

Form 990

Department of the Treasury  
Internal Revenue ServiceEXTENDED TO NOVEMBER 15, 2024  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

## A For the 2023 calendar year, or tax year beginning

and ending

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

NORTHFIELD SHARES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 802

Room/suite

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

NORTHFIELD, MN 55057

## F Name and address of principal officer: TARA BERNDT

PO BOX 802, NORTHFIELD, MN 55057

## D Employer identification number

27-3080430

## E Telephone number

507-403-9755

## G Gross receipts \$

1,305,426.

## H(a) Is this a group return

for subordinates? ..... ☐ Yes ☒ No

## H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. See instructions

## H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.NORTHFIELDSHARES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2010

M State of legal domicile: MN

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	NORTHFIELD SHARES SEEKS TO SUSTAIN AND TRANSFORM THE NORTHFIELD COMMUNITY BY ADVANCING	
	2	Check this box <input type="checkbox"/> 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	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	346,347.	1,109,435.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,457.	5,937.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,738.	190,054.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12		477,542.	1,305,426.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	262,577.	319,780.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	115,156.	154,516.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,516.	
	17		141,673.	93,033.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	519,406.	567,329.	
19	Revenue less expenses. Subtract line 18 from line 12	-41,864.	738,097.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	5,894,936.	7,261,094.
	22	Net assets or fund balances. Subtract line 21 from line 20	468,579.	554,317.
22		5,426,357.	6,706,777.	

## Part II Signature Block

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

Sign Here	Signature of officer	Date		
	TARA BERNDT, CHAIR			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	TRINA PEETERS, CPA	TRINA PEETERS, CPA	10/20/24	P01625727
	Firm's name	Firm's EIN		
	MILLER WELLE HEISER & CO., LTD.	41-1334380		
	Firm's address	Phone no. (320) 253-9505		
	4170 THIELMAN LANE PO BOX 159			
	ST. CLOUD, MN 56302-0159			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION