e statement and halance sheet
14	works of art, historical treasures, or other simil		
	public service, provide in Part XIII the text of the	•	•
ь	If the organization elected, as permitted under		
IJ	works of art, historical treasures, or other simil		
	public service, provide the following amounts r		on, or research in fartherance of
			▶ €
	(i) Revenue included on Form 990, Part VIII, I	IIIC 1. , , , , , ,	
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		to for infancial gain, provide the
	following amounts required to be reported und		<b>.</b> •
	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		> >

Part III   Organizations   Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	ale D (Form 990) 2019 NORTHERN WATE	RS LAND TRUST					41-188	7906	ı	Page <b>2</b>
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply):  a	Part			rt. Histor	ical Tre	asures. or (	Other				ugo =
a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other		Using the organization's acquisition, ac									
b Scholarly research e Other   Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization socilic 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?   Part IV	-	, , , , , , , , , , , , , , , , , , , ,		<b>⊿</b> □	Loop or	ovebenee nr					
c Preservation for future generations 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?				· H			_				
Provide a description of the organization's cellections 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 No No No No No No No No No No No No	D	= -		е	Other						
Sulfing 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	C										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .	4	Provide a description of the organizatio XIII.	n's collections and	l explain ho	w they fu	irther the orga	anizatio	n's exempt purp	ose in Pa	ırt	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? III and complete the following table:  C Beginning balance.  C Beginning balance.  Distributions during the year.  E Ending balance an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DI If "Yes," explain the arrangement in Part XIII.  DESCRIPTION OF THE ARRANGE AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AND OF THE YES AN	5								Ye	:s 🔲	No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance.  d Additions during the year.  e Distributions during the year.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Fart V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance.  1b Contributions.  c Net investment earnings, gains, and losses.  d Grants or scholarships.  e Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance.  b Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance.  b Other expenditures for facilities and programs.  f Administrative expenses will be provided the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    %  Permanent endowment    %  Permanent endowment    %  Permanent endowment    %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations  iii) Related organizations  iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  c Lessehold improvements.  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part	Complete if the organization a		n Form 9	90, Part	IV, line 9, o	r repor	ted an amoun	t on For	m	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1a	Is the organization an agent, trustee, co	ıstodian or other ir	ntermedian	for conti	ributions or ot	her ass	ets not			
beginning balance.   Amount   1c		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							Ye	:s 🔙	No
c Beginning balance.  d Additions during the year.  e Distributions during the year.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  yes X No b' if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  (a) Current year (b) Pidor year (c) Two years back (d) Three years back (e) Four years back and losses.  and losses.  d Grants or scholarships.  e Other expenditures for facilities and programs.  f Administrative expenses.  g End of year balance.  O O O O O O O O O O O O O O O O O O O	b	If "Yes," explain the arrangement in Par	t XIII and complete	e the follow	/ing table	•					
d Additions during the year .									Amount		
e Distributions during the year.  f Ending balance.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  3 No if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  Contributions.  Beginning of year balance.  O	_										0
f Ending balance								<del></del>			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No by If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V	_										
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	T	•						<del></del>			
Part V	2a	_						-	<del></del>	:s <u>[X]</u>	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete	b	If "Yes," explain the arrangement in Par	t XIII. Check here	if the expla	anation ha	as been provi	ded on	Part XIII			
(a) Current/year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Three y	Part	V Endowment Funds.									
Beginning of year balance		Complete if the organization a	nswered "Yes" o	n Form 9	90, Part	IV, line 10.					
b Contributions		<u> </u>	(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bac	( <b>e)</b> Fo	ur years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance	0		0		0		0		0
and losses .  d Grants or scholarships	b	Contributions		ļ							
d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance	С										
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance. O O O O O O O O O O O O O O O O O O O											
and programs .	d										
f Administrative expenses .	е			]							
g End of year balance .	_	1 _ T <b>F</b>		ļ							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment		·									
Board designated or quasi-endowment b Permanent endowment c Term endowment	_			i .		distance (all hal			U		
b Permanent endowment					ine ig, co	numn (a)) nei	u as:				
Term endowment	_			70.							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii) Related organizations.  (iii) Restrict on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) (other) (d) Book value depreciation  1a Land.  1a Land.  317,000  5 Buildings.  5 C Leasehold improvements.  6 Other.  1a Equipment.  9 O 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-		·								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii) Related organizations.  (i	·		. <u>/º</u> 'c should eaual 10i	0%							
Organization by:   Yes   No	3a		•		n that are	held and adr	minister	ed for the			
(i) Unrelated organizations . 3a(i)   Related organizations . 3a(ii)   Related organizations . 3b   Related organizations . 3c   Related organ	Ju	•		organicano	ii iiiat ara	, , ioid diid dai		ou 10, 11.0	[	Yes	No
(ii) Related organizations		· ·							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		••									
Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Dook value  (d) Do	b										
Part VI Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         317,000         0         0         0         0           b         Buildings         0         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         8,281         2,965         5,316         0           e         Other         0         0         0         0         0	_								<u> </u>		
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	Part	VI Land, Buildings, and Equipr	nent.	•			See I	Form 990 Par	t X line	10	
Ia         Land         317,000         0         depreciation           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         8,281         2,965         5,316           e         Other         0         0         0         0				1							
1a Land       317,000       0       167,000         b Buildings       0       0       0       0         c Leasehold improvements       0       0       0       0         d Equipment       0       8,281       2,965       5,316         e Other       0       0       0       0		Description of property	1 ' '						• (0) 51	, 4414	-
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         8,281         2,965         5,316           e         Other         0         0         0         0	12	Land	<u> </u>		<del>`</del>	-		. `		16	37,000
c         Leasehold improvements         0         0         0         0           d         Equipment         0         8,281         2,965         5,316           e         Other         0         0         0         0	_										0
d     Equipment     0     8,281     2,965     5,316       e     Other     0     0     0     0											0
e Other0 0 0 0	_										5,316
C Ottor							· <del></del>	<del></del> -			0
		. Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X,	column (	B), line 10c.)				17	72,316

172,316

Part VII Investments—Other Securities.			
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 9	190, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		· · · · · · · · · · · · · · · · · · ·
(3) Other	<del>, , , , , , , , , , , , , , , , , , , </del>		
(A)			
(B)			
(C)			
(D)	<del></del>		
(E)			<u>.</u>
(F)(G)			<del> </del>
(H)		-	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	n		
Part VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered "	Yes" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	luation:
(1)		Oost of Charges in	HAINEL VALUE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			·
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	te line administration of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	
Part IX Other Assets.	N/ !! = 000		
Complete if the organization answered "		Part IV, line 11d. See Form 9	
(a) Descri	ption		(b) Book value
(1)			
(2)	<u>-</u>		
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) list	ne 15.)		0
Part X Other Liabilities.  Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
line 25.			
	ion of liability		(b) Book value
(1) Federal income taxes			0
(2)			
(3)			
			· •
<u>(5)</u> (6)			
(7)			
(8)	· ·		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.)		0
2. Liability for uncertain tax positions. In Part XIII, provide the tex			
organization's liability for uncertain tax positions under FASB AS			

Par	t XI Reconciliation of Revenue per Audited Financial Statements		eturn.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b	4 1	
C	Recoveries of prior year grants	2c	4 - 1	
d e	Other (Describe in Part XIII.)			_
3	Add lines 2a through 2d	• • • • • • • • • • •	2e	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i · · · · · · · · · · · · · ·	3	0
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	1 70	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5	0
Pari	t XII Reconciliation of Expenses per Audited Financial Statement			
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 12a.	Noturn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	;,	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
L.	Other (Describe in Part XIII.)	4b		
b	Add lines 4e and 4h		4.	_
C	Add lines 4a and 4b		4c	0
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  XIII Supplemental Information.	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
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5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
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5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
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5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
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5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
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5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	art IV, lines 1b and 2b; Pa	st V, line 4; Part X, line	0

Schedule D (Fo		NORTHERN WAT	ERS LAND TRUS	Τ			41-1887906	Page <b>5</b>
Part XIII	Suppleme	ntal Information	(continued)					
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# SCHEDULEI (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Publ

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number

NORTHERN WATERS LAND TRUST Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part I

41-1887906

' , 24

the selection criteria used to award the grants or assistance?	o award the gran	its or assistance?.	the use of grant funds	in the United States.			☐ Yes ☒ No
Part II Grants and Other 990, Part IV, line 2	Assistance t	o Domestic Orga pient that received	nizations and Dom more than \$5,000.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	s. Complete if the or ated if additional sp	ganization answere ace is needed.	d "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MN DEPT OF NATL RES 500 LAFAYETTE RD ST PAUL, MN 55	122			100,000	Book	LAND	CONSERVATION
(2)	•						
(3)							
(4)							
(9)							
(9)	,						
(4)							
(8)	1						
(6)							
(10)							
(11)	:						
(12)							
2 Enter total number of section 501(c)(3) and government organi 3 Enter total number of other organizations listed in the line 1 tab	on 501(c)(3) and organizations lis	government organizated in the line 1 table	zations listed in the line 1 table	1 table			1 0
For Paperwork Reduction Act Notice, see the Instructions for Form 99 HTA	ice, see the Instr	uctions for Form 990.				3	Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	space is needed	als. Complete if th	ie organization answ	ered "Yes" on Form 990	Part IV. line 22.
	(b) Number of				
(a) Type of grant or assistance	recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the informati	the information re	equired in Part I, li	ne 2; Part III, column	ion required in Part I, line 2; Part III, column (b); and any other additional information	tional information.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
					1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
				1	3
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

NORTHERN WATERS LAND TRUST

Inspection Employer identification number

41-1887906

Form 990, Part VI, Section B, Line 11b: Form 990 is first reviewed by the Executive Director
and Treasurer of the Organization and then it is presented to the Board for approval before
submission.
Form 990, Part VI, Section C, Line 19: The Organization's documents are available to anyone
who requests them. The Organization does maintain a website but the financial information is
not posted to it. Upon request, any information will be provided either in person or
electronically.
Form 990, Part VI, Section B, Line 12c: Upon election to the Board, officers and directors are
required to disclose any conflicts of interest.
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