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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 09-01-2019 , and ending 08-31-2020

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

C Name of organization
DEEP PORTAGE FOUNDATION

Doing business as

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

2197 NATURE CENTER DRIVE NW

City or town, state or province, country, and ZIP or foreign postal code
HACKENSACK, MN 56452

D Employer identification number

51-0164070

E Telephone number

(218) 682-2325

G Gross receipts \$ 717,543

F Name and address of principal officer:
LYNNE HARRINGTON
2197 NATURE CENTER DR NW
HACKENSACK, MN 56452

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.DEEP-PORTAGE.ORG

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

L Year of formation: 1975

M State of legal domicile: MN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE AN ENVIRONMENTALLY LITERATE CITIZENRY. IN THE PAST YEAR, FIRST RATE ENVIRONMENTAL AND SUSTAINABILITY EDUCATION WAS PROVIDED TO 4,877 VISITORS.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶19,254

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

LYNNE HARRINGTON PRESIDENT
Type or print name and title

2021-02-09
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-03-18

Check ☐ if self-employed

PTIN P00762741

Firm's name ▶ JUSTIN CLASEN & COMPANY LTD

Firm's EIN ▶ 47-4889790

Firm's address ▶ PO BOX 90
PEQUOT LAKES, MN 564720090

Phone no. (218) 568-5242

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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