

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Header section A-M containing organization details: Name (NORTHWEST MINNESOTA FOUNDATION), EIN (41-1556013), Address (201 3RD ST NW, BEMIDJI, MN 56601), and Principal Officer (KAREN WHITE).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, and financial data for 2019.

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.

Signature area for KAREN WHITE, President, including signature and date fields.

Paid Preparer Use Only section for Seth Holte, Preparer, including name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE NORTHWEST MINNESOTA FOUNDATION INVESTS RESOURCES, FACILITATES COLLABORATION, AND PROMOTES PHILANTHROPY TO MAKE THE REGION A BETTER PLACE TO LIVE AND WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 5,890,551 including grants of \$ 3,298,158) (Revenue \$ 322,428)
See SERVICES page for a description of this program service.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ **5,890,551**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part 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.		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Minnesota
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> JOHN SHIMKUS (218)759-2057, 201 3RD ST NW, BEMIDJI, MN 56601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTIN EGGERLING CHAIR	4.00	X		X				0	0	0
(2) CATHY FORGIT SECRETARY	4.00	X		X				0	0	0
(3) LEAH PIGATTI TREASURER	4.00	X		X				0	0	0
(4) CHERI GUNVALSON DIRECTOR	4.00	X						0	0	0
(5) DEB ZAK DIRECTOR	4.00	X						0	0	0
(6) STEVEN ANDERSON VICE CHAIR	4.00	X		X				0	0	0
(7) TODD BECKEL DIRECTOR	4.00	X						0	0	0
(8) MIKE LAROQUE DIRECTOR	4.00	X						0	0	0
(9) DENNIS BONA DIRECTOR	4.00	X						0	0	0
(10) MICHELLE PAQUIN DIRECTOR	4.00	X						0	0	0
(11) KAREN WHITE PRESIDENT	40.00			X	X			132,900	0	6,617
(12) JOHN SHIMKUS VICE PRESIDENT FOR FINANCE & ADMINI	40.00					X		99,205	0	5,681
(13) NANCY VYSKOCIL FORMER PRESIDENT							X	98,991	0	5,421
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							331,096	0	17,719	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	x	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		x

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLD, 55402	INVESTMENT MGMT	169,909

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	553,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,843,069				
	g Noncash contributions included in lines 1a-1f	1g	\$ 224,131				
	h Total. Add lines 1a-1f ▶		4,396,319				
Program Service Revenue			Business Code				
	2a PARTICIPATION FEES	900099	292,369	292,369			
	b INTEREST REVENUE - LOAN	900099	195,011	195,011			
	c LOAN APPLICATION FEES	900099	7,327	7,327			
	d REVENUE FROM SERVICES	900099	322,426	322,426			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		817,133					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		671,777			671,777	
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	16,202,033				
	c Gain or (loss)	7c	14,469,139				
d Net gain or (loss) ▶		1,732,894			1,732,894		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities, See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue			Business Code				
	11a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			7,618,123	817,133	0	2,404,671	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	2,999,209	2,999,209		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	298,949	298,949		
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	Other salaries and wages	1,499,128	842,737	534,505	121,886
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	393,612	209,280	136,850	47,482
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,330	3,048	1,282	
c	Accounting	18,770		18,770	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	278,635	278,635		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	311,538	265,802	30,282	15,454
12	Advertising and promotion	35,026	12,074	19,297	3,655
13	Office expenses	136,723	33,338	83,827	19,558
14	Information technology				
15	Royalties				
16	Occupancy	28,421	14,900	13,521	
17	Travel	82,024	37,934	34,743	9,347
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	39,543	28,419	11,124	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,842	52,000	61,842	
23	Insurance	9,710	2,700	7,010	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MAINTENANCE & REPAIR	84,314	48,900	35,414	
b	MISCELLANEOUS	67,399	31,971	22,654	12,774
c	EDUCATION	11,452	4,024	6,956	472
d	LOAN LOSS PROVISION	654,814	654,814		
e	All other expenses _____	107,258	71,817	28,807	6,634
25	Total functional expenses. Add lines 1 through 24e. .	7,174,697	5,890,551	1,046,884	237,262
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	150	1	3,375	
	2	Savings and temporary cash investments	1,237,431	2	1,136,717	
	3	Pledges and grants receivable, net	461,098	3	665,753	
	4	Accounts receivable, net	20,105	4	5,030	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net	3,694,198	7	3,561,544	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	51,530	9	216,763	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,220,400		
	b	Less: accumulated depreciation	10b	638,600	10c	2,581,800
	11	Investments - publicly traded securities	68,730,685	11	71,779,374	
	12	Investments - other securities. See Part IV, line 11	2,353,118	12	2,703,540	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	809,498	15	776,989	
16	Total assets. Add lines 1 through 15 (must equal line 33)	79,827,885	16	83,430,885		
Liabilities	17	Accounts payable and accrued expenses	171,630	17	290,292	
	18	Grants payable	20,000	18	25,000	
	19	Deferred revenue	1,013,747	19	2,001,747	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	1,968,905	23	2,801,654	
	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	2,970,801	25	2,508,634	
	26	Total liabilities. Add lines 17 through 25	6,145,083	26	7,627,327	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	1,804,357	27	2,845,875	
	28	Net assets with donor restrictions	71,878,445	28	72,957,683	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31			
32	Total net assets or fund balances	73,682,802	32	75,803,558		
33	Total liabilities and net assets/fund balances	79,827,885	33	83,430,885		

Part 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	7,618,123
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,174,697
3	Revenue less expenses. Subtract line 2 from line 1	3	443,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73,682,802
5	Net unrealized gains (losses) on investments	5	1,677,330
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	75,803,558

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,943,622	4,975,762	4,397,418	4,669,133	4,396,319	22,382,254
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	3,943,622	4,975,762	4,397,418	4,669,133	4,396,319	22,382,254
5 The portion of total contributions 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)						5,465,711
6 Public support. Subtract line 5 from line 4						16,916,543

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,943,622	4,975,762	4,397,418	4,669,133	4,396,319	22,382,254
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,121,991	5,713,808	4,317,737	3,448,768	2,404,671	18,006,975
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						40,389,229
12 Gross receipts from related activities, etc. (see instructions)					12	1,670,092
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	41.88 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	43.21 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.						
4 Tax revenues levied for the organization'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						
6 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . ▶

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

Section 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	

Section 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):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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Organization type (check one):

Filers of:

Section:

- | | |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private 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

- 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, 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).

Name of organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

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
1	THE MCKNIGHT FOUNDATION 710 S 2ND ST STE 400 MINNEAPOLIS, MN 55401-2290	\$ 1,012,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT S NAYLOR PO BOX 603 BEMIDJI, MN 56619	\$ 100,896	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BLUE CROSS AND BLUE SHIELD OF MN PO BOX 64560 SAINT PAUL, MN 55164	\$ 123,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS 201 3RD ST NW BEMIDJI, MN 56601	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BETTY MURRAY ESTATE 3945 N MOARYLAND AVE MILWAUKEE, WI 53211	\$ 455,621	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	NORTHLAND FOUNDATION 2020 W SUPERIOR ST STE 610 DULUTH, MN 55802	\$ 104,167	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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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	THE SAINT PAUL AND MN FOUNDATION 1010 5TH ST E STE 2400 SAINT PAUL, MN 55101	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JOE AND AMY CASS 23314 COUNTY ROAD 80 NEVIS, MN 56467	\$ 100,397	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	VARIOUS STOCK SHARES _____ _____ _____	\$ _____ 0	_____
5	ESTATE INVESTMENT TRANSFER _____ _____	\$ _____ 0	_____
8	STOCK GIFT _____ _____ _____	\$ _____ 0	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: NORTHWEST MINNESOTA FOUNDATION; Employer identification number: 41-1556013

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes and dollar amount fields for reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,453,631	59,075,032	55,138,579	50,553,751	49,566,521
b Contributions	999,731	1,120,381	2,271,226	1,932,869	1,492,415
c Net investment earnings, gains, and losses	4,078,913	6,155,254	4,201,218	5,582,909	1,805,515
d Grants or scholarships					
e Other expenditures for facilities and programs	1,531,000	1,414,000	1,362,000	1,455,000	1,258,000
f Administrative expenses	1,654,214	1,483,036	1,173,991	1,475,950	1,052,700
g End of year balance	65,347,061	63,453,631	59,075,032	55,138,579	50,553,751

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 67.17 %
 - c Term endowment ▶ 32.83 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | x |
| (ii) Related organizations | 3a(ii) | x |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,000		138,000
b Buildings		2,734,405	507,291	2,227,114
c Leasehold improvements				
d Equipment		345,955	131,309	214,646
e Other		2,040		2,040
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				2,581,800

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER EQUITY INVESTMENTS	2,703,540	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶	2,703,540	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITY PAYABLE	244,051	
(3) AGENCY ENDOWMENT LIABILITY	2,259,112	
(4) COMPONENT FUND SUPPORT LIABILITY	5,471	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	2,508,634	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,295,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,677,330	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,677,330
3	Subtract line 2e from line 1		3	7,618,123
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,618,123

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,174,697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,174,697
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,174,697

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Endowment funds intended uses (Part V, line 4)

ENDOWMENT FUNDS ARE HELD AND ADMINISTERED FOR THE PURPOSE OF CONTINUING THE ADMINISTRATION AND PROGRAM ACTIVITIES OF THE NORTHWEST MINNESOTA FOUNDATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF ADA PO BOX 32 ADA, MN 56510	41-6004912	115	10,731				TONY STIPE FIELD IMPROVEMENTS
(2)	AGASSIZ AUDUBON SOCIETY P. O. BOX 152 WARREN, MN 56762	41-1434405	501(C)(3)	12,000				COMMUNITY EDUCATION
(3)	BEMIDJI AREA SCHOOL DISTRICT 502 MINNESOTA AVE BEMIDJI, MN 56601	41-6000181	501(C)(3)	27,162				BEMIDJI SCHOOL DISTRICT
(4)	BEMIDJI COMMUNITY FOOD SHEL PO BOX 3118 BEMIDJI, MN 56619	41-1494430	501(C)(3)	10,000				UNRESTRICTED GRANT
(5)	CITY OF BADGER PO BOX 193 BADGER, MN 56714	41-6008668	115	12,668				MEMORIAL PROJECT
(6)	BIG SAND LAKE ASSOCIATION PO BOX 181 PARK RAPIDS, MN 56470	41-1618390	501(C)(3)	10,728				HUBBARD COUNTY AIS WATERCRAFT
(7)	BOYS & GIRLS CLUB OF THE BE PO BOX 191 BEMIDJI, MN 56601	81-0599601	501(C)(3)	10,000				UNRESTRICTED GRANT
(8)	CLEARBROOK-GONVICK SCHOOL 16770 CLEARWATER LANE CLEARBROOK, MN 56634	41-1811820	501(C)(3)	10,000				CHILDCARE WORK
(9)	CITY OF WARROAD 121 MAIN AVE NE WARROAD, MN 56763	41-6005618	115	11,953				WARROAD POINT LOOKOUT TOWER
(10)	CLEARWATER HOSPICE 212 MAIN AVENUE N BAGLEY, MN 56621	41-6005779	501(C)(3)	14,571				OPERATING EXPENSES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **51**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **5**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY TABLE PO BOX 1584 BEMIDJI, MN 56619	36-3615054	501(C)(3)	10,000				UNRESTRICTED GRANT
(2)	COUNTY EMERGENCY MEDICAL SE PO BOX 68 FERTILE, MN 56540	41-1418462	501(C)(3)	12,300				LIFEPACK 15 ACQUISITION
(3)	CITY OF CROOKSTON 124 N BROADWAY CROOKSTON, MN 56716	41-6003279	115	10,130				CIRCUIT MACHINE
(4)	DREAM BIG INC 60506 345TH STREET WARROAD, MN 56763	82-5331729	501(C)(3)	6,000				DREAM BIG WARROAD
(5)	HALSTAD ECONOMIC DEVELOPMEN 405 2ND ST W HALSTAD, MN 56548	41-6008133	115	25,000				MARKETING SERVICES
(6)	HALSTAD LIVING CENTER 133 4TH AVE E HALSTAD, MN 56548	41-1332022	501(C)3	9,500				CHILDCARE CENTER
(7)	EVERGREEN YOUTH AND FAMILY 610 PATRIOT DRIVE BEMIDJI, MN 56601	41-1297737	501(C)(3)	10,000				UNRESTRICTED GRANT
(8)	FACE IT TOGETHER BEMIDJI 408 BELTRAMI AVE NW BEMIDJI, MN 56601	47-4172828	501(C)(3)	6,000				RAPID RESPONSE FOR THE HOMELESS
(9)	FIRST CHILDREN'S FINANCE 45678 STATE HWY 28 MORRIS, MN 56267	41-1694837	501(C)(3)	20,000				PROMOTING THE AVAILABILITY OF CHILD CARE
(10)	FIRST PREBYTERIAN CHURCH 501 MINNESOTA AVE BEMIDJI, MN 56601	41-1260414		6,400				GENERAL FUND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HALSTAD MUNICIPAL UTILITIES 405 2ND AVE W HALSTAD, MN 56548	41-6005212	115	10,000				FIRE FROST ATV TRAIL AND UTILITY NEEDS
(2)	CITY OF HALSTAD 405 2ND AVE W HALSTAD, MN 56548	41-6008133	501(C)3	12,500				HALSTAD CAPITAL IMPROVEMENT
(3)	HELP ENRICH ADVANCE RETAIN PO BOX 297 HALSTAD, MN 56548	83-3986697	501(C)3	25,000				WORLDS LARGEST SUGARBEET
(4)	HEADWATERS SCHOOL OF MUSIC 519 MINNESOTA AVENUE NW BEMIDJI, MN 56601	41-1730200	501(C)(3)	10,000				UNRESTRICTED GRANT
(5)	HEADWATERS UNITARIAN UNIVER PO BOX 1906 BEMIDJI, MN 56619	71-1038338		120,000				PEACE CENTER - NEW BLDG CONSTRUCTION
(6)	HOPE HOUSE PO BOX 1097 BEMIDJI, MN 56619	41-1658456	501(C)(3)	10,000				UNRESTRICTED GRANT
(7)	HUBBARD COUNTY 301 COURT AVE PARK RAPIDS, MN 56470	41-6005805	115	5,998				HUBBARD COUNTY AIS INSPECTIONS
(8)	NORMAN COUNTY EDA PO BOX 3 ADA, MN 56510	41-6005856	115	9,500				CHILDCARE PROJECT
(9)	LES LUTHERAN CHAPEL DBA THE 824 AMERICA AVE NW BEMIDJI, MN 56601	41-1917556		10,000				DAY CENTER WINTER
(10)	IFECARE MEDICAL CENTER 715 DELMORE DR ROSEAU, MN 56751	41-1804205	501(C)(3)	43,626				ENPLUG DIGITAL SIGNAGE,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

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Employer identification number

41-1556013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MINNEAPOLIS NORTH HIGH SCHO 1500 JAMES AVE MINNEAPOLIS, MN 55411	41-0851980	501(C)(3)	45,000				BOOSTER CLUB, ATHLETIC PROGRAM
(2)	MUSKOK 14460 MAPLE INN R MENTOR, MN 56736	41-1552382		15,000				IDEA WINNER
(3)	NEVIS SCHOOL DISTRICT 308 PO BOX 138 NEVIS, MN 56467	41-6008266	501(C)(3)	30,000				ELEMENTARY SCHOOL BOARDS
(4)	NORTHERN DENTAL ACCESS CENT 1405 ANNE ST NW BEMIDJI, MN 56601	84-1711812	501(C)(3)	10,000				UNRESTRICTED GRANT
(5)	NORMAN COUNTY EAST ISD 2215 408 MAIN AVE W TWIN VALLEY, MN 56584	41-1816469	501(C)(3)	10,000				CHILD DEVELOPMENT ASSOCIATE
(6)	NORTHWOODS HABITAT FOR HUMA PO BOX 1067 BEMIDJI, MN 56619	41-1657201	501(C)(3)	10,000				UNRESTRICTED GRANT
(7)	PEACEMAKER RESOURCES 2301 JOHANNESON AVE. NW #106 BEMIDJI, MN 56601	45-0507287	501(C)(3)	25,000				STAR SUSTAINABILIT Y DEVELOPMENT
(8)	RED LAKE BAND OF CHIPPEWA 15484 MIGIZI DRIVE REDLAKE, MN 56671	41-0692381	115	30,000				IMMERSION PROGRAM
(9)	OURS TO SERVE HOUSE OF HOSP 525 MISSISSIPPI AVE BEMIDJI, MN 56601	36-3418205	501(C)3	15,000				GETTING AHEAD BEMIDJI
(10)	SANFORD HEALTH FOUNDATION O 1300 ANNE STREET NW BEMIDJI, MN 56601	41-1389317	501(C)(3)	9,051				HOME IS WHERE THE HEART IS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization

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41-1556013

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)PARK RAPIDS ISD 309 301 HUNTSINGER AVE PARK RAPIDS, MN 56470	41-6001518	501(C)3	9,500				STADIUM SCORECARD
(2)TRUE FRIENDS 10509 108TH STREET NW ANNANDALE, MN 55302	41-1543013	501(C)(3)	10,000				CAMP COURAGE NORTH
(3)RED LAKE RIVER CORRIDOR JOI CROOKSTON CITY HALL CROOKSTON, MN 56716	41-6005076	115	10,000				ENGAGING COMMUNITIES
(4)WARROAD COMMUNITY PARTNERS HERITAGE BUILDING WARROAD, MN 56763	47-2039677	501(C)(3)	10,000				FOLK SCHOOL START UP
(5)WATERMARK ART CENTER 505 BEMIDJI AVE N BEMIDJI, MN 56601	41-1287739	501(C)(3)	10,000				UNRESTRICTED GRANT
(6)WIN-E-MAC SCHOOL DIST #2609 23130 345TH ST SE ERSKINE, MN 56535	41-1694266	501(C)(3)	20,000				PILOT TECHNOLOGY
(7)ZION LUTHERAN CHURCH PO BOX 61 WARROAD, MN 56763	41-1473281		10,000				UNRESTRICTED GRANT
(8)ROSEAU COUNTY HISTORICAL SO 121 CENTER ST E, STE 202 ROSEAU, MN 56751	23-7120887	501(C)3	9,950				INVENTORY CONTROL AND SUPPLIES
(9)UNITED WAY PO BOX 27 BEMIDJI, MN 56601	41-1567744	501(C)3	10,000				BACKPACK BUDDIES FOOD PROGRAM
(10)THE LEARNING TREE 321 SOUTH BIRCH AVE HALLOCK, MN 56728			9,500				CHILDCARE CENTER GRACE LUTHERAN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VIOLENCE INTERVENTION PROJE PO BOX 96 THIEF RIVER FALLS, MN 56701	41-1671324	501(C)3	10,000				ON SITE THERAPIST
(2)	CITY OF WARREN 120 E BRIDGE AVE WARREN, MN 56762	41-6005617	115	14,739				PLAYGROUND EQUIPMENT FOR POOL PROJECT
(3)	WARROAD AREA CHAMBER OF COM PO BOX 551 WARROAD, MN 56763	41-1526510	501(C)3	8,500				WARROAD MARKET AND OCTOBER
(4)	WARROAD HISTORICAL SOCIETY PO BOX 688 WARROAD, MN 56763	41-1563776	501(C)3	10,000				GATEWAY SIGNAGE
(5)	WARROAD PUBLIC SCHOOLS 510 CEDAR AVE WARROAD, MN 56763	41-6003720	501(C)3	50,000				UPDATES AND NEW POOL EQUIPMENT
(6)	WHITE EARTH TRIBAL AND COMM PO BOX 478 MAHNOMEN, MN 56535	41-1978247	501(C)3	30,000				PARENTS AS LEADERS
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BUSINESS TECHNICAL ASSISTANCE	22	14,949			
2 IDEA AWARD	4	25,000			
3 SCHOLARSHIP	238	259,000			
4					
5					
6					
7					

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

01. Monitoring procedures (Part I, line 2)

AFTER A GENERAL GRANT IS AWARDED, AN AWARD LETTER IS SENT WHICH IS SIGNED BY THE GRANTEE. THIS LETTER IS SUBJECT TO THE GRANTEE ACCEPTING THE TERMS OF THE AWARD LETTER, INCLUDING WHEN PAYMENTS WILL BE SENT AND WHEN REPORTS WILL BE DUE.

NORMALLY, THE FIRST PAYMENT IS SENT AFTER THE GRANTEE SIGNS THIS AGREEMENT. SUBSEQUENT PAYMENTS ARE SENT AFTER SATISFACTORY REPORTS FROM THE GRANTEE ARE RECEIVED. WITH COMPONENT FUNDS, PAYMENT IS SENT AFTER REQUIRED MATERIALS ARE RECEIVED FROM THE ADVISORY COMMITTEE. SCHOLARSHIP PAYMENTS ARE SENT DIRECTLY TO THE POST-SECONDARY SCHOOLS AFTER REQUIRED INFORMATION IS RECEIVED FROM THE STUDENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		
4b		
4c		
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NANCY VYSKOCIL 1 FORMER PRESIDENT	(i)	98,991	0	0	0	5,421	104,412	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	224,131	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

01. Form 990 governing body review (Part VI, line 11)

THE 990 WILL BE PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE IT IS FILED.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD OF DIRECTORS MUST YEARLY SIGN THE CONFLICT OF INTEREST POLICY, WHICH IS WRITTEN TO EMPHASIZE FAIRNESS, CONSISTENCY AND INTEGRITY IN ALL OF ITS DECISION MAKING. THE INTENT OF THE POLICY IS TO ENSURE THAT THERE WILL BE NO BASIS FOR LEGAL ACTION OR ACCUSATIONS OF SELF-DEALING. THE BOARD WILL EXCLUDE ANY MEMBER FROM ALL DELIBERATIONS AND DECISIONS CONCERNING ACTIONS ON ANY PROJECT, SERVICE, OR OTHER MATTER PROPOSED FOR FUNDING IN WHICH SUCH MEMBER MAY HAVE A DIRECT OR INDIRECT FIDUCIARY INTEREST. ANY MEMBER OF THE BOARD MAY QUESTION ANOTHER BOARD MEMBER AS TO CONFLICT OF INTEREST, AND THE BOARD OF DIRECTORS AS A WHOLE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE PRESIDENT IS SUBJECT TO ANNUAL REVIEW BY THE BOARD, WHO THEN DETERMINES THE SALARY.

04. Other officer or key employee compensation (Part VI, line 15b)

KEY EMPLOYEE COMPENSATION IS REVIEWED BY SUPERVISORS AND THE PRESIDENT. THE DETERMINATION IS ALSO BASED ON EXTERNAL COMPENSATION DATA.

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION'S 990 AND ANNUAL REPORT (INCLUDING FINANCIAL STATEMENTS) ARE AVAILABLE UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES	\$5890551
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$3298158
PROGRAM SERVICES REVENUE	\$322428

EXPLANATION

A) GRANTS AWARDED GRANT PROGRAMS HAVE BEEN ESTABLISHED TO PROVIDE FLEXIBILITY TO NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES AS THEY ADDRESS ORGANIZATIONAL, COMMUNITY, AND REGIONAL ISSUES. EACH PROGRAM HAS ITS OWN SET OF PRIORITIES AND ELIGIBILITY, AND REVIEW PROCESSES. A TOTAL OF \$3,298,158 WAS AWARDED FOR GRANT PROGRAMS IN FY 2020 AND INCLUDED THE FOLLOWING: COMPONENT FUNDS AS PART OF THE FOUNDATION'S COMMITMENT TO STRENGTHEN THE CAPACITY OF INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES TO SHAPE THEIR FUTURE, WE ADMINISTER 388 COMPONENT FUNDS TO ASSIST COMMUNITIES AND NONPROFIT AGENCIES IN BUILDING THEIR RESOURCES. FROM THESE, 687 GRANTS WERE AWARDED AND GRANT-RELATED ACTIVITIES TOTALED \$2,129,802 IN FY 2020. AN ADDITIONAL \$278,380 WAS GIVEN FOR 237 SCHOLARSHIPS FOR STUDENTS THROUGHOUT THE REGION. CHILD CARE PROGRAM FOURTEEN GRANTS TOTALING \$71,500 WERE AWARDED TO LOCAL GOVERNMENTS, NONPROFIT AGENCIES, AND CHILD CARE SERVICE PROVIDERS IN RESPONSE TO THE PANDEMIC TO PROMOTE AN INCREASE IN CHILD CARE SERVICES AND AVAILABILITY. THROUGH THESE EFFORTS, AND THROUGH THE EFFORTS OF OUR FORGIVABLE LOAN AND LOW-INTEREST LOAN PROGRAMS, WHICH WILL BE DISCUSSED IN GREATER DETAIL IN PART (B) ECONOMIC DEVELOPMENT, WE WERE ABLE TO HELP IMPROVE CHILD CARE AVAILABILITY BY TOTAL OF 1,554 NEW CHILD CARE SLOTS IN OUR REGION. CHILDREN & FAMILIES PROGRAM TWO GRANTS TOTALING \$60,000 WERE AWARDED TO TWO TRIBAL GOVERNMENTS IN AN EFFORT TO IMPROVE THE FAMILY STRUCTURE THROUGH COMMUNITY-LED, COMMUNITY-DRIVEN SHARED VISION AND ACTIONS, DEVELOPING PARENT SUPPORTS AND PARENT-LED COMMUNITY PROJECTS. HOUSING & HOMELESSNESS PROGRAMS FOUR GRANTS TOTALING \$20,000 WERE AWARDED TO LOCAL GOVERNMENTS AND NONPROFIT AGENCIES TO WORK TOWARD ADDRESSING HOUSING INADEQUACIES AND AVAILABILITY IN OUR REGION. FOUR GRANTS TOTALING \$50,000 WERE AWARDED TO ONE TRIBAL GOVERNMENT AND THREE NONPROFIT AGENCIES IN AN EFFORT TO OBTAIN INCREASED ACCESS TO HOUSING ASSISTANCE FOR YOUTH AGES 16 TO 24. WE HAVE ALSO WORKED TO SET UP A WEB APPLICATION FOR YOUTH TO USE SO THEY CAN QUICKLY FIND ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT HOUSING RESOURCES AND AVAILABILITY IN OUR REGION. COMMUNITIES THRIVE PROGRAM IN FY 2019, THE COMMUNITIES OF WARROD, MN AND HALSTAD, MN WERE SELECTED TO RECEIVE GRANTS AS PART OF AN EFFORT TO MAKE A MORE FOCUSED IMPACT WITHIN THESE TWO COMMUNITIES IN THE AREAS OF ECONOMIC DEVELOPMENT, COMMUNITY EDUCATION, WELLNESS, AND ARTS AND CULTURE. A TOTAL OF \$150,000 WAS GRANTED BETWEEN THESE TWO COMMUNITIES IN FY 2020. AS A RESULT OF THESE GRANTS AND SOME LOANS ISSUED WHICH WILL BE DISCUSSED IN PART (B) ECONOMIC DEVELOPMENT, WE HAVE BEEN ABLE TO HELP FINANCE A NEW GROCERY STORE, MAKE IMPROVEMENTS TO SOFTBALL FIELDS, ATV TRAILS, PARKS, SCULPTURES, BENCHES, PLAY SPACES FOR CHILDREN, SIGNAGE, AMERICAN INDIAN EDUCATION PROGRAMMING, AND OTHER COMMUNITY IMPROVEMENTS. INGENUITY DRIVES ENTREPRENEUR ACCELERATION (IDEA) PROGRAM FOUR GRANTS TOTALING \$25,000 WERE AWARDED UNDER THE IDEA (INGENUITY DRIVES ENTREPRENEUR ACCELERATION) PROGRAM, WHICH ASSISTS PROMISING LOCAL ENTREPRENEURS IN THE COMMERCIALIZATION OF INNOVATIVE PRODUCTS, PROCESSES, AND DELIVERIES BY CONNECTING THEM TO THE BEST RESOURCES AVAILABLE. IN ADDITION TO THESE CASH AWARDS, \$10,000 OF IN-KIND AWARDS WERE ALSO PROVIDED. INNOVATION GRANT PROGRAM FIVE GRANTS TOTALING \$42,500 WERE AWARDED UNDER THE INNOVATION GRANT PROGRAM TO HELP ORGANIZATIONS DEVELOP NEW NETWORKS, FOSTER COALITION BUILDING, AND PROMOTE COLLABORATIONS BETWEEN HUMAN SERVICE PROVIDERS, OTHER ORGANIZATIONS, AND/OR PUBLIC AGENCIES. TRAINING GRANTS THREE GRANTS TOTALING \$2,976 WERE AWARDED TO LOCAL GOVERNMENT AND NONPROFIT AGENCIES FOR TRAINING IN LEADERSHIP AND COMMUNITY DEVELOPMENT. EMERGENCY DISASTER RECOVERY GRANT PROGRAMS WE STARTED TWO NEW GRANT PROGRAMS IN FY 2020 IN RESPONSE TO THE COVID-19 PANDEMIC. THESE PROGRAMS INCLUDE AN EMERGENCY DISASTER RECOVERY EFFORT THAT FOCUSES ON CHILD CARE PROVIDERS AND ANOTHER PROGRAM THAT IS MORE BROAD-BASED TO ASSIST OTHER LOCAL GOVERNMENTS AND NONPROFIT AGENCIES THROUGHOUT OUR REGION. UNDER THESE PROGRAMS WE AWARDED A GRAND TOTAL OF \$468,000 WHICH CAN BE BROKEN DOWN

Statement of Program Service Accomplishments**2019** 02

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

FORM 990, PART III (A) CONTINUED

EXPLANATION (CONTINUED)

FURTHER INTO 252 GRANTS TO CHILD CARE PROVIDERS AND CHILD CARE CENTERS FOR A TOTAL OF \$273,500, AND 47 GRANTS TO LOCAL GOVERNMENTS AND NONPROFIT AGENCIES FOR A TOTAL OF \$194,500 TO ASSIST WITH THE IMPACTS FELT DURING THE ONGOING PANDEMIC. B) ECONOMIC DEVELOPMENT THE FOUNDATION IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN NORTHWEST MINNESOTA. AS A PART OF THAT MISSION, SEVERAL BUSINESS DEVELOPMENT PROGRAMS ARE AVAILABLE TO PROMOTE A HIGH LEVEL OF ECONOMIC OPPORTUNITY THROUGHOUT THE REGION. IN FY 2020, 190 LOANS WERE FUNDED UNDER THE ENTREPRENEUR AND BUSINESS DEVELOPMENT PROGRAMS AND INCLUDED THE FOLLOWING: ENTREPRENEUR DEVELOPMENT LOAN PROGRAM THE ENTREPRENEUR DEVELOPMENT LOAN PROGRAM PROVIDES SMALL BUSINESS LOANS TO ENTREPRENEURS WHO HAVE EXPERIENCE, EXPERTISE AND A WELL-DEVELOPED BUSINESS PLAN. 110 LOANS TOTALING \$1.5 MILLION WERE FUNDED UNDER THIS PROGRAM. OF THESE LOANS ISSUED, \$68,000 WERE FORGIVABLE LOANS TO CHILD CARE PROVIDERS AND \$30,000 WERE LOW-INTEREST LOANS AS PART OF OUR CHILD CARE FINANCING PROGRAMS, RESULTING IN 133 NEW SLOTS AND 75 SLOTS RETAINED. FORGIVABLE LOANS WILL BE WRITTEN OFF ANNUALLY FOR A PROPORTIONATE AMOUNT AS BORROWERS CONTINUE TO MEET THE CRITERIA SET FORTH IN THE LOAN AGREEMENTS. IN ADDITION, 18 BUSINESSES ALSO RECEIVED \$17,300 IN TECHNICAL ASSISTANCE FROM SPECIALIZED SERVICES PROVIDED THROUGHOUT THE REGION. IN RESPONSE TO THE COVID-19 PANDEMIC, 35 SMALL BUSINESS EMERGENCY LOANS PROVIDED \$768,500 OF ASSISTANCE TO LOCAL BORROWERS; WE ACKNOWLEDGE THAT THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT PROVIDED THE SOURCE OF THESE EMERGENCY FUNDS. WE WERE ALSO ABLE TO ISSUE \$182,815 IN OTHER FORGIVABLE LOANS AS PROVIDED THROUGH THE WARROAD ECONOMIC DEVELOPMENT LOAN PROGRAM. FOR EXISTING LOANS, THE FOUNDATION ALSO WAS ABLE TO GRANT 23 LOAN DEFERRALS WHERE \$29,800 WAS THE TOTAL AMOUNT DEFERRED TO PROVIDE FINANCIAL RELIEF TO BORROWERS IMPACTED BY THE COVID-19 PANDEMIC. BUSINESS FINANCE PROGRAM THE BUSINESS FINANCE PROGRAM (BFP) IS AN ECONOMIC DEVELOPMENT LOAN PROGRAM TYPICALLY ENGAGED IN MAKING GAP LOANS. THE BFP PARTNERS WITH COMMERCIAL BANKS THAT ARE UNWILLING TO ASSUME THE RISK OF GRANTING AN ENTIRE LOAN REQUEST. THE BFP WAS ESTABLISHED WITH THE EXPRESS PURPOSE OF ENCOURAGING PRIVATE INVESTMENT, INCREASING EMPLOYMENT, AND PROMOTING ECONOMIC DEVELOPMENT IN NORTHWEST MINNESOTA. LOANS ARE MADE FOR PROJECTS THAT CREATE JOBS THAT HAVE LONG-TERM COMMUNITY BENEFIT, FURTHER DIVERSIFY THE AREA'S ECONOMY, AND LEVERAGE OTHER SOURCES OF FUNDS TO INCREASE TOTAL CAPITAL INTO THE REGION. THREE LOANS TOTALING \$145,000 WERE FUNDED UNDER THIS PROGRAM. THESE LOANS WERE PART OF OUR HOUSING AND COMMUNITIES THRIVE PROGRAMS DESIGNED TO BRING RESOURCES FOR HOUSING ASSISTANCE AND BUSINESS DEVELOPMENT TO THE REGIONS IDENTIFIED ABOVE IN COMMUNITIES THRIVE. C) ADMINISTRATIVE PROGRAM EXPENSES THE FOUNDATION INCURRED \$2,255,123 IN PROGRAM OPERATING COSTS FOR THE ADMINISTRATION AND DELIVERY OF PROGRAM SERVICES. OUR LOAN LOSS PROVISION OF \$654,814 IS CONTAINED WITHIN THESE OPERATING COSTS OF WHICH ALSO INCLUDE THE 100% LOAN LOSS PROVISIONS FOR THE \$250,815 OF FORGIVABLE LOANS ISSUED DURING THE YEAR. THE REMAINDER OF THESE OPERATING COSTS INCLUDED SALARIES, FRINGE BENEFITS, PURCHASED SERVICES, OFFICE SUPPLIES, TELEPHONE, SUBSCRIPTIONS, POSTAGE, PRINTING, EDUCATION, TRAVEL, LOAN LOSSES, LOAN INTEREST, PROMOTION, AND OVERHEAD.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

FORM 990-PART III(B)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION