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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025 | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|--|
| <u>—</u> | heck if | C Name of organization | D Employer identific | D Employer identification number | |
| applicabl Addre | | NORTHWOOD TECHNICAL COLLEGE | | | |
| | | FOUNDATION INC. | | | |
| | Name change | Doing business as | 39-13134 | 38 | |
| | nitia return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | suite E Telephone numbe | r | |
| | Final return/ | 1900 COLLEGE DRIVE | 715-731- | 715-731-1265 | |
| termi ated | | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | G Gross receipts \$ 1,280,253. | |
| | Amend return | | H(a) Is this a group re | H(a) Is this a group return | |
| | Applica tion | F Name and address of principal officer: KIM FEAKSON | | for subordinates? Yes X No | |
| pendir | | SAME AS C ABOVE | | H(b) Are all subordinates included? Yes No | |
| I Tax-exempt status: | | | 527 If "No," attach a | list. See instructions | |
| | Vebsit | | H(c) Group exemptio | n number | |
| K Form of organization: X Corporation Trust Association Other L Year of formation: 1978 M State | | | | ∕ State of legal domicile: W I | |
| Part I Summary | | | | | |
| _ | 1 1 | Briefly describe the organization's mission or most significant activities: THE NORTHWOOD TECHNICAL COLLEGE | | | |
| nce | | FOUNDATION PROVIDES SUPPORT TO PROMOTE, DEVELOP, AND EXPAND QUALITY | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 11 | |
| es Se | 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | | 0 | |
| Activities | | Total number of volunteers (estimate if necessary) | | 100 | |
| \cti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. | |
| | | | Prior Year | Current Year | |
| <u>o</u> | 8 (| Contributions and grants (Part VIII, line 1h) | 1,125,491. | 770,434. | |
| eun | | Program service revenue (Part VIII, line 2g) | 0. | 0. | |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 186,989. | 306,743. | |
| - | 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) | 1,312,480. | 1,077,177. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,205,867. | 380,993. | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| ď | | Total fundraising expenses (Part IX, column (D), line 25) 2,276. | 166 275 | 1.42.001 | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 166,375. | | |
| . " | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,372,242. | 524,914. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | -59,762. | 552,263. | |
| s or | | | Beginning of Current Year | End of Year | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 6,412,346. | 7,315,739. | |
| | 21 | Total liabilities (Part X, line 26) | 6,345,191. | 72,304. | |
| | rt II | Net assets or fund balances. Subtract line 21 from line 20 | 0,343,131. | 1,243,433. | |
| 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. | | | | | |
| 10/23/2025 | | | | | |
| Sign Here | | Signature of officer | Date | .023 | |
| | | KIM PEARSON, EXECUTIVE DIRECTOR | | | |
| Type or print name and title | | | | | |
| Preparer's name Preparer's signature Date Check | | | | PTIN | |
| Paid Preparer Use Only | | MICHAEL J PETERSON, CPA MICHAEL J PETERSON, | 10/22/25 if self-employ | | |
| | | Firm's name WIPFLI ADVISORY LLC | | 9-3647910 | |
| | | Firm's address 1502 LONDON ROAD, SUITE 200 | THINI OLIN | <u> </u> | |
| | , | DULUTH, MN 55812 | Phone no. 21 | 8.722.4705 | |
| May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | |
| | | | | | |