	2018 Tax Return(s)
Prepared for	NATIONAL NORDIC FOUNDATION CLIENT CODE: 13649.1AS01
Account Number Release Number	788028 2018.05040
Prepared by	WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236
	608-274-4020
Processing	Date: 02/11/2020 Time: 14:41:29
Special Instructions	
Messages	

ProSystem *fx*°

Return Information

INFORMATIONAL

Form: 990 Page 4

Form 990. Page 4, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)

Signed-off by breannab at 10/23/2019 05:31:35PM

Form: 990 Page 6

Form 990. Page 6, Part VI, line 17. No information has been entered on Interview Form 8, to complete line 17 regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 17. If this is not correct, use Interview Form 8, Boxes 30 through 43, to enter the appropriate information. (30080)

Signed-off by breannab at 10/23/2019 05:32:09PM

Form: A-3 Sheet: 1 Box: 60

Schedule A. Page 2, Part II. The entries to identify excess contributions on Interview Form A-3, Boxes 60 through 89, contained 6 individual(s) whose contributions were not in excess of the amount calculated for line 5 and consequently has/have been excluded from the amount on line 5. (30002) Signed-off by breannab at 10/23/2019 05:32:07PM

Form: FD eFile

Electronic Filing. The following EFIN 392245 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015) Signed-off by breannab at 01/24/2020 10:53:36AM

Return Information

Form: EF-1 Sheet: 1 Box: 100

Electronic Filing. The following Name Control NATI has been computed and is being used to electronically file Form 990 for National Nordic Foundation. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on Interview Form EF-1, Box 100. (37026)

Signed-off by breannab at 01/24/2020 10:53:36AM

Form: FD eFile

Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

Signed-off by breannab at 01/24/2020 10:53:35AM

Form: Form 8868

Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before September 16, 2019. (34477)

Signed-off by breannab at 10/23/2019 05:31:39PM

ELECTRONIC FILING STATUS REPORT

		TAXING AUTHORITY	RETURN STATUS			ELE	CTRONI	C FILING STATUS	DATE EXPORTED
FEDERAL	FORM	990	QUALIFIED	READY	ТО	RELEAS	SE BY	CUSTOMER	02/11/2020

Electronic Filing History and Return Results

Taxing Authority FEDERAL		
Form 990	Prior Export	Current Export
Date	01/24/2020	02/11/2020
Time	10:54:49	14:40:12
Release Number	2018.05030	2018.05030
Taxable Income	258,621.	258,621.
Тах	0.	0.
Refund / Balance Due	0.	0.

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Тах		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Release Number Taxable Income		
Tax		
Refund / Balance Due		

2018 Return Summary

NATIONAL NORDIC FOUNDATION	41-1819288
FORM 990:	
TOTAL REVENUE	250,671.
TOTAL EXPENSES	185,090.
EXCESS <deficit></deficit>	65,581.
BEGINNING NET ASSETS	193,040.
CHANGES IN NET ASSETS	Ο.
ENDING NET ASSETS	258,621.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS	259,366.
ENDING TOTAL LIABILITIES	745.
ENDING TOTAL NET ASSETS OR FUND BALANCES	258,621.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0. 0.

2018 Return Summary

NATIONAL NORDIC FOUNDATION

41-1819288

	FEDERAL
FORM NAME	990
E-FILE REQUESTED	YES
DUE DATE	09/16/19
EXTENDED DUE DATE	
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	02/11/20
TIME CALCULATED	14:41:13
RELEASE VERSION	2018.05040
DATE EXPORTED	02/11/20
TIME EXPORTED	14:40:12
EXPORT VERSION	2018.05040

826310 04-01-18



NATIONAL NORDIC FOUNDATION 143 LEXINGTON PKWY N SAINT PAUL, MN 55104-6903 ATTENTION: REID LUTTER

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

TAX-EXEMPT ORGANIZATIONS ARE REQUIRED TO MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF THEIR ANNUAL RETURNS UPON REQUEST. RETURNS MUST BE AVAILABLE FOR A PERIOD OF THREE YEARS BEGINNING ON THE DATE THE RETURNS ARE REQUIRED TO BE FILED (INCLUDING EXTENSIONS) OR ARE ACTUALLY FILED, WHICHEVER IS LATER. WE HAVE ENCLOSED A PUBLIC DISCLOSURE COPY OF YOUR RETURN THAT MAY BE USED TO COMPLY WITH THE PUBLIC INSPECTION REQUIREMENTS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

DALE E KUNIN, CPA PARTNER Form 8879-EO

***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning MAY 1 , 2018, and ending APR 30 , 2019

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

identification number

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employe

41-1819288

NATIONAL	NORDIC	FOUNDATION

Name and title of officer REID LUTTER TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	250,671.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3a	Form 1120-POL check here F D b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize WEGNER LLP	to enter my PIN	13649
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ► **** THIS IS NOT A FILEABLE COPY *** Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 39224553713 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mef <i>e-file</i> Providers for Business Returns.	•	
ERO's signature Date		
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To Do) So	
LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18	For	m 8879-EO (2018)

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 8 **Open to Public** Inspection

Α	For th	e 2018 calendar year, or tax year beginning MAY 1 , 2018 and	ending A	PR 30, 2019	
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name	Doing business as		41-1	819288
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	143 LEXINGTON PKWY N		970-	846-6054
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	250,671.
Ľ	Amer	SAINI FAOD, MN JJI04-0905		H(a) Is this a group re	eturn
	Appli tion pendi	F Name and address of principal officer:00E1 CATERINICITO		for subordinates	? Yes 🔀 No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) A = A = A = A = A = A = A = A = A = A =$	or 527		list. (see instructions)
		te: WWW.NATIONALNORDICFOUNDATION.ORG		H(c) Group exemptio	
	-orm o art I	f organization: X Corporation Trust Association Other	L Year		State of legal domicile: MN
	T	Summary Briefly describe the organization's mission or most significant activities: THE	ΝΔΨΤΟΝ	AL NORDIC F	
Ce	1	MISSION IS TO SUPPORT ATHLETIC EXCELLENC:	E IN D	EVELOPING N	ORDIC
Activities & Governance	2	Check this box			
ver	3			3	6 613. 6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
8 8	-	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		·····	(
/itie		Total number of volunteers (estimate if necessary)			3
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		172,801.	250,671.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	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)		172,801.	250,671.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		144,579.	147,193.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 33,291.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····		0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
Ä				21,490.	37,897.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,360.	185,090
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-26,559.	65,581
L S S S S S S S S S S S S S S S S S S S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		193,040.	259,366.
Ass	21	Total liabilities (Part X, line 16)		0.	745
Find	22	Net assets or fund balances. Subtract line 21 from line 20		193,040.	258,621
	art II				

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

Sign Here	Signature of officer REID LUTTER, TREASURER Type or print name and title			Date		
Paid	Print/Type preparer's name DALE E KUNIN, CPA	Preparer's signature	Date	Check if self-employed	PTIN P00090755	
Preparer	Firm's name 🕨 WEGNER CPAS, LLP			Firm's EIN 🕨 3	9-0974031	
Use Only	se Only Firm's address 2921 LANDMARK PL STE 300					
MADISON, WI 53713-4236				Phone no. 608 - 274 - 4020		
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No	
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2018)	
n		AUTON MEGGEON OUNDEM			ONT	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) NATIONAL NORDIC FOUNDATION	41-1819288	Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		[]
	TO SUPPORT ATHLETIC EXCELLENCE IN DEVELOPING NORDIC A UNITED STATES.	ATHLETES IN THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If "Yes," describe these changes on Schedule O.	vices?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
4a	revenue, if any, for each program service reported. (Code:)(Expenses \$ 160,913. including grants of \$ 147,193.)	(Revenue \$	0.)
	THE NATIONAL NORDIC FOUNDATION IS THE LEADING GRASSRO	DOTS NORDIC SPO	
	DEVELOPMENT ORGANIZATION IN THE COUNTRY. THE FOUNDAT PROJECTS, "WHICH ARE TRAINING AND COMPETITION TRIPS T	FION FUNDS "PIL THE US SKI TEAM	
	ELITE DEVELOPMENT COACHES DETERMINE ARE THE KEY DEVEL	LOPMENT STEPS	
	TOWARDS WORLD CUP, WORLD CHAMPIONSHIP, AND OLYMPIC SUF FOUNDATION SUBSIDIZES UNFUNDED AND UNDERFUNDED TRAIN		
	COMPETITION TRIPS ATTENDED BY QUALIFIED ATHLETES THAT		D TO
	BE THE NEXT GENERATION OF ATHLETES TO REPRESENT THE U	UNITED STATES O	N
	THE WORLD STAGE.		
4b		(Devenue f	
40	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 160,913.)	
- 10		Form 9	90 (2018)
83200	2 12-31-18 2		
410	211 788028 13649.1AS01 2018.05040 NATIONAL NORDIC F	OUNDATION 1364	19_11

Form	990	(2018)	

Part IV Checklist of Required Schedules

NATIONAL NORDIC FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
_	If "Yes," complete Schedule A	1	X	└───
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		<u> </u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
832003	3 12-31-18	Form	990	(2018)

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3

Form 990 (2018)	NATIONAL	NORDIC	FO
Part IV Check	list of Required Schee	dules (contini	ued)

	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 23
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	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
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	D		
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part V

018) NATIONAL NORDIC FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	•		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	30		
ча	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:	та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	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 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		X
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	_		77
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		Х
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 23
g h	If the organization received a contribution of qualified intellectual property, did the organization life of one observation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
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.			

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Form 990	(2018))
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NATIONAL NORDIC FOUNDATION

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

X

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

4.0	Enter the number of voting members of the governing body at the end of the tax year	1a	8	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	18	-		
2	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the		-		
•	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
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 a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ ,$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c		
3	Did the organization have a written whistleblower policy?		13		X
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?			
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ina 990-1 (Section 501(c)(s)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	n in School-1- O			
		n in Schedule O)		alat	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	primiet of interest policy, ar	na finan	cial	
20	statements available to the public during the tax year.	a a los a mad una a cuata 🔉 🔊			
20	State the name, address, and telephone number of the person who possesses the organization's be REID LUTTER - $970-846-6054$	ooks and records >			
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(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

Т

(D)

(^)

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.

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

 (\mathbf{n})

(D)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer an		T	or/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st cor yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gamzanene
(1) JOEY CATERINICHIO	10.00		_		-		-			
PRESIDENT		x		x				0.	0.	0.
(2) CRAIG WARD	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) JENNY BARBA	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) REID LUTTER	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) GUNTHER KERN	1.00									
DIRECTOR		X						0.	0.	0.
(6) WILLIAM DEMONG	5.00									_
DIRECTOR		X						0.	0.	0.
(7) YURIY GUSEV	3.00									
DIRECTOR		X						0.	0.	0.
(8) KIKKAN RANDALL	1.00									•
DIRECTOR		X						0.	0.	0.
		1								
		1								
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7 2018.05040 NATIONAL NORDIC FOUNDATION Form 990 (2018)

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Par	t VII Section A. Officers, Directors, Trust		oloy	ees			ghe	st C					()	
	(A) Name and title	(B) Average hours per week (list any	box, offic	not c unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization:	n I	an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)	org and	om the anizati d relate anizatio	ion ed
1b	Sub-total					L	L		0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no							no re	eceived more than \$100	,000 of reportabl	e			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				-	•	•		highest compensated e			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mp	ensa	ation	n and	d otl	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	ccrue comper	nsati	on f	rom	any	unr	elat	ed organization or indiv	idual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor the organization. Report compensation for t										ipens	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2	2018)

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Check if Schedulo C contains a response or note to any ine a this Bart VII	Pa	rt VI							
Total revenue Total revenue Total revenue Province gegent			Check if Schedule O cont	tains a response	or note to any lin		(P)	(0)	
good good good good good good good goo						· · /	Related or exempt function	Unrelated business	from tax under
good good good good good good good goo	nts nts	1 a	Federated campaigns	1a					
good good good good good good good goo	Gra	b	Membership dues	1b					
good good good good good good good goo	An (С	Fundraising events	1c					
good good good good good good good goo	ilar	d	Related organizations	1d					
good good good good good good good goo	Sin',		- .						
good good good good good good good goo	er (f							
good good good good good good good goo	ĘĘ		similar amounts not included abo	ve 1f					
good good good good good good good goo	ont od (
good 2 a	<u>a</u> C	h	Total. Add lines 1a-1f			250,671.			
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assets other than inventory		d	Net rental income or (loss)		►				
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Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a a b a c a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions									
b Less: direct expenses b b b b b b b b b b b b b b b b b b		5 d							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		h							
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions									
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 250,671.									
b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 250,671. 0. 0. 0. 0.									
Miscellaneous Revenue Business Code Image: Code Image: Code 11 a		b							
11 a		с	Net income or (loss) from sale	es of inventory	►				
b			Miscellaneous Revenu	le	Business Code				
c		11 a	1						
d All other revenue		b)						
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 250,671. 0. 0. 0.		С							<u> </u>
12 Total revenue. See instructions ▶ 250,671. 0.									
						250 671	0	∩	<u> </u>
	82000					230,071.	J J •	0.	•

NATIONAL NORDIC FOUNDATION

Form 990 (2018)

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NATIONAL NORDIC FOUNDATION Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	l otal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	145 252	145 252		
_	and domestic governments. See Part IV, line 21	145,352.	145,352.		
2	Grants and other assistance to domestic	1 0/1	1 0/1		
_	individuals. See Part IV, line 22	1,841.	1,841.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
c	Legal Accounting	10,829.		10,829.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	6,959.	5,000.		1,959
12	Advertising and promotion		-,		,
13	Office expenses	7,882.		1,734.	6,148
14	Information technology	2,994.		2,994.	•
 15	Royalties			,	
16	Occupancy				
17	Travel	513.		228.	285
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	UNIFORMS	8,720.	8,720.		
b	[-			
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	185,090.	160,913.	15,785.	8,392
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2018)

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Form 990 (2018)

Part X Balance Sheet

	נא	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	193,040.	1	256,372.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ស		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	2,994.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	193,040.	16	259,366.
	17	Accounts payable and accrued expenses	0.	17	745.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	•	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	745.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	102 040		050 601
anc	27	Unrestricted net assets	193,040.	27	258,621.
Bal	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
s O		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	193,040.	32	258,621.
_	33	Total net assets or fund balances	193,040.	33 34	258,821.
	34	Total liabilities and net assets/fund balances	193,040.	34	209,000.

NATIONAL NORDIC FOUNDATION

Form **990** (2018)

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11 2018.05040 NATIONAL NORDIC FOUNDATION

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Form	1990 (2018) NATIONAL NORDIC FOUNDATION	41-	1819288	Pag	ge 12
Pa	rt 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			71.
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193	8,0	40.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	258	3,6	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

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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. aan

	OMB No. 1545-0047
	2018
	Open to Public Inspection
r	identification number

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		of the Treasury nue Service	▶		Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nam	ne of	the organizati								r identification number
					C FOUNDATION					1-1819288
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	iis part.) S	ee instructior	IS.	
The	orgar	nization is not a	a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l describe	d in sectio	n 170(b)(1)(/	A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X				antial part of its support f				the general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	unction with a	a land-grant	college
					culture (see instructions).					
		university:			. ,					
10			ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membei	ship fees, a	and gross receipts from
		-		•	ct to certain exceptions,					•
					e (less section 511 tax) fr					
				mplete Part III.)	,			,	0	,
11			• • • • •	. ,	ively to test for public sa	fety. See	section 50)9(a)(4).		
12					ively for the benefit of, to				arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а					supervised, or controlled					/ aivina
					gularly appoint or elect a					
				complete Part IV, Se		, ,				11 5
b		-			d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	avina
					anization vested in the s					
			-	at complete Part IV,					9	
с				-	g organization operated	in connec	tion with	and function	ally integrat	ed with.
-					s). You must complete I					
d					porting organization oper				orted organi	ization(s)
					zation generally must sat					
			-		nplete Part IV, Sections	•		-	a an attorn	
е		- ·	•	,	written determination fro				e II. Type III	
			0		nally integrated support				, , , , po	
f	Ent			••						
				n about the supporte						•
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 NATIONAL NORDIC FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	240,457.	240,198.	279,254.	172,801.	250,671.	1183381.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	240 457	240,198.	270 254			1183381.
_	Total. Add lines 1 through 3	240,457.	240,190.	279,254.	172,801.	250,671.	1103301.
5	1						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						141,027.
6	Public support. Subtract line 5 from line 4.						1042354.
	ction B. Total Support						10123310
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	240,457.	240,198.	279,254.	172,801.	250,671.	1183381.
8	Gross income from interest,			,			
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1183381.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	38,050.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (column (f))		14	88.08 %
	Public support percentage from 2017						97.12 %
	33 1/3% support test - 2018. If the o						ox and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 NATIONAL NORDIC FOUNDATION

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.)

4	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
•	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ec	tion B. Total Support							
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total
	Amounts from line 6						,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
4	First five years. If the Form 990 is for	the organization'	s first. second. thi	rd. fourth. or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ation.
	check this box and stop here	-			-			
	tion C. Computation of Public	c Support Pe	rcentage					······ • —
sec				column (f))		15		%
	Public support percentage for 2018 (lin					16		%
5	Public support percentage for 2018 (lin	Schodulo A Part						
5 6	Public support percentage from 2017							
5 6 ec	Public support percentage from 2017 tion D. Computation of Inves	tment Incom	e Percentage			47		0/
15 16 6 6 6 7	Public support percentage from 2017 tion D. Computation of Inves Investment income percentage for 20	tment Incom 18 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17		%
15 16 6 6 6 7 17	Public support percentage from 2017 tion D. Computation of Invess Investment income percentage for 20 Investment income percentage from 2	tment Incom 18 (line 10c, colur 017 Schedule A,	e Percentage nn (f), divided by Part III, line 17	ine 13, column (f))		18		%
15 16 Sec 17 18	Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the c	tment Incom 18 (line 10c, colur 017 Schedule A, organization did r	e Percentage nn (f), divided by Part III, line 17 not check the box	ine 13, column (f)) on line 14, and line	e 15 is more than (18 33 1/39	%, and line 1	%
15 16 6 6 7 17 18 19a	Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the of more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the of	tment Incom 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r	e Percentage nn (f), divided by Part III, line 17 not check the box organization qual not check a box o	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	18 33 1/39 ation ore tha	n 33 1/3%, a	% 17 is not ►□ and
15 16 6 6 7 17 18 19a	Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the of more than 33 1/3%, check this box an	tment Incom 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r	e Percentage nn (f), divided by Part III, line 17 not check the box organization qual not check a box o	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	18 33 1/39 ation ore tha	n 33 1/3%, a	% 17 is not ►□ and
15 16 Sec 17 18 19a b	Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the of more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the of	tment Incom 18 (line 10c, colur 017 Schedule A, organization did r d stop here. The organization did r ck this box and st	e Percentage nn (f), divided by Part III, line 17 not check the box organization qual not check a box o cop here. The orga	ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is ma as a publicly suppo	18 33 1/39 ation ore tha orted o	n 33 1/3%, a	% 17 is not and ►□

Schedule A (Form 990 or 990-EZ) 2018 NATIONAL NORDIC FOUNDATION

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 disgualified 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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Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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Schedule A (Form 990 or 990-EZ) 2018 NATIONAL NORDIC FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	
11				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		N	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
- a			103	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form S	90 or 99	90-EZ	2018
	17		-	

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Schedule A (Form 990 or 990-EZ) 2018 NATIONAL NORDIC FOUNDATION

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

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

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 NATIONAL NORDIC FOUNDATION

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Farme 000 ar 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI	Supplemental Inf	018 NATIONAL	the explanations to		ing 10. Dort II		L9288 Pag
	Part IV. Section A. lines	31.2.3b.3c.4b.4c.	5a, 6, 9a, 9b, 9c, 11	a. 11b. and 11c: I	Part IV. Section	n B. lines 1 and 2: Part	IV. Section C.
	line 1; Part IV, Section	D, lines 2 and 3; Part	IV, Section E, lines	1c, 2a, 2b, 3a, and	d 3b; Part V, lir	ie 1; Part V, Section B,	line 1e; Part V,
	Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V, Sec	tion E, lines 2, 5, and	d 6. Also complete	e this part for a	iny additional informatio	on.
							
32028 10-11-	18			20		Schedule A (Form 99	00 or 990-EZ)
	788028 13649			4 V		FOUNDATION	

Schedule A

823171 04-01-18

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PETER CURRAN	45,000.	21,332
ANNE AND PHIL ZINK	30,703.	7,035
HERRAY FOUNDATION	59,500.	35,832
GRETL GALGON	60,000.	36,332
STEVE AND DIANA STRANDBERG	25,000.	1,332.
AMERICAN BIRKEBEINER SKI FOUNDATION, INC.	36,500.	12,832
HALVORSON FAMILY FOUNDAITON	50,000.	26,332.
Fotal Excess Contributions to Schedule A, Part II, Line 5	1	141,027

Department of the Treasury

ľ

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the organiz	zation

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

NATIONAL NORDIC FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

41-1819288

NATIONAL NORDIC FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PETER CURRAN 208 S BROADWAY AVE BOISE, ID 83702-7211	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HERRAY FOUNDATION 816 35TH AVE SEATTLE, WA 98122-5234	\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANNE AND PHIL ZINK 400 WILKINSON LAKE BLVD #211 NORTH OAKS, MN 55127	\$20,594.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HALVORSON FAMILY FOUNDATION 500 HOLLOW TREE RIDGE RD DARIEN, CT 06820-2714	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURTY, VT 05753	\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AMERICAN BIRKEBEINER SKI FOUNDATION, INC. 10527 MAIN ST	\$36,500.	Person X Payroll Noncash
	HAYWARD, WI 54843		(Complete Part II for noncash contributions.)
823452 11-0		Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of	organization

Employer identification number

41-1819288

NATIONAL NORDIC FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LUMI EXPERIENCES 12 MILL ST MIDDLEBURTY, VT 05753	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	8-18	Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2018

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Name of organization

Employer identification number

41-1819288

NATIONAL NORDIC FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u> <u>ST</u>	OCK DONATION	\$\$	12/14/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$Schedule B (Form 9	

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Name of c	organization	Employer identification number							
NATIO	NAL NORDIC FOUNDATION			41-1819288					
Part III		s (a) through (e) and the following line er us, charitable, etc., contributions of \$1,000 or	try For organizations	10) that total more than \$1,000 for the yea					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held					
		_							
	(e) Transfer of gift								
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held					
		-							
	(e) Transfer of gift								
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
		_							
	(e) Transfer of gift								
	Transferee's name, address	, and ZIP + 4	Relationship of t	ransferor to transferee					
(a) No. from									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
		-							
	(e) Transfer of gift								
	Transferee's name, address	, and ZIP + 4	Relationship of t	ransferor to transferee					
823454 11-0	08-18	25	Schedu	ıle B (Form 990, 990-EZ, or 990-PF) (2018					

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2018.05040 NATIONAL NORDIC FOUNDATION 13649_11

SCHEDULE I (Form 990)		Go	Grants and Oth overnments, and Internet of the second seco	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection
Name of the organization	NATIONAL	NORDIC FO	OUNDATION					Employer identification number 41-1819288
Part I General Info	ormation on Grants a	and Assistance						
criteria used to aw	ard the grants or assi	stance?					sistance, and the selec	
						anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
		-	n be duplicated if addi					· · · ·
1 (a) Name and add or gove	-	(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
UNITED STATES SKI . PO BOX 100 PARK CITY, UT 8406		87-0480724	501(C)(3)	106,952.	0.			TRANSPORTATION, LODGING, AND FOOD FOR ATHLETES AND COACHES COMPETING IN CROSS COUNTRY AND NORDIC
USA NORDIC SPORTS PO BOX 6803757								TRANSPORTATION, LODGING, AND FOOD FOR ATHLETES AND COACHES COMPETING IN
PARK CITY, UT 8406	8	26-0231816	501(C)(3)	32,000.	0.			CROSS COUNTRY AND NORDIC
			rganizations listed in tl	he line 1 table				
	r of other organization							
LHA For Paperwork F	Reduction Act Notice		tions for Form 990.		~			Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) NATIONAL NORDIC FOUNDATION

41-1819288

Page 2

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

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

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

PART I, LINE 2:

THE FOUNDATION'S DIRECTORS APPROVE FUNDING ALLOCATIONS AND REQUIRE

RECEIPTS, INVOICES, OR OTHER DOCUMENTATION TO SUBSTANTIATE EXPENSES FUNDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UNITED STATES SKI ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION, LODGING, AND FOOD

FOR ATHLETES AND COACHES COMPETING IN CROSS COUNTRY AND NORDIC COMBINED

NAME OF ORGANIZATION OR GOVERNMENT: USA NORDIC SPORTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION, LODGING, AND FOOD

FOR ATHLETES AND COACHES COMPETING IN CROSS COUNTRY AND NORDIC COMBINED

SKI RACES.

Schedule I (Form 990)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

41-1819288

NATIONAL NORDIC FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ATHLETES IN THE UNITED STATES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE

GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE A

CONFLICT OF INTEREST POLICY.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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