

Return of Organization Exempt From Income Tax

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

2020

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

A For the 2020 calendar year, or tax year beginning 07-01 , 2020, and ending 06-30 , 2021																	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization: NORTHWEST MINNESOTA FOUNDATION</td> <td>D Employer identification number 41-1556013</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (218) 759-2057</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">201 3RD ST NW</td> <td rowspan="2">G Gross receipts \$ 31,482,214</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 56601</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: KAREN WHITE 201 3RD ST NW BEMIDJI MN 56601</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶</td> </tr> </table>	C Name of organization: NORTHWEST MINNESOTA FOUNDATION		D Employer identification number 41-1556013	Doing business as		E Telephone number (218) 759-2057	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	201 3RD ST NW		G Gross receipts \$ 31,482,214	City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 56601		F Name and address of principal officer: KAREN WHITE 201 3RD ST NW BEMIDJI MN 56601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																	
J Website: ▶ NWMF.ORG																	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1986 M State of legal domicile: MN																

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE NORTHWEST MINNESOTA FOUNDATION INVESTS RESOURCES, FACILITATES COLLABORATION, AND PROMOTES PHILANTHROPY TO MAKE THE REGION A BETTER PLACE TO LIVE AND WORK.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,396,319	7,351,204
	9	Program service revenue (Part VIII, line 2g)	817,133	660,936
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,486,807
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,213,452	11,498,947
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,846,461
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,892,740	2,025,678
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,334		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,370,526	1,742,900
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,263,266	9,615,039
19	Revenue less expenses. Subtract line 18 from line 12	1,950,186	1,883,908	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	83,430,885	98,196,551
	21	Total liabilities (Part X, line 26)	7,627,327	9,509,076
	22	Net assets or fund balances. Subtract line 21 from line 20	75,803,558	88,687,475

Part II Signature Block

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

Sign Here	KAREN WHITE Signature of officer	Date			
	KAREN WHITE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Seth Holte	Preparer's signature Seth Holte	Date 12-10-2021	Check <input type="checkbox"/> if self-employed	PTIN P01693743
	Firm's name ▶ Haukebo Van Batavia Holte, LLC	Firm's EIN ▶		Phone no.	
	Firm's address ▶ PO Box 348 Park Rapids MN 56470			218-732-5769	

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

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 \$ 7,970,843 including grants of \$ 5,846,461) (Revenue \$ 199,512)
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 ▶ **7,970,843**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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 shelter transactions, foreign accounts, 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, 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, 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) KAREN WHITE PRESIDENT	40.00			X		X	179,760	0	8,632	
(2) JOHN SHIMKUS VP FOR ADMIN AND FINANCE	40.00					X	111,413	0	5,868	
(3) MICHAEL NEUSSER VP OF OPERATIONS	40.00					X	111,018	0	4,833	
(4) NATHAN DORR VP OF ADVOCACY	40.00					X	100,927	0	5,455	
(5) MIKE LAROQUE DIRECTOR	4.00	X					0	0	0	
(6) MICHELLE PAQUIN DIRECTOR	4.00	X					0	0	0	
(7) LEAH PIGATTI DIRECTOR	4.00	X					0	0	0	
(8) CHERI GUNVALSON DIRECTOR	4.00	X					0	0	0	
(9) DEB ZAK DIRECTOR	4.00	X					0	0	0	
(10) CATHY FORGIT SECRETARY	4.00	X		X			0	0	0	
(11) KRISTIN EGGERLING CHAIR	4.00	X		X			0	0	0	
(12) STEVEN ANDERSON VICE CHAIR	4.00	X		X			0	0	0	
(13) TODD BECKEL TREASURER	4.00	X		X			0	0	0	
(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)							503,118	0	24,788	

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 **4**

	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 BLDG, 706	INVESTMENT MGMT	191,064

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	4,987,275				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,363,929				
	g Noncash contributions included in lines 1a-1f	1g	\$ 148,776				
	h Total. Add lines 1a-1f ▶		7,351,204				
Program Service Revenue			Business Code				
	2a PARTICIPATION FEES	900099	276,923	276,923			
	b INTEREST REVENUE - LOAN	900099	168,794	168,794			
	c LOAN APPLICATION FEES	900099	15,707	15,707			
	d REVENUE FROM SERVICES	900099	199,512	199,512			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		660,936					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		995,221			995,221	
	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				
				22,474,853			
	b Less: cost or other basis and sales expenses	7b	19,983,267				
	c Gain or (loss)	7c	2,491,586				
d Net gain or (loss) ▶		2,491,586			2,491,586		
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 ▶			11,498,947	660,936	0	3,486,807	

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 . . .	5,547,249	5,547,249		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	299,212	299,212		
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	1,542,482	806,378	608,017	128,087
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	483,196	227,593	198,614	56,989
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	20,281	2,250	16,947	1,084
c	Accounting	18,945		18,945	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	310,034	310,034		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	566,737	378,205	188,467	65
12	Advertising and promotion	132,513	97,152	32,359	3,002
13	Office expenses	133,983	28,548	86,340	19,095
14	Information technology	105,677	21,850	70,820	13,007
15	Royalties				
16	Occupancy	32,114	15,000	17,114	
17	Travel	17,354	12,977	3,457	920
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	38,786	25,297	13,489	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	165,016	60,000	105,016	
23	Insurance	12,057	3,600	8,457	
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	69,643	51,600	18,043	
b	MISCELLANEOUS	40,475	14,599	15,555	10,321
c	EDUCATION	16,777	10,061	5,506	1,210
d	LOAN LOSS PROVISION	59,218	59,218		
e	All other expenses _____	3,290	20	2,716	554
25	Total functional expenses. Add lines 1 through 24e. .	9,615,039	7,970,843	1,409,862	234,334
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	3,375	1	150	
	2	Savings and temporary cash investments	1,136,717	2	1,448,705	
	3	Pledges and grants receivable, net	665,753	3	934,402	
	4	Accounts receivable, net	5,030	4	3,382	
	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	3,561,544	7	3,728,320	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	216,763	9	258,462	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,294,237		
	b	Less: accumulated depreciation	10b	803,616	10c	2,490,621
	11	Investments - publicly traded securities	71,779,374	11	85,361,892	
	12	Investments - other securities. See Part IV, line 11	2,703,540	12	3,222,261	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	776,989	15	748,356	
16	Total assets. Add lines 1 through 15 (must equal line 33)	83,430,885	16	98,196,551		
Liabilities	17	Accounts payable and accrued expenses	290,292	17	324,978	
	18	Grants payable	25,000	18	216,391	
	19	Deferred revenue	2,001,747	19	3,266,000	
	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	2,801,654	23	2,748,092	
	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	2,508,634	25	2,953,615		
26	Total liabilities. Add lines 17 through 25	7,627,327	26	9,509,076		
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	2,845,875	27	5,878,417	
	28	Net assets with donor restrictions	72,957,683	28	82,809,058	
	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	75,803,558	32	88,687,475	
33	Total liabilities and net assets/fund balances	83,430,885	33	98,196,551		

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	11,498,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,615,039
3	Revenue less expenses. Subtract line 2 from line 1	3	1,883,908
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,803,558
5	Net unrealized gains (losses) on investments	5	11,000,009
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	88,687,475

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	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning 07-01, 2020, and ending 06-30, 2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTHWEST MINNESOTA FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 201 3RD ST NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 56601</p> <p>C Book value of all assets at end of year ▶ 98,196,551</p>	<p>D Employer identification number 41-1556013</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

L The books are in care of ▶ **JOHN SHIMKUS 201 3RD ST NW BEMIDJI MN 56601** Telephone number ▶ **(218) 759-2057**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.



Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	
6a	Payments: A 2019 overpayment credited to 2020	6a	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Sign Here  _____ **PRESIDENT**  _____
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Seth Holte	Preparer's signature Seth Holte	Date 12-10-2021	Check <input type="checkbox"/> if self-employed	PTIN P01693743
	Firm's name Haukebo Van Batavia Holte, LLC			Firm's EIN 81-4233921	
	Firm's address PO Box 348 Park Rapids MN 56470			Phone no. 218-732-5769	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,975,762	4,397,418	4,669,133	4,396,319	7,351,204	25,789,836
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	4,975,762	4,397,418	4,669,133	4,396,319	7,351,204	25,789,836
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)						5,170,263
6 Public support. Subtract line 5 from line 4						20,619,573

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,975,762	4,397,418	4,669,133	4,396,319	7,351,204	25,789,836
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,713,808	4,317,737	3,448,768	2,404,671	3,486,807	19,371,791
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						45,161,627
12 Gross receipts from related activities, etc. (see instructions)					12	2,331,028
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 2020 (line 6, column (f), divided by line 11, column (f))	14	45.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	41.88 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 lines 2a and 2b below.		
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>	Yes	No
b Did the activities described in line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

▶ **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
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

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	\$ 1,000,000	Person <input checked="" 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.)
_____	_____ _____ _____	\$ _____	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.)

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.

2020

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 for Part II Conservation Easements, including checkboxes for types of easements, a table for line 2(d) details, and various Yes/No questions.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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	65,347,061	63,453,631	59,075,032	55,138,579	50,553,751
b Contributions	804,582	999,731	1,120,381	2,271,226	1,932,869
c Net investment earnings, gains, and losses	14,855,292	4,078,913	6,155,254	4,201,218	5,582,909
d Grants or scholarships					
e Other expenditures for facilities and programs	1,630,000	1,531,000	1,414,000	1,362,000	1,455,000
f Administrative expenses	1,445,469	1,654,214	1,483,036	1,173,991	1,475,950
g End of year balance	77,931,466	65,347,061	63,453,631	59,075,032	55,138,579

- 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 ▶ 57.98 %
 - c Term endowment ▶ 42.02 %
- 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		2,767,982	585,956	2,182,026
c Leasehold improvements				
d Equipment		388,255	217,660	170,595
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				2,490,621

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	3,222,261	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶	3,222,261	

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	221,921	
(3) AGENCY ENDOWMENT LIABILITY	2,666,478	
(4) COMPONENT FUND SUPPORT LIABILITY	65,216	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	2,953,615	

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	22,498,956
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	11,000,009	
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	11,000,009
3	Subtract line 2e from line 1		3	11,498,947
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	11,498,947

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	9,615,039
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	9,615,039
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	9,615,039

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

2020

**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)	LOW IDC FUNDS PO BOX 181 BAUDETTE MN 56623	41-1098822	115	50,000				LOAN TO L.O.W. DISTILLING
(2)	BEMIDJI ISD #31 502 MINNESOTA AVE NW BEMIDJI MN 56601	41-6000181	115	45,595				BEMIDJI SCHOOL DISTRICT
(3)	WIN-E-MAC ISD #2609 23130 345TH ST SE ERSKINE MN 56535	41-1694266	115	40,984				9 GRANTS TO THE ISD, INDIVIDUALLY
(4)	UNITED WAY OF BEMIDJI AREA PO BOX 27 BEMIDJI MN 56601	41-1567744	501(C)3	40,300				ECONOMIC AID GRANT, CAPACITY
(5)	OURS TO SERVE HOUSE OF HOSP 525 MISSISSIPPI AVE BEMIDJI MN 56601	36-3418205	501(C)3	40,000				OPERATING EXPENSES & ROTARY
(6)	VIOLENCE INTERVENTION PROJE PO BOX 96 THIEF RIVER FALLS MN 56701	41-1671324	501(C)3	30,000				FACILITY IMPROVEMENTS AND DIRECT
(7)	RED LAKE BAND OF CHIPPEWA I 15484 MIGIZI DR REDLAKE MN 56671	41-0692381	115	29,288				INDIGENOUS PARENT LEADERSHIP
(8)	LAKE OF THE WOODS ECONOMIC 206 8TH AVE SE SUITE 280 BAUDETTE MN 56623	87-0777353	115	26,000				ECONOMIC DEVELOPMENT LOANS FOR THE
(9)	NEW AMERICANS INTEGRATION C 1401 CENTRAL AVE NW STE 3 EAST GRAND FORKS MN 56721	84-2742899	501(C)3	26,000				HOUSING EDUCATION FOR NEW AMERICANS
(10)	CITY OF PARK RAPIDS 212 2ND ST W PARK RAPIDS MN 56470	41-6005449	115	25,000				PARK RAPIDS TENNIS ASSOCIATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **58**

3 Enter total number of other organizations listed in the line 1 table ▶ **295**

**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

2020

**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)	CLEAR WATERS LIFE CENTER 256 2ND AVE SW GARDEN CITY MN 56034	77-0643868	501(C)3	24,000				SENIOR SERVICES & GEER 7500
(2)	LUTHERAN SOCIAL SERVICES SE PO BOX 1886 BEMIDJI MN 56601	41-0872993	501(C)3	23,000				LSS MEALS "POP-UP" BUNDLED MEAL
(3)	CITY OF ROSEAU PO BOX 307 ROSEAU MN 56751	41-6005499	115	22,500				NEW COVERED BLEACHER SEATING AT
(4)	GREAT RIVER RESCUE 1612 CARR LAKE RD SE BEMIDJI MN 56601	41-1551248	501(C)3	21,300				COVID-19 RELIEF AND GENERAL
(5)	BEMIDJI COMMUNITY FOOD SHEL PO BOX 3118; 1260 EXCHANGE BEMIDJI MN 56619	41-1494430	501(C)3	21,250				GENERAL OPERATIONS & BUILDING
(6)	AGASSIZ AUDUBON SOCIETY PO BOX 152PO BOX 152 WARREN MN 56762	41-1434405	501(C)3	20,800				EDUCATION AND OUTREACH JAN-DEC 2020
(7)	DAROOS PIZZA 105 MAIN STREET S CROOKSTON MN 56716	26-2464547		20,000				SMALL BUSINESS RELIEF GRANT
(8)	HEARTLAND LAKES DEVELOPMENT 301 COURT AVE SUITE 327 PARK RAPIDS MN 56470	20-4208381	501(C)3	20,000				PROGRAM AND OPERATING EXPENSES
(9)	INITIATIVE FOUNDATION 405 1ST ST SE LITTLE FALLS MN 56345	36-3451562	501(C)3	20,000				ECONOMIC AID
(10)	NORTHLAND COMMUNITY AND TEC 1101 HWY 1 E THIEF RIVER FALLS MN 56701	41-1287038	501(C)3	18,000				NCTC FOUNDATION STUDENT

- 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

2020

**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)	THIEF RIVER FALLS AREA FOOD PO BOX 802 THIEF RIVER FALLS MN 56701	41-1744242	501(C)3	18,000				TRF FOOD SHELF COMMUNITY
(2)	PEACEMAKER RESOURCES 2301 JOHANNESON AVE. NW #10 BEMIDJI MN 56601	45-0507287	501(C)3	17,500				100 CUPS OF COFFEE PLANNING AND
(3)	NORTHWESTERN MENTAL HEALTH PO BOX 603 CROOKSTON MN 56716	41-0851371	501(C)3	17,000				MENTAL HEALTH SUPPORT & ENBRIDGE
(4)	WARREN LIVING AT HOME/BLOCK 110 W JOHNSON AVE STE 1 WARREN MN 56762	41-1392863	501(C)3	17,000				A SAFE WAY TO COMMUNICATE AND DIRECT
(5)	CITY OF STEPHEN PO BOX 630 STEPHEN MN 56757	41-6005860	115	16,000				STEPHEN ECONOMIC DEVELOPMENT
(6)	CLEARWATER HOSPICE 212 MAIN AVE N BAGLEY MN 56621	41-6005779	501(C)3	15,501				2020 HOSPICE EXPENSES & ON CALL TIME FOR
(7)	FIRST CARE MEDICAL SERVICES 900 HILLIGOOBS BLVD SE FOSSTON MN 56542	41-0706143	501(C)3	15,357				BEREAVEMENT MATERIALS AND 2020 GOALS FO
(8)	EVERGREEN YOUTH & FAMILY SE 610 PATRIOT DRIVE BEMIDJI MN 56601	41-1297737	501(C)3	15,000				UNRESTRICTED GRANT
(9)	FACE IT TOGETHER BEMIDJI 408 BELTRAMI AVENUE NW BEMIDJI MN 56601	47-4172828	501(C)3	15,000				GENERAL OPERATIONS
(10)	HEADWATERS ANIMAL SHELTER PO BOX 573 PARK RAPIDS MN 56470	31-1610621	501(C)3	15,000				OPERATING FUNDS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**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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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

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(1)	FIRST PRESBYTERIAN CHURCH 501 MINNESOTA AVE BEMIDJI MN 56601	41-1260414		14,500				GENERAL FUND
(2)	CITY OF ADA PO BOX 32 ADA MN 56510	41-6004912	115	14,419				TONY SIPE FIELD IMPROVEMENTS
(3)	WARROAD COMMUNITY PARTNERS HERITAGE BUILDING WARROAD MN 56763	47-2039677	501(C)3	13,450				WARROAD BEAUTIFICATION BANNERS
(4)	AGASSIZ ENVIRONMENTAL LEARN 400 SUMMIT AVE FERTILE MN 56540	41-1434405	501(C)3	13,350				COMMUNITY SELF-GUIDED OUTDOOR
(5)	ROSEAU INDEPENDENT SCHOOL D 509 THIRD STREET ROSEAU MN 56751	41-6003720	115	12,850				TWO TREADMILLS
(6)	HERITAGE COMMUNITY CENTER 301 4TH ST E THIEF RIVER FALLS MN 56701	41-1454506	501(C)3	12,500				ECONOMIC AID
(7)	LIFECARE SURGICAL SERVICES 715 DELMORE DR ROSEAU MN 56751	41-1804205	501(C)3	12,322				HYSTEROSCOPE EQUIPMENT
(8)	NORTHWEST MINNESOTA MULTI-C 205 GARFIELD AVE MENTOR MN 56736	41-1322835	501(C)3	12,000				ENBRIDGE HOUSING IMPACT FUND
(9)	DISCOVERY PLACE EARLY LEARN 305 NORA ST E THIEF RIVER FALLS MN 56701	23-7204898	501(C)3	11,500				ECONOMIC AID
(10)	CITY OF FERTILE 101 S MILL STREET FERTILE MN 56540	41-6005154	115	10,765				NEW GEAR FOR FIREFIGHTERS, HWY 32 BEAUTI

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(1)	LIFECARE REHABILITATION SER 715 DELMORE DR ROSEAU MN 56751	41-1804205	501(C)3	10,156				PROCEDURE CHAIR FOR LIFECARE
(2)	16 PENNY INC 14136 140TH AVE NW THIEF RIVER FALLS MN 56701	81-4758340		10,000				SMALL BUSINESS RELIEF GRANT
(3)	1ST GLANCE EVENT DESIGN 1301 CENTRAL AVE NW EAST GRAND FORKS MN 56721	24-2271377		10,000				SMALL BUSINESS RELIEF GRANT
(4)	2ANNES LAKESIDE RV PARK P.O. BOX 40 ERSKINE MN 56535	82-1216297		10,000				SMALL BUSINESS RELIEF GRANT
(5)	3RD BASE BAR & GRILL, LLC 330 1ST AVE NW LAPORTE MN 56461	26-3249239		10,000				SMALL BUSINESS RELIEF GRANT
(6)	40:31 WELLNESS CENTER 23800 330TH AVE NW WARREN MN 56762	27-4268067		10,000				SMALL BUSINESS RELIEF GRANT
(7)	5TH STREET GYM P.O. BOX 13 STEPHEN MN 56757	26-2821571		10,000				SMALL BUSINESS RELIEF GRANT
(8)	ACCIDENTALLY COOL GAMES 407 ALGOMA STREET NW BEMIDJI MN 56601	47-3178407		10,000				SMALL BUSINESS RELIEF GRANT
(9)	ADRIANS RESORT INC. 3362 RED OAK RD NW BAUDETTE MN 56623	41-1288667		10,000				SMALL BUSINESS RELIEF GRANT
(10)	ADVANCED TIRE & AUTO SERVIC 323 NORTH BROADWAY CROOKSTON MN 56716	46-0500469		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	ALIDA COUNTRY STORE INC 25813 UPPER RICE LAKE RD SHEVLIN MN 56676	84-2042241		10,000				SMALL BUSINESS RELIEF GRANT
(2)	ALL ABOUT YOU SALON & TANNI 26371 CORLAN RD NE BLACKDUCK MN 56630	83-0610482		10,000				SMALL BUSINESS RELIEF GRANT
(3)	ALL THAT & MORE LLC. 678 1ST ST WEST FOSSTON MN 56542	83-3783922		10,000				SMALL BUSINESS RELIEF GRANT
(4)	ALLEN EDMAN/EDMAN'S ANGLING 33163 593RD AVE WARROAD MN 56763	47-4087822		10,000				SMALL BUSINESS RELIEF GRANT
(5)	AL'S REPAIR INC. (DBA CHIME 507 RIVERSIDE AVE S THIEF RIVER FALLS MN 56701	41-1334934		10,000				SMALL BUSINESS RELIEF GRANT
(6)	ANN JEAN APPAREL + HOME 208 3RD ST NW BEMIDJI MN 56601	82-5396397		10,000				SMALL BUSINESS RELIEF GRANT
(7)	ANNIE'S TRADING POST 219 2ND ST NW THIEF RIVER FALLS MN 56701	83-2272296		10,000				SMALL BUSINESS RELIEF GRANT
(8)	ANYTIME FITNESS OF THIEF RI 1845 HWY 59 SOUTH THIEF RIVER FALLS MN 56701	83-0624539		10,000				SMALL BUSINESS RELIEF GRANT
(9)	BAGLEY BAKERY PO BOX 61 BAGLEY MN 56621	41-1726472		10,000				SMALL BUSINESS RELIEF GRANT
(10)	BAGLEY DENTAL PO BOX 299 BAGLEY MN 56621	41-1831664		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	BAGLEY SENIOR CITIZENS CENT PO BOX 484 BAGLEY MN 56621	41-1406328	501(C)3	10,000				BUILDING SERVICES
(2)	BAKER STREET SALES LLC. 1071 HANSON DRIVE THIEF RIVER FALLS MN 56701	83-0583839		10,000				SMALL BUSINESS RELIEF GRANT
(3)	BEAGLE AND WOLF BOOKS & BIN 112 3RD ST. W. PARK RAPIDS MN 56470	20-1920474		10,000				SMALL BUSINESS RELIEF GRANT
(4)	BEAUTY VAULT 309 AMERICAN BEMIDJI MN 56601	47-7020671		10,000				SMALL BUSINESS RELIEF GRANT
(5)	BEMIDJI SENIOR CENTER 216 3RD ST NW BEMIDJI MN 56601	41-1470043	501(C)3	10,000				OPERATING EXPENSES
(6)	BEMIDJI WOOLEN MILLS PO BOX 277 BEMIDJI MN 56619	41-1764426		10,000				SMALL BUSINESS RELIEF GRANT
(7)	BENEDICT OUTPOST PROPERTIES 34365 C R 38 LAPORTE MN 56461	32-0533631		10,000				SMALL BUSINESS RELIEF GRANT
(8)	BIRDAWG LLC DBA SPIKE'S SPE 13239 200TH ST. PARK RAPIDS MN 56470	82-1117202		10,000				SMALL BUSINESS RELIEF GRANT
(9)	BITE ME GRILL 17213 150TH ST SE RED LAKE FALLS MN 56750	83-2376285		10,000				SMALL BUSINESS RELIEF GRANT
(10)	BJERK ENTERPRISES, INC BJER P.O. BOX 337 ROSEAU MN 56751	41-1966882		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	BLISS - SKIN CARE & BEAUTY 10145 STATE HWY 1 NW THIEF RIVER FALLS MN 56701	81-0777253		10,000				SMALL BUSINESS RELIEF GRANT
(2)	BORDER BAIT COMPANY LLC 3371 STATE HIGHWAY 172 NW BAUDETTE MN 56623	83-3933076		10,000				SMALL BUSINESS RELIEF GRANT
(3)	BOSS LADY FITNESS LLC 7932 GRANDVIEW DR NW BEMIDJI MN 56601	81-1386843		10,000				SMALL BUSINESS RELIEF GRANT
(4)	BOUTIQUE ON FOX 1902 FOX DR NW BEMIDJI MN 56601	82-4171528		10,000				SMALL BUSINESS RELIEF GRANT
(5)	BOWL INN PO BOX 99 BAGLEY MN 56621	47-6642132		10,000				SMALL BUSINESS RELIEF GRANT
(6)	BREEZY PINES RESORT & CAMPG 25138 COUNTY 2 NEVIS MN 56467	84-3627254		10,000				SMALL BUSINESS RELIEF GRANT
(7)	BRETZ ASSOCIATION TAE KWON 556 HENRIETTA AVE N. PARK RAPIDS MN 56470	47-4040545		10,000				SMALL BUSINESS RELIEF GRANT
(8)	BREWHAHA COFFEE SHOP 34511 170TH AVE NW NEWFOLDEN MN 56738	84-2509912		10,000				SMALL BUSINESS RELIEF GRANT
(9)	BROADWAY STATION P O BOX 56 SAINT HILAIRE MN 56754	81-2863967		10,000				SMALL BUSINESS RELIEF GRANT
(10)	BRUCE BRAY, DDS PO BOX 402 THIEF RIVER FALLS MN 56701	41-1457079		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	CABINET CORNER INC 175 SPIRIT AVE NE BEMIDJI MN 56601	41-1505918		10,000				SMALL BUSINESS RELIEF GRANT
(2)	CAMP 71 24830 US 71 PARK RAPIDS MN 56470	20-1249305		10,000				SMALL BUSINESS RELIEF GRANT
(3)	CARE AND SHARE OF CROOKSTON 220 E 3RD ST CROOKSTON MN 56716	41-1560222		10,000				DIRECT SUPPORT
(4)	CARLSON PARK LLC PO BOX 65 ANGLE INLET MN 56711	26-0224869		10,000				SMALL BUSINESS RELIEF GRANT
(5)	CENTER OF HUMAN ENVIRONMENT 2425 230TH AVE MAHNOMEN MN 56557	41-1301257		10,000				PROJECT OPERATIONS
(6)	CHANDLER'S DETAIL PLUS INC 211 PAUL BUNYAN DR NW BEMIDJI MN 56601	20-5956117		10,000				SMALL BUSINESS RELIEF GRANT
(7)	CHARACTER CHALLENGE ADVENTU 242520 SHADY RIDGE DRIVE LAPORTE MN 56461	83-2111941		10,000				SMALL BUSINESS RELIEF GRANT
(8)	CHURCHES UNITED, INC. PO BOX 1967 BEMIDJI MN 56601	13-4257663		10,000				OPERATING EXPENSES
(9)	CITY OF TWIN VALLEY PO BOX 307 TWIN VALLEY MN 56584	41-6005618	115	10,000				SPLASH PARK
(10)	CITY OF WARREN 120 E BRIDGE AVE WARREN MN 56762	41-6005617	115	10,000				OPERATING EXPENSES

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(1)	CITY OF WARROAD 121 MAIN AVE NE WARROAD MN 56763	41-6005618	115	10,000				CITY OF WARROAD SAFE HARBOR GRANT
(2)	CLEARWATER COUNTY FOOD SHEL 114 MAIN AVE N BAGLEY MN 56621	47-5127382	501(C)3	10,000				CONTINUING COVID
(3)	COMPASS ROSE, LLC 108 3RD STREET NW BEMIDJI MN 56601	80-4008097		10,000				SMALL BUSINESS RELIEF GRANT
(4)	CONELY AND DUB INC 1508 CENTRAL AVE NW EAST GRAND FORKS MN 56721	80-4008097		10,000				SMALL BUSINESS RELIEF GRANT
(5)	CO-OP SERVICES, INC. OF BAU PO BOX 678 BAUDETTE MN 56623	41-0246528		10,000				SMALL BUSINESS RELIEF GRANT
(6)	COUNTRY LOOKS & LOGOS 111 4TH AVE W ADA MN 56510	45-4712923		10,000				SMALL BUSINESS RELIEF GRANT
(7)	COUNTRYSIDE RESTAURANT OF B PO BOX 1095 BEMIDJI MN 56619	41-1708580		10,000				SMALL BUSINESS RELIEF GRANT
(8)	CREATIVE CLIPPERS 306 MAIN AVENUE NORTH THIEF RIVER FALLS MN 56701	81-4819608		10,000				SMALL BUSINESS RELIEF GRANT
(9)	CROOKSTON CHAMPIONSHIP TAE 527 SUMMIT AVE CROOKSTON MN 56716	50-2622348		10,000				SMALL BUSINESS RELIEF GRANT
(10)	CROOKSTON FLORAL 115 N BROADWAY CROOKSTON MN 56716	41-1722118		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	CROOKSTON SPORT FITNESS 109 S MAIN ST CROOKSTON MN 56716	47-2242402		10,000				SMALL BUSINESS RELIEF GRANT
(2)	CROOKSTON WELDING & MACHINE PO BOX 377 CROOKSTON MN 56716	41-0888540		10,000				SMALL BUSINESS RELIEF GRANT
(3)	DHC SALON INC 60002 STATE HIGHWAY 11 WARROAD MN 56763	46-0624760		10,000				SMALL BUSINESS RELIEF GRANT
(4)	DIAMONDS & DESIGNS, INC. PO BOX 190 THIEF RIVER FALLS MN 56701	41-1899635		10,000				SMALL BUSINESS RELIEF GRANT
(5)	DIAMONDS 4J'S LLC 42026 CO RD 4 WANNASKA MN 56761	84-2963920		10,000				SMALL BUSINESS RELIEF GRANT
(6)	DNK CORNER BAR PO BOX 84 PLUMMER MN 56748	46-4186212		10,000				SMALL BUSINESS RELIEF GRANT
(7)	DOCKTER-MOHS ENTERPRISES, I 223 CIRCLE LOOP LANE SE CASS LAKE MN 56633	26-1638932		10,000				SMALL BUSINESS RELIEF GRANT
(8)	DONNA BJERK, LUXE SALON 44694 130TH AVE SE FERTILE MN 56540	47-1081651		10,000				SMALL BUSINESS RELIEF GRANT
(9)	DYNASTY DJ AND EVENT DECOR 14420 COUNTY RD 131 WANNASKA MN 56761	46-9788716		10,000				SMALL BUSINESS RELIEF GRANT
(10)	EMMAVILLE INN 28021 COUNTY RD 4 PARK RAPIDS MN 56470	47-3290407		10,000				SMALL BUSINESS RELIEF GRANT

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2020

**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
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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)	EN LITEN SVENSK (A LITTLE S 110 BANTAM ROAD SARTELL MN 56377	82-3340053		10,000				SMALL BUSINESS RELIEF GRANT
(2)	ERICKSON SALON LLC DBA THE 113 CENTER STREET EAST ROSEAU MN 56751	20-3258866		10,000				SMALL BUSINESS RELIEF GRANT
(3)	ERICKSON'S SMOKEHOUSE 42911 CENTER AVE S FERTILE MN 56540	45-4109329		10,000				SMALL BUSINESS RELIEF GRANT
(4)	EVERGREEN CATERING AND BAKE 1302 W. GREENWOOD STREET, P THIEF RIVER FALLS MN 56701	84-4148880		10,000				SMALL BUSINESS RELIEF GRANT
(5)	EXTENDED SEASONS INDOOR GAR 613 CENTRAL ST W BAGLEY MN 56621	46-5358107		10,000				SMALL BUSINESS RELIEF GRANT
(6)	FAMILY SAFETY NETWORK PO BOX 1162 WALKER MN 56484	41-1725623	501(C)3	10,000				DOMESTIC VIOLENCE EMERGENCY
(7)	FARM TOWN FLORAL LLC PO BOX 505 HALLOCK MN 56728	83-2285844		10,000				SMALL BUSINESS RELIEF GRANT
(8)	FAST GRAPHIX 1436 MAIN AVE. NORTH THIEF RIVER FALLS MN 56701	26-2692564		10,000				SMALL BUSINESS RELIEF GRANT
(9)	FIRESIDE GRILL, INC PO BOX 760 BAGLEY MN 56621	77-0593827		10,000				SMALL BUSINESS RELIEF GRANT
(10)	FLAG ISLAND RESORT LLC PO BOX 98 ANGLE INLET MN 56711	81-0722586		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	SMALL BUSINESS RELIEF GRANT 13878 DAMON DR SE BEMIDJI MN 56601	47-0949093		10,000				SMALL BUSINESS RELIEF GRANT
(2)	FOREVER YOUNG, YSH 606 21ST ST NW EAST GRAND FORKS MN 56721	83-4381005		10,000				SMALL BUSINESS RELIEF GRANT
(3)	FOSSTON THEATRE 105 WEST 1ST STREET FOSSTON MN 56542	26-0284990		10,000				SMALL BUSINESS RELIEF GRANT
(4)	FUN WHEELS 1016 3RD STREET WEST THIEF RIVER FALLS MN 56701	90-0944271		10,000				SMALL BUSINESS RELIEF GRANT
(5)	FUNCTIONALLY FIT 1528 BARRETTE ST CROOKSTON MN 56716	47-3749265		10,000				SMALL BUSINESS RELIEF GRANT
(6)	FURNITURE & MORE INC 100 MAIN AVE S ROSEAU MN 56751	41-1824281		10,000				SMALL BUSINESS RELIEF GRANT
(7)	G & B CARPET & FURNITURE PO BOX 68 WARROAD MN 56763	65-1262868		10,000				SMALL BUSINESS RELIEF GRANT
(8)	GALLI FURNITURE PO BOX 160 BAGLEY MN 56621	41-0978276		10,000				SMALL BUSINESS RELIEF GRANT
(9)	GANESH HOSPITALITY INC 1060 HWY 32 S THIEF RIVER FALLS MN 56701	45-3537617		10,000				SMALL BUSINESS RELIEF GRANT
(10)	GRANDMAS ATTIC 502 3RD ST NW BEMIDJI MN 56601	83-3386362		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	GRAPE MILL LLP 18696 430TH AVE SW EAST GRAND FORKS MN 56721	46-0835901		10,000				SMALL BUSINESS RELIEF GRANT
(2)	GUFFS STUFF 43908 COUNTY ROAD 2 ROSEAU MN 56751	20-5765253		10,000				SMALL BUSINESS RELIEF GRANT
(3)	GULLY CAFE 31449 STATE HWY 92 SE TRAIL MN 56684	41-1835739		10,000				SMALL BUSINESS RELIEF GRANT
(4)	HAIR CONNEXION 24708 200TH AVE SW CROOKSTON MN 56716	47-1984444		10,000				SMALL BUSINESS RELIEF GRANT
(5)	HALO SALON LLC 150 CENTRAL AVE S. LAPORTE MN 56461	61-1672029		10,000				SMALL BUSINESS RELIEF GRANT
(6)	HAZEL GREEN, INC. DBA KD FL 325 MINNESOTA AVE NW BEMIDJI MN 56601	82-2932987		10,000				SMALL BUSINESS RELIEF GRANT
(7)	HEAD EAST SALON 515 E. ROBERT ST. CROOKSTON MN 56716	47-1064410		10,000				SMALL BUSINESS RELIEF GRANT
(8)	HEADWATERS REGIONAL DEVELOP PO BOX 906 BEMIDJI MN 56601	41-0983661	501(C)3	10,000				100 CUPS OF COFFEE PLANNING AND
(9)	HEIDI'S HILLTOP HAIR DESIGN 318 MAPLE ST NE CROOKSTON MN 56716	47-3806476		10,000				SMALL BUSINESS RELIEF GRANT
(10)	HELGA TOWNSHIP 25895 CO RD 9 BEMIDJI MN 56601	41-1527987	115	10,000				ARCHITECTURAL FEES

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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(1)	HONGS CHINESE RESTAURANT 2221 SAHLSTROM DRIVE CROOKSTON MN 56716	26-4462148		10,000				SMALL BUSINESS RELIEF GRANT
(2)	HUNGRY DUCK RESTAURANT 23503 IRONMAN DR NE BLACKDUCK MN 56630	83-4221143		10,000				SMALL BUSINESS RELIEF GRANT
(3)	IMAGINE 311 KNEALE AVE N THIEF RIVER FALLS MN 56701	47-3104762		10,000				SMALL BUSINESS RELIEF GRANT
(4)	INSIDE EDGE SKATING LLC 623 22ND ST NW BEMIDJI MN 56601	47-5849643						SMALL BUSINESS RELIEF GRANT
(5)	INSPIRE DANCE ACADEMY 110 WOODLAND CT THIEF RIVER FALLS MN 56701	83-2152219		10,000				SMALL BUSINESS RELIEF GRANT
(6)	IRISHMAN'S SHANTY, INC. 1501 S MAIN STREET CROOKSTON MN 56716	41-1866388		10,000				SMALL BUSINESS RELIEF GRANT
(7)	J & S FOODS 100 CENTRAL AVE LANCASTER MN 56735	36-4954407		10,000				SMALL BUSINESS RELIEF GRANT
(8)	JACOB DEBLIECK'S BARBERSHOP 317 MAIN AVE S PARK RAPIDS MN 56470	47-0150877		10,000				SMALL BUSINESS RELIEF GRANT
(9)	JCV ENTERPRISES LLC 510 BRIGHTSTAR ROAD NW BEMIDJI MN 56601	27-1623668		10,000				SMALL BUSINESS RELIEF GRANT
(10)	JEFF'S KITCHEN PO BOX 165 THIEF RIVER FALLS MN 56701	21-4773213		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	JILL'S SALON 4814 MAGNOLIA LN NW BEMIDJI MN 56601	47-2748393		10,000				SMALL BUSINESS RELIEF GRANT
(2)	JMC ENTERPRISES, INC PO BOX33 NEVIS MN 56467	82-1638354		10,000				SMALL BUSINESS RELIEF GRANT
(3)	JOE DIMAGGIO'S SPORTS CAFE 105 INTERNATIONAL DR RED LAKE FALLS MN 56750	47-2391738		10,000				SMALL BUSINESS RELIEF GRANT
(4)	JUNKIN TREASURES 228 4TH ST NW BEMIDJI MN 56601	83-0663980		10,000				SMALL BUSINESS RELIEF GRANT
(5)	K & J FITNESS OF PR, LLC 16836 90TH COURT NORTH MAPLE GROVE MN 55311	83-2693756		10,000				SMALL BUSINESS RELIEF GRANT
(6)	K9 DESIGN SPA & PET BOUTIQU 121 WABASHA AVE STE A WARROAD MN 56763	84-3939363		10,000				SMALL BUSINESS RELIEF GRANT
(7)	KAMPA MOVIE THEATERS LLP D 19262 N BLACKDUCK LK RD NE HINES MN 56647	84-5064145		10,000				SMALL BUSINESS RELIEF GRANT
(8)	KANDIS KITCHEN INC PO BOX 2 GONVICK MN 56644	27-2335000		10,000				SMALL BUSINESS RELIEF GRANT
(9)	KATE'S KITCHEN MN LLC 202 4TH AVE NW ROSEAU MN 56751	47-3998538		10,000				SMALL BUSINESS RELIEF GRANT
(10)	KATHRYN'S ON MAIN 300 MAIN AVE S PARK RAPIDS MN 56470	85-2376449		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	KICK'N ENTERTAINMENT PO BOX 245 SAINT HILAIRE MN 56754	26-1822739		10,000				SMALL BUSINESS RELIEF GRANT
(2)	KICK'N UP KOUNTRY INC 249 SOUTH STATE AVENUE LAKE BRONSON MN 56734	20-0675560		10,000				SMALL BUSINESS RELIEF GRANT
(3)	KRISSY'S HAIR AFFAIR 105 4TH ST SE MCINTOSH MN 56556	41-1949837		10,000				SMALL BUSINESS RELIEF GRANT
(4)	K-SALON 1304 WOODLAND DRIVE NW BAUDETTE MN 56623	46-3187583		10,000				SMALL BUSINESS RELIEF GRANT
(5)	KST CORPORATION 12566 FISHER ST SE MENTOR MN 56736	61-1505846		10,000				SMALL BUSINESS RELIEF GRANT
(6)	L&C STAHLCKER & SONS 2200 UNIVERSITY AVENUE CROOKSTON MN 56716	84-4211359		10,000				SMALL BUSINESS RELIEF GRANT
(7)	LANA JO'S CAFE 208 3RD AVE. E ADA MN 56510	46-9781552		10,000				SMALL BUSINESS RELIEF GRANT
(8)	LAST CHANCE TRADING POST P.O. BOX 152 HALLOCK MN 56728	83-2443115		10,000				SMALL BUSINESS RELIEF GRANT
(9)	LAUGHING EARTH GARDENS 703 E THORPE AVE ADA MN 56510	83-3896516		10,000				SMALL BUSINESS RELIEF GRANT
(10)	LEGAL SERVICES OF NORTHWEST 1015 7TH AVE N MOORHEAD MN 56560	41-1291705	501(C)3	10,000				DIRECT SUPPORT

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(1)	LEGENDS SPORTING GOODS 212 ATLANTIC AVE THIEF RIVER FALLS MN 56701	20-4921329		10,000				SMALL BUSINESS RELIEF GRANT
(2)	LIGHTNING BAR PO BOX 701 ALVARADO MN 56710	41-1869576		10,000				SMALL BUSINESS RELIEF GRANT
(3)	LILY PAD YOGA 1000 PAUL BUNYAN DR NW, SUI BEMIDJI MN 56601	81-4232974		10,000				SMALL BUSINESS RELIEF GRANT
(4)	LINDAHL SALES 110 3RD STREET E. THIEF RIVER FALLS MN 56701	47-4601697		10,000				SMALL BUSINESS RELIEF GRANT
(5)	LIQUOR PIGS 20 S MAIN ST WINGER MN 56592	47-2352370		10,000				SMALL BUSINESS RELIEF GRANT
(6)	LITTLE BEAR ISLAND CAMP 37439 DOGWOOD DR WARROAD MN 56763	50-2968794		10,000				SMALL BUSINESS RELIEF GRANT
(7)	LJC INC 32827 WOLVERINE RD CASS LAKE MN 56633	46-2816937		10,000				SMALL BUSINESS RELIEF GRANT
(8)	LOCAL 303 CO. 303 RAILROAD ST SW BEMIDJI MN 56601	45-5336230		10,000				SMALL BUSINESS RELIEF GRANT
(9)	LUCKY DOGS LLC 512 SCENIC SHORE LN SW BEMIDJI MN 56601	81-1177853		10,000				SMALL BUSINESS RELIEF GRANT
(10)	MAIN STREET BAR 410 2ND ST W ADA MN 56510	84-3329689		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	MAIN STREET TAVERN BOX 482 BAGLEY MN 56621	20-3733953		10,000				SMALL BUSINESS RELIEF GRANT
(2)	MANECKE HEATING AND COOLING 42661 380TH AVE SE FOSSTON MN 56542	81-3708574		10,000				SMALL BUSINESS RELIEF GRANT
(3)	MASSAGE ON FIFTH PO BOX 13 STEPHEN MN 56757	47-2716767		10,000				SMALL BUSINESS RELIEF GRANT
(4)	MATCHBOX INC 15061 FISH HOOK DRIVE PARK RAPIDS MN 56470	41-1571038		10,000				SMALL BUSINESS RELIEF GRANT
(5)	MAVERICKS CASTLE 715 A CENTRAL ST W BAGLEY MN 56621	83-0593344		10,000				SMALL BUSINESS RELIEF GRANT
(6)	MCB INC 11546 546TH ST GONVICK MN 56644	32-0567943		10,000				SMALL BUSINESS RELIEF GRANT
(7)	MDS FOOD & BEVERAGE INC. PO BOX 2073 BEJOU MN 56516	41-1904130		10,000				SMALL BUSINESS RELIEF GRANT
(8)	MERAKI HAIR SALON 523 E FLETCHER AVE WARREN MN 56762	82-3132929		10,000				SMALL BUSINESS RELIEF GRANT
(9)	MICKS OF WARREN, INC. 205 E NELSON AVE WARREN MN 56762	41-1828475		10,000				SMALL BUSINESS RELIEF GRANT
(10)	MIKE'S AUTOMOTIVE CENTER IN 834 TINDOLPH AVE S THIEF RIVER FALLS MN 56701	84-4599989		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	MINAKWA GOLF COURSE 901 FISHER AVE CROOKSTON MN 56716	45-0452642		10,000				SMALL BUSINESS RELIEF GRANT
(2)	MIND GAMES ESCAPE ROOMS 106 CENTER ST W ROSEAU MN 56751	84-4766247		10,000				SMALL BUSINESS RELIEF GRANT
(3)	MOMMYKINS CREATIONS 23654 398TH ST BEMIDJI MN 56601	45-5385090		10,000				SMALL BUSINESS RELIEF GRANT
(4)	MONK OPERATIONS LLC BOX 121 HALSTAD MN 56548	82-3126133		10,000				SMALL BUSINESS RELIEF GRANT
(5)	MORAN'S SUPPER CLUB & LOUNG PO BOX 17 WINGER MN 56592	41-1261856		10,000				SMALL BUSINESS RELIEF GRANT
(6)	MOTOR CITY PAWN, LLC PO BOX 1416 BEMIDJI MN 56619	47-2138591		10,000				SMALL BUSINESS RELIEF GRANT
(7)	MULTI OFFICE PRODUCTS INC PO BOX 23 ROSEAU MN 56751	41-1608850		10,000				SMALL BUSINESS RELIEF GRANT
(8)	MURPHY FLOORING 104 E 1ST STREET FOSSTON MN 56542	46-9827131		10,000				SMALL BUSINESS RELIEF GRANT
(9)	NATIVE SUN COMMUNITY POWER 4407 E LAKE STREET MINNEAPOLIS MN 55406	84-4052420	501(C)3	10,000				ECONOMIC AID
(10)	NATURAL EXISTENCE LLC, DBA 967 INDUSTRIAL PARK DR SE BEMIDJI MN 56601	82-1880081		10,000				SMALL BUSINESS RELIEF GRANT

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**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.
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OMB No. 1545-0047

2020

**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
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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)	NETZER'S BEMIDJI FLORAL 2401 HANNAH AVE NW BEMIDJI MN 56601	80-0322383		10,000				SMALL BUSINESS RELIEF GRANT
(2)	NEW EARTH SPIRITUAL HEALING 105 E 3RD ST THIEF RIVER FALLS MN 56701	82-2689134		10,000				SMALL BUSINESS RELIEF GRANT
(3)	NO LOOSE ENDS 106 MAIN ST S KARLSTAD MN 56732	85-0489430		10,000				SMALL BUSINESS RELIEF GRANT
(4)	NORTH COUNTRY FOOD BANK, IN 1011 11TH AVE NE EAST GRAND FORKS MN 56721	41-1459758	501(C)3	10,000				DIRECT SUPPORT
(5)	NORTHERN AMUSEMENT OF BEMID 728 4TH ST NW BEMIDJI MN 56601	26-3811757		10,000				SMALL BUSINESS RELIEF GRANT
(6)	NORTHERN LITES PO BOX 435 STEPHEN MN 56757	41-1721208		10,000				SMALL BUSINESS RELIEF GRANT
(7)	NORTHERN MOTORS, INC. PO BOX 527 THIEF RIVER FALLS MN 56701	41-0884410		10,000				SMALL BUSINESS RELIEF GRANT
(8)	NORTHERN RENAISSANCE 311 MAIN AVENUE SOUTH PARK RAPIDS MN 56470	45-3820596		10,000				SMALL BUSINESS RELIEF GRANT
(9)	NORTHERN SURPLUS 325 3RD ST NW BEMIDJI MN 56601	16-1647453		10,000				SMALL BUSINESS RELIEF GRANT
(10)	NORTHSIDE EXPRESS 702 NORTH MILL STREET FERTILE MN 56540	26-3446030		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	NORTHWOODS ADVENTURE, INC. 399 CARTER LAKE RD NE, PO B TENSTRIKE MN 56683	43-2002019		10,000				SMALL BUSINESS RELIEF GRANT
(2)	NORTHWOODS INTERFAITH VOLUN 616 AMERICA AVE STE 170 BEMIDJI MN 56601	41-1993133	501(C)3	10,000				CONNECTING COMMUNITY THROUGH
(3)	NYMORE LAUNDRY LLC 101 MINNESOTA AVE BEMIDJI MN 56601	84-4488980		10,000				SMALL BUSINESS RELIEF GRANT
(4)	OKLEE QUILTING SUPPLY INC 205 S MAIN ST OKLEE MN 56742	41-1612363		10,000				SMALL BUSINESS RELIEF GRANT
(5)	ONE SOURCE FLOORS 206 MINNESOTA AVE NW BEMIDJI MN 56601	46-1147975		10,000				SMALL BUSINESS RELIEF GRANT
(6)	PAPER CUTS FERTILE, LLC. 10514 440TH STREET SE FERTILE MN 56540	82-3952215		10,000				SMALL BUSINESS RELIEF GRANT
(7)	PARK RAPIDS COMMUNITY DEVEL PO BOX 168 PARK RAPIDS MN 56470	45-2181580	115	10,000				ECONOMIC AID
(8)	PARK RAPIDS FLORAL 105 S. MAIN PARK RAPIDS MN 56470	41-1289362		10,000				SMALL BUSINESS RELIEF GRANT
(9)	PARK THEATRE 107 MAIN AVENUE SOUTH PARK RAPIDS MN 56470	41-1585965		10,000				SMALL BUSINESS RELIEF GRANT
(10)	PARTY REVOLUTION 41298 COUNTY RD 48 MIDDLE RIVER MN 56737	47-3968969		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	PAT'S PARLOUR 1621 STATE HWY 11 SE BAUDETTE MN 56623	27-4221597		10,000				SMALL BUSINESS RELIEF GRANT
(2)	PATTERSON'S, INC. 200 3RD ST. NW BEMIDJI MN 56601	41-0901335		10,000				SMALL BUSINESS RELIEF GRANT
(3)	PAUL BUNYAN SUB SHOP 1859 5TH ST SE BEMIDJI MN 56601	84-4089859		10,000				SMALL BUSINESS RELIEF GRANT
(4)	PEACE GRENADES APPAREL AND 609 3RD ST NW ROSEAU MN 56751	15-8824620		10,000				SMALL BUSINESS RELIEF GRANT
(5)	PEOPLES LUTHERAN CHAPEL 824 AMERICA AVE NW BEMIDJI MN 56601	41-1917556		10,000				SMALL BUSINESS DAY CENTER WINTER 2019-20
(6)	PINEHURST RESORT LLC 27345 COUNTY ROAD 4 NAYTAHWAUSH MN 56566	81-2785388		10,000				SMALL BUSINESS RELIEF GRANT
(7)	POINT PARADISE STABLES, LLC 20753 440TH AVE SW EAST GRAND FORKS MN 56721	81-4783823		10,000				SMALL BUSINESS RELIEF GRANT
(8)	POISSANT THERAPY AND FITNES 208 MILL STREET NORTH, PO B FERTILE MN 56540	41-1904479		10,000				SMALL BUSINESS RELIEF GRANT
(9)	PURDY'S SHOE STORE INC. 209 LABREE AVENUE NORTH THIEF RIVER FALLS MN 56701	41-1769876		10,000				SMALL BUSINESS RELIEF GRANT
(10)	QUALITY PRINTING PO BOX 64 ROSEAU MN 56751	41-1894142		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	REAL GOOD BATH AND BODY, LL 1605 RADISSON RD CROOKSTON MN 56716	47-2482937		10,000				SMALL BUSINESS RELIEF GRANT
(2)	RED BEARD'S RESORT 30353 SQUIRREL WAY NE PENNINGTON MN 56663	84-5101813		10,000				SMALL BUSINESS RELIEF GRANT
(3)	REJUV SALON AND SPA, INC. 2015 SAHLSTROM DRIVE SUITE CROOKSTON MN 56716	90-0127682		10,000				SMALL BUSINESS RELIEF GRANT
(4)	REMEDIES BAR & GRILL PO BOX 192 GREENBUSH MN 56726	45-5345287		10,000				SMALL BUSINESS RELIEF GRANT
(5)	REVEL BREWING 201 MAIN AVENUE SOUTH PARK RAPIDS MN 56470	83-4614553		10,000				SMALL BUSINESS RELIEF GRANT
(6)	RIVER WALK PUBLIC HOUSE P.O. BOX 772 THIEF RIVER FALLS MN 56701	83-0730581		10,000				SMALL BUSINESS RELIEF GRANT
(7)	RLC LLC 17523 CO RD 19 PARK RAPIDS MN 56470	83-4706624		10,000				SMALL BUSINESS RELIEF GRANT
(8)	ROADSIDE BAR AND GRILL 210 MAIN AVE BORUP MN 56519	41-1650333		10,000				SMALL BUSINESS RELIEF GRANT
(9)	ROADSIDE GRILL PO BOX 374 STEPHEN MN 56757	27-4414152		10,000				SMALL BUSINESS RELIEF GRANT
(10)	ROSEAU DINNER INC. 806 3RD ST NW ROSEAU MN 56751	20-1492529		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	ROSO THEATRE 310 MAIN AVE N ROSEAU MN 56751	26-2684289		10,000				SMALL BUSINESS RELIEF GRANT
(2)	ROUND LAKE KENNELS P.O. BOX 742 BEMIDJI MN 56619	46-8743311		10,000				SMALL BUSINESS RELIEF GRANT
(3)	S & J INC. 25058 370TH STREET SHEVLIN MN 56676	35-2564736		10,000				SMALL BUSINESS RELIEF GRANT
(4)	S & S REHAB PRODUCTS PLUS, 218 LABREE AVE N THIEF RIVER FALLS MN 56701	84-1664920		10,000				SMALL BUSINESS RELIEF GRANT
(5)	SADIE RAE'S QUILT SHOP 405 BELTRAMI AVE NW BEMIDJI MN 56601	27-5178422		10,000				SMALL BUSINESS RELIEF GRANT
(6)	SANTOSHA STUDIO, LLC 504 WOODLAND AVE CROOKSTON MN 56716	82-5311864		10,000				SMALL BUSINESS RELIEF GRANT
(7)	SAVVY OBSESSED SISTERS 10920 STATE HWY 32 NE THIEF RIVER FALLS MN 56701	83-1288542		10,000				SMALL BUSINESS RELIEF GRANT
(8)	SCHOONER BAR AND GRILL 525 STATE AVE N THIEF RIVER FALLS MN 56701	20-4610920		10,000				SMALL BUSINESS RELIEF GRANT
(9)	SEANS BIRCHVIEW RESORT LLC 2522 BIRCHVIEW DR NW BAUDETTE MN 56623	82-3632642		10,000				SMALL BUSINESS RELIEF GRANT
(10)	SHIP'S WHEEL RESORT 2683 22ND ST. N.W. BAUDETTE MN 56623	41-1851486		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	SIDE STREET BAR N GRILL P.O BOX 402 FERTILE MN 56540	46-4502059		10,000				SMALL BUSINESS RELIEF GRANT
(2)	SIMPLY HOME PO BOX 203 ARGYLE MN 56713	47-2380007		10,000				SMALL BUSINESS RELIEF GRANT
(3)	SKIPPY FINNS' PO BOX 96 BADGER MN 56714	45-3510638		10,000				SMALL BUSINESS RELIEF GRANT
(4)	SNOW SLED INN BAR AND GRILL 26035 180TH AVE SW CROOKSTON MN 56716	47-3374615		10,000				SMALL BUSINESS RELIEF GRANT
(5)	ST. MARY'S MISSION SCHOOL PO BOX 189 REDLAKE MN 56671	41-0810618	501(C)3	10,000				FOOD STABILITY AND DIRECT
(6)	STEFANI BINGHAM PHOTOGRAPHY 312 SOUTH ASH ST CROOKSTON MN 56716	46-9215071		10,000				SMALL BUSINESS RELIEF GRANT
(7)	STEPHEN ECONOMIC DEVELOPMEN PO BOX 630 STEPHEN MN 56757	41-6005560	115	10,000				ECONOMIC AID
(8)	STEPHEN-ARGYLE SCHOOL DIST. PO BOX 68 STEPHEN MN 56757	41-1843125	115	10,000				PLAYGROUND SWING, SAC MEAL
(9)	STOMPIN GROUNDS LODGE & CAM 26993 HWY. 64 AKELEY MN 56433	20-1411770		10,000				SMALL BUSINESS RELIEF GRANT
(10)	STOWE ENTERPRISES, LLC P.O. BOX 1894 BEMIDJI MN 56619	27-4406013		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	STYLES BY AMY 311 EAST 3RD ST. THIEF RIVER FALLS MN 56701	41-1638106		10,000				SMALL BUSINESS RELIEF GRANT
(2)	SUZANNE'S SALON 27945 FAR NORTH DRIVE NEVIS MN 56467	47-9589869		10,000				SMALL BUSINESS RELIEF GRANT
(3)	SWEETLIGHT PHOTOGRAPHIC IMA 306 1ST ST NW CLIMAX MN 56523	47-0920146		10,000				SMALL BUSINESS RELIEF GRANT
(4)	SYNERGY NUTRITION HUB LLC 116 WEST ROBERT STREET CROOKSTON MN 56716	81-3975373		10,000				SMALL BUSINESS RELIEF GRANT
(5)	T O CATERING INC 216 MAIN AVE N ROSEAU MN 56751	20-2728712		10,000				SMALL BUSINESS RELIEF GRANT
(6)	TABLE FOR 7 CO 6353 N GRACE LAKE RD SE BEMIDJI MN 56601	83-4550875		10,000				SMALL BUSINESS RELIEF GRANT
(7)	TANKS BARLEY HOUSE PO BOX 225 HENDRUM MN 56550	81-4245583		10,000				SMALL BUSINESS RELIEF GRANT
(8)	TARTUFFI LLC DBA TUTTO BENE 300 BELTRAMI AVE NW BEMIDJI MN 56601	45-5531237		10,000				SMALL BUSINESS RELIEF GRANT
(9)	THE CORNER CLOSET CONSIGNME 321 LAKE ST NE WARROAD MN 56763	81-4136481		10,000				SMALL BUSINESS RELIEF GRANT
(10)	THE CUTTING EDGE PO BOX 175 WARROAD MN 56763	50-3769015		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	THE DIVE DEPOT 1615 FERN ST NW BEMIDJI MN 56601	41-2019952		10,000				SMALL BUSINESS RELIEF GRANT
(2)	THE FLOOR ZONE 31930 STATE 200 LAPORTE MN 56461	26-1447676		10,000				SMALL BUSINESS RELIEF GRANT
(3)	THE HAIR AFFAIR 317 BELTRAMI AVE BEMIDJI MN 56601	84-4142017		10,000				SMALL BUSINESS RELIEF GRANT
(4)	THE HAIR NOOK 182 MAIN ST GREENBUSH MN 56726	47-6068207		10,000				SMALL BUSINESS RELIEF GRANT
(5)	THE HIVE BAR AND GRILL 1582 HWY 59 SE, STE D THIEF RIVER FALLS MN 56701	47-2755260		10,000				SMALL BUSINESS RELIEF GRANT
(6)	THE LINE ON 59 1015 ALICE DR THIEF RIVER FALLS MN 56701	47-4405169		10,000				SMALL BUSINESS RELIEF GRANT
(7)	THE NEW POPPLE BAR LLC 41346 PINWOOD LANE LAPORTE MN 56461	81-4491592		10,000				SMALL BUSINESS RELIEF GRANT
(8)	THE PARTY STORE, LLC 3501 LAUREL DR NW BEMIDJI MN 56601	46-2414660		10,000				SMALL BUSINESS RELIEF GRANT
(9)	THE POUR HOUSE BAR & GRILL 206 MAIN AVE N. ROSEAU MN 56751	46-5673639		10,000				SMALL BUSINESS RELIEF GRANT
(10)	THE SHED ON THIRD 115 3RD ST E THIEF RIVER FALLS MN 56701	84-4412131		10,000				SMALL BUSINESS RELIEF GRANT

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(1)	THE SHIRES DEN 37083 COUNTY ROAD 137 SALOL MN 56756	82-4797615		10,000				SMALL BUSINESS RELIEF GRANT
(2)	THE SKIN CO & SPA 2845 IVY LANE NE BEMIDJI MN 56601	47-4085867		10,000				SMALL BUSINESS RELIEF GRANT
(3)	THE SPUD JR LLC 302 DEMERS AVE EAST GRAND FORKS MN 56721	84-2464872		10,000				SMALL BUSINESS RELIEF GRANT
(4)	THE TAVERN ON SOUTH SHORE 3605 WAVILLE RD NE BEMIDJI MN 56601	82-3268564		10,000				SMALL BUSINESS RELIEF GRANT
(5)	THIEF RIVER FALLS LODGE 3554 FRANCE AVE S MINNEAPOLIS MN 55416	71-0883925		10,000				SMALL BUSINESS RELIEF GRANT
(6)	THIRD STREET OPTICAL 212-3RD STREET NW BEMIDJI MN 56601	41-1588101		10,000				SMALL BUSINESS RELIEF GRANT
(7)	THOELE & CO. INC. 216 LABREE AVE N THIEF RIVER FALLS MN 56701	46-0511753		10,000				SMALL BUSINESS RELIEF GRANT
(8)	THRIVE MASSAGE LLC 504 4TH ST E ADA MN 56510	84-2103042		10,000				SMALL BUSINESS RELIEF GRANT
(9)	TIMBERS EVENT CENTER 312 RED LAKE AVE NW BAGLEY MN 56621	47-1334676		10,000				SMALL BUSINESS RELIEF GRANT
(10)	J'S TAVERN OF OKLEE, INC. 209 MAIN ST., PO BOX 10 OKLEE MN 56742	26-2533334		10,000				SMALL BUSINESS RELIEF GRANT

- 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

2020

**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)	TONY BARBERSHOP 12767 BLUE SPRUCE RD MENAHA GA MN 56464	47-3061995		10,000				SMALL BUSINESS RELIEF GRANT
(2)	TOP SHELF HOCKEY SHOP 1000 PAUL BUNYAN DRIVE #104 BEMIDJI MN 56601	47-3502525		10,000				SMALL BUSINESS RELIEF GRANT
(3)	BETTY LLC 1554 US 59 STE 3001554 US 5 THIEF RIVER FALLS MN 56701	83-0613220		10,000				SMALL BUSINESS RELIEF GRANT
(4)	TRACY JOHNSON SALON 16306 IRVINE AVE NW BEMIDJI MN 56601	46-8988654		10,000				SMALL BUSINESS RELIEF GRANT
(5)	TRANSFERS UNLIMITED 110 MAIN AVENUE NORTH ROSEAU MN 56751	41-2003615		10,000				SMALL BUSINESS RELIEF GRANT
(6)	TREASURED HANDS MASSAGE 14450 EAGLE POINTE DR PARK RAPIDS MN 56470	60-0700070		10,000				SMALL BUSINESS RELIEF GRANT
(7)	TRI-VALLEY OPPORTUNITY COUN 2401 HANNAH AVE NW BEMIDJI MN 56601	80-0322383	501(C)3	10,000				EMERGENCY HOTEL MOTEL VOUCHER
(8)	TROVE & TEA 301 3RD ST NW BEMIDJI MN 56601	80-0406000		10,000				SMALL BUSINESS RELIEF GRANT
(9)	TRUE FRIENDS 10509 108TH STREET NW ANNANDALE MN 55302	41-1543013	501(C)3	10,000				CAMP COURAGE NORTH
(10)	TWICE BUT NICE 411 BELTRAMI AVENUE BEMIDJI MN 56601	41-1460242		10,000				SMALL BUSINESS RELIEF GRANT

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

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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)	TWICE THE CHARM 117 MAIN AVE N ROSEAU MN 56751	56-2654879		10,000				SMALL BUSINESS RELIEF GRANT
(2)	TWINS MAIN STREET CAFE PO PO BOX 146 GREENBUSH MN 56726	56-2654879		10,000				SMALL BUSINESS RELIEF GRANT
(3)	TWISTED SISTERS @ PUB 21 415 MARCOURT DR HATTON ND 58240	84-4008729		10,000				SMALL BUSINESS RELIEF GRANT
(4)	UNITED METHODIST CHURCH OF PO BOX 607 BEMIDJI MN 56601			10,000				GIFT FROM RUTH HOWE
(5)	UNITED WAY OF CROOKSTON 205 S BROADWAY WANNASKA MN 56761	41-1426407	501(C)3	10,000				DIRECT SUPPORT
(6)	UNITY YOGA LLC 40045 COUNTY 45 LAPORTE MN 56461	84-4899836		10,000				SMALL BUSINESS RELIEF GRANT
(7)	UP NORTH TREASURES AND GIFT 326 5TH ST S GREENBUSH MN 56726	47-4882102		10,000				SMALL BUSINESS RELIEF GRANT
(8)	UTKE'S COUNTRY PINE FURNISH 21697 US 71 PARK RAPIDS MN 56470	41-1830917		10,000				SMALL BUSINESS RELIEF GRANT
(9)	VAGABOND VILLAGE CAMPGROUND 23801 GREEN PINES RD PARK RAPIDS MN 56470	41-1958007		10,000				SMALL BUSINESS RELIEF GRANT
(10)	YIBRANT SALON 109 3RD STREET WEST, #293 HALSTAD MN 56548	82-5044475		10,000				SMALL BUSINESS RELIEF GRANT

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**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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OMB No. 1545-0047

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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)	W.W. RESORT INC. PO BOX 429 WASKISH MN 56685	20-0544997		10,000				SMALL BUSINESS RELIEF GRANT
(2)	WALCO LLC 10145 ST HWY 1 NW THIEF RIVER FALLS MN 56701	45-4728320		10,000				SMALL BUSINESS RELIEF GRANT
(3)	WALSH'S BAY STORE CAMP PO BOX 21 OAK ISLAND MN 56741	41-1785508		10,000				SMALL BUSINESS RELIEF GRANT
(4)	WARREN AUTO REPAIR, INC. 527 N 2ND ST WARREN MN 56762	80-0017177		10,000				SMALL BUSINESS RELIEF GRANT
(5)	WARROAD FIT 804 STEENERSON ST NE WARROAD MN 56763	47-7782719		10,000				SMALL BUSINESS RELIEF GRANT
(6)	WEST MAIN PIZZA 320 EAST MAIN STREET ADA MN 56510	27-1842132		10,000				SMALL BUSINESS RELIEF GRANT
(7)	WHATNOT 12257 ISLANDER LOOP PARK RAPIDS MN 56470	41-2277372		10,000				SMALL BUSINESS RELIEF GRANT
(8)	WHITE EARTH TRIBAL AND COMM PO BOX 478 ERSKINE MN 56535	41-1978247	115	10,000				TAKING CARE OF OUR ELDERS
(9)	WILLOWOOD MARKET 23621 COUNTY 9 BEMIDJI MN 56601	41-2549219		10,000				SMALL BUSINESS RELIEF GRANT
(10)	WOJO'S GREENBUSH RODEO PO BOX 65 GREENBUSH MN 56726	27-2954456		10,000				SMALL BUSINESS RELIEF GRANT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	STEAK HOUSE INC PO BOX 446 PARK RAPIDS MN 56470	81-1894100		10,000				SMALL BUSINESS RELIEF GRANT
(2)	YARN SHOP 23380 CO.2 SHEVLIN MN 56676	70-1841182		10,000				SMALL BUSINESS RELIEF GRANT
(3)	YOUNGGREN PHOTOGRAPHY PO BOX 238 HALLOCK MN 56728	46-9809649		10,000				SMALL BUSINESS RELIEF GRANT
(4)	ZEDGE BEAUTY LOUNGE 115 2ND ST NE HALLOCK MN 56728	47-7945246		10,000				SMALL BUSINESS RELIEF GRANT
(5)	RED LAKE HOMELESS SHELTER PO BOX 280 REDLAKE MN 56671	84-1661929	501(C)3	9,000				OPERATING EXPENSES & ROTARY
(6)	SANFORD HEALTH FOUNDATION O 1300 ANNE ST NW BEMIDJI MN 56601	41-1389317	501(C)3	8,166				GENERAL OPERATIONS
(7)	CLEARBROOK-GONVICK ISD #231 16770 CLEARWATER LANE CLEARBROOK MN 56634	41-1811820	115	8,075				ECONOMIC AID AND ECFE PROGRAM
(8)	INTER-COUNTY COMMUNITY COUN PO BOX 189 OKLEE MN 56742	41-0888083	501(C)3	8,000				EGF TRANSLATION
(9)	LAKE OF THE WOODS AREA INDU PO BOX 181 BAUDETTE MN 56623	41-0988228	501(C)3	7,708				2020 PARK EXPENSES
(10)	HEADWATERS SCHOOL OF MUSIC 519 MINNESOTA AVE NW BEMIDJI MN 56601	41-1730200	501(C)3	7,550				ECONOMIC AID

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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1)	BEMIDJI EARLY CHILDHOOD COL 1426 BEMIDJI AVE N STE 1 BEMIDJI MN 56601	83-2384558	501(C)3	7,500				ECONOMIC AID
(2)	CLEARWATER COUNTY MENTAL HE 212 MAIN AVE N BAGLEY MN 56621	41-6005779	501(C)3	7,500				ECONOMIC AID
(3)	EAST GRAND FORKS SCHOOL DIS 1827 BYGLAND RD SE EAST GRAND FORKS MN 56721	41-6003281	115	7,500				ECONOMIC AID
(4)	FIRST CHILDREN'S FINANCE 212 3RD AVE N STE 310 MINNEAPOLIS MN 55401	41-1694857	501(C)3	7,500				ECONOMIC AID
(5)	HELPP, INC. PO BOX 551 WARROAD MN 56763	47-4883699	501(C)3	7,500				ECONOMIC AID
(6)	IMMIGRANT LAW CENTER OF MIN 450 N SYNDICATE ST STE 200 SAINT PAUL MN 55104	41-0909036	501(C)3	7,500				ECONOMIC AID
(7)	KELLIHER PUBLIC SCHOOL PO BOX 259 KELLIHER MN 56650	41-6008114	115	7,500				ECONOMIC AID
(8)	KELLY VAN ERT 3015 ACORN LANE NE BEMIDJI MN 56601	47-0254986		7,500				IDEA COMPETITION
(9)	LAKE COUNTRY ASSOCIATES, IN 515 BRIDGE STREET E PARK RAPIDS MN 56470	27-0952770		7,500				ECONOMIC AID
(10)	RED LAKE NATION CHILD DEVEL PO BOX 577 REDLAKE MN 56671	41-1737979	115	7,500				ECONOMIC AID

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**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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41-1556013

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(1)	WHITE EARTH CHILD CARE PROG PO BOX 418 MAHNOMEN MN 56557	41-1737979	115	7,500				ECONOMIC AID
(2)	WATERMARK ART CENTER 505 BEMIDJI AVE N BEMIDJI MN 56601	41-1287739	501(C)3	5,180				OPERATING EXPENSES
(3)	FOUR SEASONS SENIOR CENTER, 114 W CENTER ST ROSEAU MN 56751	41-1449150	501(C)3	7,000				FLOORING, MAINTENANCE PROJECTS
(4)	PARK RAPIDS ISD #309 301 HUNTSINGER AVE PARK RAPIDS MN 56470	41-6001518	115	6,800				ECONOMIC AID
(5)	NORTHWEST COMMUNITY ACTION 312 N MAIN ST BADGER MN 56714	41-0888567	501(C)3	6,500				HEADSTART HEALTH LITERACY
(6)	DOLLY PARTON IMAGINATION LI 111 DOLLYWOOD LANE PIGEON FORGE TN 37863	62-1348105	501(C)3	6,000				ONGOING MAILINGS FOR BOOKS IN
(7)	FAIR MEADOW NURSING HOME PO BOX 8 FERTILE MN 56540	41-0908403	501(C)3	6,000				BLADDER SCANNER
(8)	WARREN SENIOR CITIZENS CENT PO BOX 506 WARROAD MN 56763	41-1392863	501(C)3	6,000				OPERATING EXPENSES AND PROJECTS
(9)	WARROAD ISD #690 510 CEDAR AVENUE WARROAD MN 56763	41-6003720	115	6,000				WARROAD ELEMENTARY AFRICAN MUSIC
(10)	HEADWATERS UNITARIAN UNIVER PO BOX 1906 BEMIDJI MN 56619	71-1038338		5,900				BUILDING FUND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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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 FOSSTON 220 E 1ST ST FOSSTON MN 56542	41-6005167	115	5,770				VETERAN'S MEMORIAL
(2)	ALTRU HEALTH ROSEAU 711 DELMORE DRIVE ROSEAU MN 56751	45-0368730		5,600				HOOKED ON BOOKS
(3)	NAMELESS COALITION FOR THE PO BOX 353 BEMIDJI MN 56601	47-2472053	501(C)3	5,500				ECONOMIC AID
(4)								
(5)								
(6)								
(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	8	8,172			
2 IDEA AWARD	3	11,000			
3 SCHOLARSHIP	188	288,212			
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)**

Compensation Information

OMB No. 1545-0047

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

2020

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	
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?	2	
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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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?	4a	
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	
c Participate in or receive payment from an equity-based compensation arrangement?	4c	
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?	5a	x
b Any related organization?	5b	x
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?	6a	x
b Any related organization?	6b	x
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	7	x
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	8	x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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				
KAREN WHITE 1 PRESIDENT	(i)	179,760	0	0	0	8,632	188,392	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

2020

**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 NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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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	148,776	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 V, Donee Acknowledgement	29	
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		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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

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

2020

**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

2020 PG01

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

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

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$7970843
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$5846461
PROGRAM SERVICES REVENUE	\$199512

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 \$4,892,869 WAS AWARDED FOR GRANT PROGRAMS IN FY 2021 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 384 COMPONENT FUNDS TO ASSIST COMMUNITIES AND NONPROFIT AGENCIES IN BUILDING THEIR RESOURCES. FROM THESE, \$755,769 WAS GIVEN FOR 201 GRANTS AWARDED IN FY 2021. BEYOND THE GRANTS AWARDED, \$495,851 OF GRANT-RELATED ACTIVITIES SUCH AS MISSION-RELATED AND DEVELOPMENT SUPPORT ACTIVITIES WERE EXPENDED IN SUPPORT OF OUR REGION. AN ADDITIONAL \$288,212 WAS GIVEN FOR 188 SCHOLARSHIPS FOR STUDENTS THROUGHOUT THE REGION. EMERGENCY RELIEF GRANT PROGRAMS: SMALL BUSINESS RELIEF PROGRAM: WE ADMINISTERED 259 GRANTS TO ELIGIBLE BUSINESSES TOTALING \$2.59 MILLION PROVIDED BY THE STATE OF MINNESOTA IN AN EFFORT TO PROVIDE RELIEF FROM THE EFFECTS OF THE SHUT-DOWN MANDATED BY THE STATE GOVERNMENT IN AN ATTEMPT TO ADDRESS THE SPREAD OF THE COVID-19 PANDEMIC. GOVERNOR'S EMERGENCY EDUCATION RELIEF PROGRAM: WE ADMINISTERED 151 GRANTS TOTALING \$302,000 TO CHILDCARE PROVIDERS THROUGHOUT OUR 12-COUNTY REGION AS PART OF THE GOVERNOR'S EMERGENCY EDUCATION RELIEF PROGRAM PROVIDED BY THE STATE OF MINNESOTA. UNDER THIS SAME PROGRAM, WE ADMINISTERED 14 GRANTS FOR A TOTAL OF \$107,500 TO LOCAL SCHOOLS AND OTHER NON-PROFIT AGENCIES IN AN EFFORT TO PROVIDE INCREASED EDUCATIONAL RESOURCES TO CHILDREN IN THE AREA. COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM ON BEHALF OF THE STATE OF MINNESOTA, WE ARE ADMINISTERING FIVE GRANT AWARDS TOTALING \$218,500 TO VARIOUS NON-PROFIT AGENCIES THROUGHOUT THE REGION WHO CAN PROVIDE RESOURCES FOR RENTAL ASSISTANCE THROUGH THE END OF THE CALENDAR YEAR, ESPECIALLY FOR THOSE FAMILIES ADVERSELY AFFECTED AND DISPLACED AS A RESULT OF THE ECONOMIC DOWNTURN DURING THE PANDEMIC. NORTHWEST MINNESOTA EMERGENCY DISASTER RECOVERY PROGRAM: USING OUR OWN RESOURCES AND RAISING FUNDS FROM OTHER NON-PROFIT AGENCIES, WE AWARDED 57 GRANTS TOTALING \$429,000 TO LOCAL NON-PROFIT ORGANIZATIONS, SCHOOLS AND GOVERNMENTS TO PROVIDE ADDITIONAL DISASTER RECOVERY RESOURCES IN CONNECTION WITH THE PANDEMIC. CHILDREN & FAMILIES PROGRAM: ONE GRANT TOTALING \$29,288 WAS AWARDED TO A TRIBAL GOVERNMENT WITHIN OUR SERVICE AREA 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 \$25,000 WERE AWARDED TO LOCAL NONPROFIT AGENCIES TO WORK TOWARD ADDRESSING HOUSING INADEQUACIES AND AVAILABILITY IN OUR REGION. EIGHT GRANTS TOTALING \$80,000 WERE AWARDED TO VARIOUS HOMELESS SHELTERS AND OTHER NON-PROFIT AGENCIES ADDRESSING YOUTH HOMELESSNESS IN THE REGION, PROVIDING INCREASED ACCESS TO HOUSING ASSISTANCE FOR YOUTH AGES 16 TO 24. INGENUITY DRIVES ENTREPRENEUR ACCELERATION (IDEA) PROGRAM: THREE GRANTS TOTALING \$11,000 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. INITIATOR FELLOWS PROGRAM: AS PART OF A COALITION OF 4 AGENCIES, WE GRANTED \$20,000 TO A FOUNDATION MANAGING THE FELLOWSHIP PROGRAM THAT RECOGNIZES SUCCESSFUL SOCIAL ENTREPRENEURS. THE FUNDS WILL BE USED IN SUPPORT OF EMERGING SOCIAL ENTREPRENEURS IN GREATER MINNESOTA BY AWARDED TWO-YEAR FELLOWSHIPS TO ENTREPRENEURS SEEKING TO ADDRESS NEEDS IN THEIR HOME REGION. ADVOCACY GRANTS: WE ISSUED EIGHT GRANTS TO QUALIFYING

Statement of Program Service Accomplishments**2020** 02

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

FORM 990, PART III (A) CONTINUED

EXPLANATION (CONTINUED)

NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES THAT TOTALED \$74,000. FOUR OF THOSE GRANTS, \$10,000 EACH, WERE GRANTED TO SUPPORT COMMUNITY PLANNING AND DEVELOPMENT INITIATIVES CONNECTED TO LEAD FOR MINNESOTA. THIS EFFORT WAS AN ATTEMPT TO CONNECT YOUNG PROFESSIONALS TO CAREERS IN RURAL NORTHWEST MINNESOTA, INCLUDING CHILDCARE, PERFORMING ARTS, ALTERNATIVE ENERGY, AND DOWNTOWN REDEVELOPMENT INITIATIVES. ANOTHER TWO GRANTS, \$10,000 EACH, WERE ISSUED TO ORGANIZATIONS WORKING ON EQUITY, INCLUSION AND COMMUNITY ENGAGEMENT EFFORTS IN THE REGION. THE LAST TWO GRANTS, \$8,000 AND \$6,000, WERE UNDERWRITTEN BY AN EXTERNAL FUNDER AND ISSUED TO ORGANIZATIONS SERVING THE NEW AMERICAN SOMALI POPULATION TO SUPPORT ACCESS TO HOUSING, EMPLOYMENT, CULTURAL UNDERSTANDING AND OTHER COMMUNITY INTEGRATION EFFORTS. 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 2021, 30 LOANS TOTALING \$773,446 WERE FUNDED UNDER THE ENTREPRENEUR AND BUSINESS DEVELOPMENT PROGRAMS AND INCLUDED THE FOLLOWING: ENTREPRENEUR DEVELOPMENT PROGRAM: THE ENTREPRENEUR DEVELOPMENT LOAN PROGRAM PROVIDES SMALL BUSINESS LOANS TO ENTREPRENEURS WHO HAVE EXPERIENCE, EXPERTISE AND A WELL-DEVELOPED BUSINESS PLAN. 27 LOANS TOTALING \$248,446 MILLION WERE FUNDED UNDER THIS PROGRAM. 20 LOANS TOTALING \$135,000 WERE ISSUED TO CHILDCARE PROVIDERS, OF WHICH \$50,000 ARE FORGIVABLE OVER FIVE YEARS, AND THE REMAINDER ARE LOW-INTEREST LOANS AS PART OF OUR CHILDCARE FINANCING PROGRAMS. THESE LOANS HELPED TO FACILITATE 186 NEW CHILDCARE SLOTS AND RETAIN 13 CHILDCARE SLOTS. FORGIVABLE LOANS WILL BE WRITTEN OFF ANNUALLY FOR A PROPORTIONATE AMOUNT AS BORROWERS CONTINUE TO MEET THE CRITERIA SET FORTH IN THE LOAN AGREEMENTS. THREE LOANS TOTALING \$69,500 WERE ISSUED IN SUPPORT OF SMALL BUSINESSES IN THE RESTAURANT AND TRANSPORTATION INDUSTRIES. IN RESPONSE TO THE COVID-19 PANDEMIC, TWO SMALL BUSINESS EMERGENCY LOANS PROVIDED \$40,500 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 TWO LOANS TOTALING \$3,446 IN OTHER FORGIVABLE LOANS AS PROVIDED THROUGH THE WARROAD ECONOMIC DEVELOPMENT LOAN PROGRAM. WE ALSO SERVE AS THE SMALL BUSINESS DEVELOPMENT CENTER FOR THE NORTHWEST REGION OF MINNESOTA, WHERE APPROXIMATELY 450 SMALL BUSINESSES THROUGHOUT THE AREA RECEIVED OVER 4,000 HOURS OF DIRECT BUSINESS CONSULTING ASSISTANCE. THROUGH THE TECHNICAL ASSISTANCE PROGRAM PROVIDED BY THE SMALL BUSINESS ADMINISTRATION, WE PROVIDED OVER 1,500 HOURS OF TECHNICAL ASSISTANCE TO APPROXIMATELY 150 BORROWERS. IN ADDITION, TEN BORROWERS ALSO RECEIVED \$8,200 IN TECHNICAL ASSISTANCE FROM SPECIALIZED SERVICES PROVIDED THROUGHOUT THE REGION. 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 \$525,000 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 THE REGIONS IDENTIFIED ABOVE IN COMMUNITIES THRIVE. C) OPERATING PROGRAM EXPENSES: THE FOUNDATION INCURRED \$1.7 MILLION IN PROGRAM OPERATING COSTS FOR THE ADMINISTRATION AND DELIVERY OF PROGRAM SERVICES. THESE OPERATING COSTS INCLUDED SALARIES, FRINGE BENEFITS, PURCHASED SERVICES, OFFICE SUPPLIES, TELEPHONE, SUBSCRIPTIONS, POSTAGE, PRINTING, EDUCATION, TRAVEL, LOAN LOSSES, LOAN INTEREST, PROMOTION, AND OTHER OVERHEAD.

Statement of Program Service Accomplishments

2020 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

Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

FORM 990-PART III(C)
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

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NORTHWEST MINNESOTA FOUNDATION	B Employer identification number 41-1556013
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENT**

Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Part III, line 8)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from a partnership or an S corporation (attach statement)		5		
6	Rent income (Part IV)		6		
7	Unrelated debt-financed income (Part V)		7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10	Exploited exempt activity income (Part VIII)		10		
11	Advertising income (Part IX)		11		
12	Other income (see instructions; attach statement)		12		
13	Total. Combine lines 3 through 12		13		

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement) (see instructions)		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562) (see instructions)		7	
8	Less depreciation claimed in Part III and elsewhere on return		8a	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	
17	Deduction for net operating loss (see instructions)		17	
18	Unrelated business taxable income. Subtract line 17 from line 16.		18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	▶ _____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	▶ _____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	▶ _____			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	▶ _____			
11 Total dividends-received deductions included in line 10.	▶ _____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
--	--	--	--	--

Totals ▶

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
--	--	---	--	--	---

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			

Part XI Supplemental Information (see instructions)
