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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INITIATIVE FOUNDATION

Doing business as

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

405 FIRST STREET SE

Room/suite

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

LITTLE FALLS, MN 56345

F Name and address of principal officer

MATT VARILEK

405 FIRST STREET SE

LITTLE FALLS, MN 56345

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IFOUND ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ 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

TO EMPOWER PEOPLE TO BUILD THRIVING COMMUNITIES AND A VIBRANT REGION ACROSS CENTRAL MINNESOTA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶486,516

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2018-05-09

Date

MATT VARILEK PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SHELLEY GAETZ

Preparer's signature

SHELLEY GAETZ

Date

2018-05-08

Check ☐ if self-employed

PTIN

P00066049

Firm's name ▶ SCHLENNER WENNER & CO CPA'S PA

Firm's EIN ▶ 41-1656121

Firm's address ▶ PO BOX 1496

Phone no (320) 251-0286

ST CLOUD, MN 563021496

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO EMPOWER PEOPLE TO BUILD THRIVING COMMUNITIES AND A VIBRANT REGION ACROSS CENTRAL MINNESOTA

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 \$ 3,366,638 including grants of \$ 2,325,661) (Revenue \$ 55,925)
See Additional Data	

4b	(Code) (Expenses \$ 391,502 including grants of \$ 199,850) (Revenue \$ 596,890)
See Additional Data	

4c	(Code) (Expenses \$ 505,155 including grants of \$) (Revenue \$)
See Additional Data	



















(Code) (Expenses \$ 1,483,692 including grants of \$ 1,092,261) (Revenue \$ 5,620)

ADMINISTRATIVE THE FOUNDATION'S FINANCIAL POSITION IS STRONG. THE ORGANIZATION'S ENDOWMENT SURPASSED \$50 MILLION THIS YEAR WHILE THE LENDING PORTFOLIO NEARED \$15 MILLION. DURING THE PAST FIVE YEARS, NET ASSETS HAVE GROWN FROM \$50.3 MILLION TO \$66.6 MILLION. ENDOWED ASSETS INCLUDE \$10 MILLION ASSOCIATED WITH DESIGNATED COMPONENT FUNDS AND \$42 MILLION OF GENERAL ASSET ENDOWMENT. ASSETS THE FOUNDATION'S SPENDING POLICY GUIDES ENDOWMENT USE. AN ALLOCATION OF 5 PERCENT IS DRAWN FROM GENERAL ENDOWMENT EACH YEAR TO SUPPORT PROGRAMS AND OPERATIONS. CURRENTLY, THIS AMOUNT IS \$1.9 MILLION OF THE \$6 MILLION ANNUAL BUDGET (WHICH EXCLUDES LOAN ACTIVITY). OTHER SIGNIFICANT FUNDING SOURCES ARE PROVIDED BY MCKNIGHT FOUNDATION (\$1 MILLION ANNUALLY) AND OTHER FOUNDATION, STATE AND FEDERAL GRANTS, ALONG WITH A SMALL AMOUNT OF EARNED INCOME. THE FOUNDATION ENDED 2017 AT 121 PERCENT OF BUDGET FOR TOTAL SOURCES OF FUNDS AND 102% FOR TOTAL USES OF FUNDS. INVESTMENT RETURNS WERE STRONG (16%). THE INITIATIVE FOUNDATION CONTINUES TO SEEK GRANT FUNDING RESOURCES FROM A VARIETY OF PUBLIC AND PRIVATE ENTITIES FOR PROGRAM SUPPORT AND OPERATIONS.

4d	Other program services (Describe in Schedule O)
(Expenses \$ 1,483,692 including grants of \$ 1,092,261) (Revenue \$ 5,620)	

4e	Total program service expenses ▶ 5,746,987
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	58	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	39	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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:
 ▶LYNN BUSHINGER 405 FIRST STREET SE LITTLE FALLS, MN 56345 (320) 632-9255

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (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) JOHN E BABCOCK TRUSTEE/VICE-CHAIR	2 00	X		X				0	0	0
(2) JOHN J BABCOCK TRUSTEE	1 00	X						0	0	0
(3) RICK BAUERLY TRUSTEE	1 00	X						0	0	0
(4) CHARLES BLACK LANCE TRUSTEE	1 00	X						0	0	0
(5) REGGIE CLOW TRUSTEE	1 00	X						0	0	0
(6) LINDA EICH DESJARDINS TRUSTEE	1 00	X						0	0	0
(7) KIM ELLINGSON TRUSTEE	1 00	X						0	0	0
(8) PAT GORHAM TRUSTEE	1 00	X						0	0	0
(9) LARRY KORF TRUSTEE/CHAIR	2 00	X		X				0	0	0
(10) DAVID MONROY TRUSTEE	1 00	X						0	0	0
(11) EARL POTTER TRUSTEE	1 00	X						0	0	0
(12) STEVE SHURTS TRUSTEE	1 00	X						0	0	0
(13) TRACI TAPANI TRUSTEE	1 00	X						0	0	0
(14) WAYNE WOLDEN TRUSTEE	1 00	X						0	0	0
(15) MATT VARILEK PRESIDENT	40 00			X				171,542	0	26,082
(16) LYNN BUSHINGER COO/CFO/TREASURER	40 00			X				107,626	0	19,769

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

(A) Name and Title	(B) Average hours 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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								279,168	0	45,851

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 or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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

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 ► **0**

Part VIII Statement of RevenueCheck 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	57,084			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,033,199			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,887,233			
	g Noncash contributions included in lines 1a-1f \$	3,793				
	h Total. Add lines 1a-1f		5,977,516			
	Program Service Revenue		Business Code			
2a REVOLVING LOAN INTEREST		522100	571,930	571,930		
b EVENTS AND WORKSHOP REGISTRATIONS		900099	55,925	55,925		
c LOAN ADMIN FEE		900099	24,960	24,960		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			652,815			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,085,966			1,085,966
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
		5,620				
	b Less rental expenses	0				
	c Rental income or (loss)	5,620				
	d Net rental income or (loss)		5,620	5,620		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		12,007,771 11,679				
	b Less cost or other basis and sales expenses	11,250,211 5,249				
	c Gain or (loss)	757,560 6,430				
	d Net gain or (loss)		763,990			763,990
	8a Gross income from fundraising events (not including \$ 57,084 of contributions reported on line 1c) See Part IV, line 18	a 79,558				
	b Less direct expenses	b 31,624				
	c Net income or (loss) from fundraising events		47,934			47,934
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a ADVERTISING	541860	101,267		101,267		
b OTHER INCOME	900099	5,244				5,244
c						
d All other revenue						
e Total. Add lines 11a-11d		106,511				
12 Total revenue. See Instructions		8,640,352	658,435	101,267		1,903,134

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.	3,248,553	3,248,553		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	369,219	369,219		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	328,475	124,986	145,689	57,800
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.	1,583,424	836,981	481,488	264,955
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	67,772	38,241	18,628	10,903
9 Other employee benefits.	221,780	104,580	74,083	43,117
10 Payroll taxes.	133,706	67,705	43,038	22,963
11 Fees for services (non-employees):				
a Management.				
b Legal.	10,777	10,777		
c Accounting.	23,500		23,500	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	90,087		90,087	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	230,347	226,151	3,085	1,111
12 Advertising and promotion.	37,295	18,966	16,904	1,425
13 Office expenses.	79,010	35,707	25,290	18,013
14 Information technology.	112,108	58,491	36,587	17,030
15 Royalties.				
16 Occupancy.	83,502	40,496	27,142	15,864
17 Travel.	45,513	28,407	11,438	5,668
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	14,351	7,838	6,368	145
20 Interest.	36,806	36,806		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	90,444	47,795	26,916	15,733
23 Insurance.	4,726	2,292	1,536	898
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ALL OTHER EXPENSES	332,855	274,359	51,347	7,149
b BAD DEBTS	145,541	144,543		998
c MEMBERSHIPS/SPONSORSHIP	16,586	7,533	6,568	2,485
d VOLUNTEER TRAVEL & TRAII	12,334	12,334		
e All other expenses	5,000	4,227	514	259
25 Total functional expenses. Add lines 1 through 24e.	7,323,711	5,746,987	1,090,208	486,516
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,203,377	1	2,206,169
	2	Savings and temporary cash investments		1,311,199	2	1,109,229
	3	Pledges and grants receivable, net		875,663	3	1,086,081
	4	Accounts receivable, net		65,416	4	68,566
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		8,282,395	7	8,556,234
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		49,138	9	78,934
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,005,414		
	b	Less: accumulated depreciation	10b	1,203,872		
				1,899,798	10c	1,801,542
	11	Investments—publicly traded securities		45,920,475	11	54,806,354
	12	Investments—other securities. See Part IV, line 11		3,459,778	12	4,287,704
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		63,067,239	16	74,000,813	
Liabilities	17	Accounts payable and accrued expenses		388,314	17	397,008
	18	Grants payable		618,002	18	1,549,922
	19	Deferred revenue		275,389	19	1,060,614
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		234,849	21	599,498
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,475,251	23	1,356,755
	24	Unsecured notes and loans payable to unrelated third parties		996,000	24	2,476,648
	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		102	25	0
	26	Total liabilities. Add lines 17 through 25		3,987,907	26	7,440,445
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		32,690,026	27	36,475,135
	28	Temporarily restricted net assets		5,742,748	28	8,849,536
	29	Permanently restricted net assets		20,646,558	29	21,235,697
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		59,079,332	33	66,560,368	
34	Total liabilities and net assets/fund balances		63,067,239	34	74,000,813	

Part XI Reconciliation of Net AssetsCheck 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	8,640,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,323,711
3	Revenue less expenses Subtract line 2 from line 1	3	1,316,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,079,332
5	Net unrealized gains (losses) on investments	5	6,164,395
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,560,368

Part XII Financial Statements and ReportingCheck 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		No
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	Yes	
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 in Schedule O	Yes	
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?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	Yes	

Software ID:
Software Version:
EIN: 36-3451562
Name: INITIATIVE FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

LEADERSHIP AND COMMUNITY DEVELOPMENT EARLY CHILDHOOD INITIATIVE THE INITIATIVE FOUNDATION SUPPORTS 14 EARLY CHILDHOOD COALITIONS WITHIN ITS 14-COUNTY REGION A LARGE NUMBER OF COMMUNITIES CONTINUE TO FACE SIGNIFICANT ECONOMIC CHALLENGES WITH HIGHER-THAN-AVERAGE NUMBERS OF CHILDREN AND FAMILIES LIVING IN POVERTY AFFECTED AREAS INCLUDE BENTON, CASS, CROW WING, KANABEC, MILLE LACS, PINE, TODD AND WADENA COUNTIES COALITIONS ARE OFFERED A VARIETY OF OPPORTUNITIES TO PARTICIPATE IN STRATEGIC PLANNING SESSIONS, LEADERSHIP TRAINING AND EARLY CHILDHOOD TOPIC SPECIFIC TRAININGS COALITIONS DRAW FROM DIFFERENT SECTORS OF THE COMMUNITY AND INCLUDE PARTICIPATION FROM PARENTS, BUSINESS LEADERS, EDUCATORS, ELECTED OFFICIALS, EARLY CARE AND EDUCATION PROVIDERS, NONPROFIT ORGANIZATIONS AND HEALTH CARE PROVIDERS PRIMARY ACTIVITIES FOCUS ON EARLY CHILDHOOD LITERACY, SOCIAL EMOTIONAL ADJUSTMENT AND SCHOOL READINESS GREATER ST CLOUD AREA THRIVE COALITION IS ONE OF THE SUPPORTED COMMUNITY COALITIONS THE COLLABORATIVE WAS DEVELOPED TO PROMOTE THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN FROM BIRTH TO AGE 5, WITH AN EMPHASIS ON BIRTH TO AGE 3 THRIVE CURRENTLY OFFERS CO-LEARNING OPPORTUNITIES BETWEEN EARLY CHILDHOOD STAFF AND IMMIGRANT AND REFUGEE PARENTS TO EXPLORE PARENTING CONCERNS AN EXPANDED WEBSITE INCLUDES RESOURCES ON HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT AND RESOURCES SPECIFIC TO IMMIGRANT AND REFUGEE FAMILIES FOUNDATION STAFF PROVIDED TRAINING TO REGIONAL EARLY CHILDHOOD INITIATIVE COORDINATORS ON FUNDRAISING IDEAS TO SUPPORT COALITION GOALS, ADVERSE CHILDHOOD EXPERIENCES (ACES) PROGRAMMING, AMERICORPS VISTA OPPORTUNITIES, SCHOLASTIC BOOKS PURCHASING OPPORTUNITIES AND UPDATES ON THE EARLY CHILDHOOD DENTAL NETWORK IN 2017, THE INITIATIVE FOUNDATION MADE EARLY CHILDHOOD GRANT AWARDS TOTALING \$102,000 OUR EARLY CHILDHOOD DENTAL NETWORK (ECDN) CAVITY FREE BIRTH TO AGE 5 PROGRAM SUPPORTED LOCAL PROJECTS THAT PROVIDE DENTAL HYGIENE, CAVITY PREVENTION AND DENTAL TREATMENT FOR CHILDREN IN POVERTY IN MILLE LACS COUNTY THE FOUNDATION ALSO IS WORKING WITH CENTRAL LAKES COMMUNITY COLLEGE IN BRAINERD AND ST CLOUD TECHNICAL AND COMMUNITY COLLEGE TO SUPPORT RECRUITMENT, RETENTION, GRADUATION AND PLACEMENT OF DIVERSE STUDENTS IN DENTAL HYGIENE CAREERS IN 2017, THE INITIATIVE FOUNDATION MADE EARLY CHILDHOOD DENTAL GRANT AWARDS TOTALING \$25,000 THRIVING COMMUNITIES INITIATIVE (TCI) INITIATIVE FOUNDATION STAFF CONTINUED THEIR SUPPORT OF TCI COMMUNITIES OF EMILY, FIFTY LAKES, STAPLES, MELROSE, CAMBRIDGE AND PEQUOT LAKES FOUNDATION STAFF PROVIDED TECHNICAL ASSISTANCE TO SEVERAL DOZEN COMMUNITIES ON ISSUES RANGING FROM WORKFORCE DEVELOPMENT, FINANCING FOR COMMUNITY FACILITIES, TRAILS DEVELOPMENT AND LOCAL FOODS STAFF CONTINUED WORK ON THE SHERBURNE COUNTY VISION PROJECT (SHERVISION) BY SUPPORTING THE DEVELOPMENT OF A NEW COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY (CEDS) THIRTY-SEVEN COMMUNITY LEADERS PARTICIPATED IN A SERIES OF THREE WORKSHOPS AND NOW HAVE ADDITIONAL SKILLS TO SERVE THEIR COMMUNITY BY RECRUITING NEW AND EMERGING LEADERS IN 2017, THE INITIATIVE FOUNDATION MADE COMMUNITY DEVELOPMENT GRANT AWARDS TOTALING \$37,895 NONPROFIT ORGANIZATIONAL DEVELOPMENT (NPOD) INITIATIVE FOUNDATION STAFF LED ITS SIXTH COHORT OF NONPROFITS PARTICIPATING IN THE FOUNDATION'S FINANCIAL RESILIENCY THROUGH SOCIAL ENTERPRISE (FRSE) PROGRAM AND A MORE ADVANCED 2.0 VERSION FOR PREVIOUS GRADUATES OF THE PROGRAM WITH GUIDANCE AND SUPPORT FROM FOUNDATION STAFF, THE NONPROFITS ASSISTANCE FUND AND BUSINESS AND MARKETING CONSULTANTS, 16 ORGANIZATIONS (59 DIFFERENT INDIVIDUALS) PARTICIPATED IN THESE TWO, YEAR-LONG PROGRAMS AND CREATED COMPREHENSIVE BUSINESS PLANS TO ADVANCE AN EARNED-INCOME SOCIAL ENTERPRISE FOUNDATION STAFF AND CONSULTANTS ALSO INVESTED TIME AND ENERGY IN FACILITATING FOUR LEADERS CIRCLES FOR NONPROFITS (ONE IN BRAINERD, THREE IN ST CLOUD) THIS INCLUDED 15 EXECUTIVE DIRECTORS AND SIX PROGRAM-LEVEL STAFF MEMBERS THESE PEER-COACHING CIRCLES BUILD LEADERSHIP SKILLS/ABILITIES, HELP MEMBERS IDENTIFY CONSTRUCTIVE STEPS FOR RESOLVING WORK CHALLENGES AND DECREASE PROFESSIONAL ISOLATION EVERY LEADERS CIRCLE MEMBER REPORTED GAINING NEW SKILLS IN THE AREAS OF PROBLEM-SOLVING, LISTENING, SPEAKING AND TAKING ACTION NINE NONPROFIT ORGANIZATIONS PARTICIPATED IN INITIATIVE FOUNDATION-SPONSORED OPEN OFFICE HOURS SESSIONS WITH LEGALCORPS SPACE WAS PROVIDED AT THE INITIATIVE FOUNDATION OFFICES IN LITTLE FALLS AND IN ST CLOUD OF THE NINE PARTICIPATING NONPROFITS, ALL REPORTED GAINING NEW INFORMATION AND LEGAL INSIGHTS TO INCREASE THEIR CAPACITY TO DELIVER SERVICES FOUR QUARTERLY NONPROFIT LUNCH-AND-LEARN SESSIONS, COORDINATED BY THE INITIATIVE FOUNDATION IN CONJUNCTION WITH LOCAL PARTNERS, WERE HELD IN ST CLOUD AND BRAINERD NINETY-FIVE NONPROFIT PROFESSIONALS PARTICIPATED IN ONE OR MORE LUNCH-AND-LEARN IN ST CLOUD AND 35 IN BRAINERD IN 2017, THE INITIATIVE FOUNDATION MADE THRIVING ORGANIZATION PARTNERSHIP GRANT AWARDS TOTALING \$122,870 HEALTHY LAKES AND RIVERS PARTNERSHIP (HLRP) THE FOUNDATION CONTINUES TO ADMINISTER \$4.04 MILLION IN FUNDING FROM THE LESSARD-SAMS OUTDOOR HERITAGE COUNCIL TO SUPPORT INNOVATIVE PILOT PROJECTS THAT PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES (AIS) FIFTEEN OF 16 FUNDED PROJECTS REMAIN ACTIVE PROJECTS RANGE FROM DEPLOYING AN INTEGRATED PEST MANAGEMENT (IPM) STRATEGY FOR TREATMENT OF EURASIAN WATERMILFOIL IN WASHINGTON COUNTY TO DEPLOYING A COMBINATION OF MECHANICAL AND CHEMICAL TREATMENT OF STARRY STONEWORT (A RAPIDLY SPREADING ALGAE) AT LAKE KORONIS IN STEARNS COUNTY IN CASS COUNTY, INSPECTORS ARE TRAINED TO "DE-ESCALATE" CONFRONTATIONS WITH RECREATIONALISTS AND TO ENCOURAGE GOOD STEWARDSHIP WITHOUT INCITING RESISTANCE OR RESENTMENT VOYAGEURS NATIONAL PARK IS WORKING WITH NATIVE AMERICAN COMMUNITIES TO RESTORE NATIVE CATTAILS WHILE CURTAILING AN INVASIVE HYBRID THESE EXAMPLES REFLECT THE DIVERSITY OF EFFORTS THAT LOCAL PARTNERS ARE LEADING, AND WHICH HAVE RECEIVED COMMITMENTS OF UP TO \$3.5 MILLION FROM THE FOUNDATION THROUGH JUNE 2019 AIS GRANT AWARDS FOR 2017 TOTALLED \$2,035,915 GRANTMAKING AND SPECIAL INITIATIVES THE INITIATIVE FOUNDATION AWARDED \$3,357,104 IN GRANTS AND SCHOLARSHIPS TO 260 ORGANIZATIONS FOR ALL PROGRAMS IN AGGREGATE THE FOUNDATION IS IN ITS EIGHTH YEAR OF CO-FACILITATING THE GREATER ST CLOUD COMMUNITY PILARS PROCESS IN PARTNERSHIP WITH THE CENTRAL MINNESOTA COMMUNITY FOUNDATION, ST CLOUD STATE UNIVERSITY, TIMES MEDIA (ST CLOUD TIMES), MORGAN FAMILY FOUNDATION, UNITED WAY OF CENTRAL MINNESOTA AND CENTRACARE FOUNDATION THE INITIATIVE HAS ELEVATED ISSUES SUCH AS DEVELOPING PATHWAYS OUT OF POVERTY, WELCOMING IMMIGRANTS AND REFUGEES, SUPPORTING CRADLE-TO-CAREER WORKFORCE TRAINING AND EDUCATION, LAUNCHING A REGIONAL AQUATIC CENTER AND RECOGNIZING THE MISSISSIPPI RIVER AS A KEY ECOLOGICAL, RECREATIONAL AND CULTURAL ASSET FOR THE REGION WE CONTINUE TO PARTICIPATE IN THE PHILANTHROPIC PREPAREDNESS, RESILIENCY, AND EMERGENCY PARTNERSHIP (PPREP) COLLABORATION BETWEEN THE FUNDERS NETWORK, CENTER FOR DISASTER PHILANTHROPY AND THE MARGARET A. CARGILL FOUNDATION THE PPREP PROGRAM HELPS TO BUILD THE CAPACITY OF COMMUNITY FOUNDATIONS TO SUPPORT HOMETOWNS IN TIMES OF CRISIS THE FOUNDATION IN 2017 DEVOTED RESOURCES TO UPDATING THE DISASTER PREPAREDNESS WORKBOOK, USING WHAT WE LEARNED FROM MULTIPLE DISASTERS IN OUR REGION, INCLUDING THE WADENA TORNADO, KANABEC COUNTY FLOODS, AND THE FIRE THAT DEVASTATED DOWNTOWN MELROSE DURING THE PROCESS, WE ENGAGED THE NONPROFIT AND PRIVATE SECTORS OF CENTRAL MINNESOTA AND LOCAL UNITS OF GOVERNMENT, AND USED THEIR KNOWLEDGE AND FEEDBACK IN UPDATING OUR WORKBOOK

Form 990, Part III, Line 4b:

ECONOMIC DEVELOPMENT/BUSINESS LENDING ECONOMIC DEVELOPMENT THE INITIATIVE FOUNDATION PROVIDED \$2.68 MILLION TO FUND NEW LOANS AND INVESTMENTS DURING 2017. THE EFFORT LEVERAGED \$45.2 MILLION FROM PRIVATE SOURCES. WE ESTIMATE THAT THIS VOLUME OF LOANS CONTRIBUTED SIGNIFICANTLY TO THE CREATION OF 75 JOBS AND THE RETENTION OF 67 JOBS. WE CONTINUED TO PROVIDE SUPPORT TO ENSURE THAT OUR ENTIRE REGION HAS ACCESS TO MICRO-LENDING PROGRAMS THROUGH PARTNERS THAT INCLUDE REGION 5 DEVELOPMENT COMMISSION, SOUTHWEST INITIATIVE FOUNDATION AND ST CLOUD STATE UNIVERSITY. WE MAINTAIN FUNDING AND REFERRAL RELATIONSHIPS WITH THE SMALL BUSINESS DEVELOPMENT CENTERS LOCATED IN OUR REGION. THE ECONOMIC DEVELOPMENT TEAM CONTINUED TO MEET WITH A WORKGROUP TO CREATE A BUSINESS SUPPORT MODEL TO BETTER SERVE NEW AMERICAN ENTREPRENEURS, WITH AN INITIAL FOCUS ON EAST AFRICANS BASED IN ST. CLOUD. ENTERPRISE ACADEMY WILL SERVE AN INITIAL CLASS OF ENTREPRENEURS IN FEBRUARY 2018. FOCUSED OUTREACH WITH COMMUNITY BANKS, CHAMBERS OF COMMERCE AND VOLUNTEER BUSINESS GROUPS THROUGH OUR THRIVING COMMUNITIES INITIATIVE (TCI) REMAINS A PRIORITY TO INCREASE LOAN DEAL FLOW IN ALL COMMUNITIES. WE ALSO FOCUSED ON PARTNERSHIPS AND CAPACITY BUILDING FOR LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS. SUPPORT INCLUDED STRATEGIC PLANNING, LINKING TO OTHER FUNDERS AND JOB CREATION OPPORTUNITIES, CHALLENGE GRANTS TO SPUR MEMBERSHIP GROWTH, AND DEVELOPMENT OF TECHNOLOGY TOOLS AND/OR PROGRAMS TO DEVELOP, ATTRACT AND RETAIN SKILLED WORKERS.

Form 990, Part III, Line 4c:

COMMUNICATIONS & IQ MAGAZINE MARKETING AND COMMUNICATIONS THE FOUNDATION IN 2017 PUBLISHED FOUR EDITIONS OF INITIATIVE QUARTERLY (IQ) MAGAZINE CIRCULATION FOR THE YEAR AVERAGED 13,500 PER EDITION (AGAINST A 15,000 GOAL) WITH AN ESTIMATED "PASS-ALONG" READERSHIP OF UP TO 60,000 IQ ADVERTISING SALES CONTINUE ON AN UPWARD TREND WITH A RENEWED EMPHASIS ON PUBLISHING CONSISTENCY AND NEW BUSINESS DEVELOPMENT THE INITIATIVE FOUNDATION WEBSITE AT IFOUND.ORG SAW AN AVERAGE OF 5,130 UNIQUE PAGE VIEWS EACH MONTH AGAINST A GOAL OF 2,740 MORE THAN 62,200 INDIVIDUALS RECEIVED INFORMATION THROUGH EMAIL MARKETING THE FOUNDATION IN 2017 ALSO SAW A 25 PERCENT INCREASE IN SOCIAL MEDIA FOLLOWING ACROSS ALL PLATFORMS (FACEBOOK, TWITTER, LINKEDIN, INSTAGRAM, PINTEREST) AND PUBLISHED 19 NEWS RELEASES AGAINST A GOAL OF 24, RESULTING IN 361 STORIES/MENTIONS-TRANSLATING TO 4.4 MILLION IMPRESSIONS

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization INITIATIVE FOUNDATION	Employer identification number 36-3451562

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 **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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,618,008	3,206,357	3,982,955	4,208,565	5,977,516	21,993,401
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	4,618,008	3,206,357	3,982,955	4,208,565	5,977,516	21,993,401
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)						6,468,083
6	Public support. Subtract line 5 from line 4						15,525,318

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,618,008	3,206,357	3,982,955	4,208,565	5,977,516	21,993,401
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	895,799	912,370	970,388	982,684	1,091,586	4,852,827
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)	196,996	124,428	51,227	27,982	5,244	405,877
11	Total support. Add lines 7 through 10						27,252,105
12	Gross receipts from related activities, etc (see instructions)					12	2,818,390
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 2017 (line 6, column (f) divided by line 11, column (f))	14 56.970 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 60.140 %
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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 line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
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>		
	2	

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>		
	1	

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?		
	1	
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>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

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)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

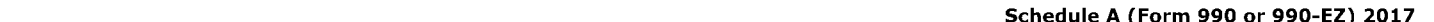
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10, EXPLANATION OF OTHER INCOME	BAD DEBT RECOVERIES - 2013 AMOUNT \$ 196,996 2014 AMOUNT \$ 116,029 2015 AMOUNT \$ 31,106 OTH ER INCOME - 2014 AMOUNT \$ 8,399 2015 AMOUNT \$ 20,121 2016 AMOUNT \$ 27,982 2017 AMOUNT \$ 5, 244



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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
INITIATIVE FOUNDATION

Employer identification number
36-3451562

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.

1

Total number at end of year

17

2

Aggregate value of contributions to (during year)

375,432

3

Aggregate value of grants from (during year)

255,790

4

Aggregate value at end of year

2,899,182

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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 are a 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	47,521,361	45,268,612	47,230,663	45,523,288	39,756,935
b Contributions	840,759	930,575	1,433,411	1,076,855	1,166,007
c Net investment earnings, gains, and losses	7,512,426	3,421,606	-1,081,691	2,265,355	6,466,873
d Grants or scholarships					
e Other expenditures for facilities and programs	3,046,549	2,099,432	2,313,771	1,634,835	1,866,527
f Administrative expenses					
g End of year balance	52,827,997	47,521,361	45,268,612	47,230,663	45,523,288

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

52 570 %

b

Permanent endowment

40 200 %

c

Temporarily restricted endowment

7 230 %

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 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		768,200		768,200
b Buildings		1,776,893	790,063	986,830
c Leasehold improvements				
d Equipment		460,321	413,809	46,512
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,801,542

Schedule D (Form 990) 2017

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) SEED EQUITY INVESTMENTS	4,287,704	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	4,287,704	

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

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 FIN 48 (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	14,743,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	6,164,395
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	6,164,395
3	Subtract line 2e from line 1	3	8,579,149
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	61,203
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	61,203
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	8,640,352

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

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

1	Total expenses and losses per audited financial statements	1	7,262,508
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	0
3	Subtract line 2e from line 1	3	7,262,508
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	61,203
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	61,203
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,323,711

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3451562
Name: INITIATIVE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION HOLDS FUNDS TRANSFERRED TO THEM FROM OTHER ORGANIZATIONS FOR INVESTMENT MAN AGEMENT PURPOSES THE FUNDS ARE TO BE DISTRIBUTED BACK TO THESE ORGANIZATIONS AS THEY REQU EST THEM THE FOUNDATION HAS NO VARIANCE POWER OVER THE FUNDS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>BOARD DESIGNATED ENDOWMENT FUNDS PROVIDE PROGRAM AND OPERATING SUPPORT FOR THE INITIATIVE FOUNDATION'S MISSION. SPECIFIC WORK DONOR DESIGNATED ENDOWMENT FUNDS DEVELOP COMMUNITY RESOURCES TO ENHANCE THE QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES THROUGH VARIOUS COMMUNITIES IN MINNESOTA. SOME DONOR DESIGNATED ENDOWMENT FUNDS ARE ALSO USED TO PROVIDE SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS PURSUING POST SECONDARY EDUCATION, TO AWARD GRANTS THAT PROMOTE VARIOUS INITIATIVES PURSUED BY THE DONOR, AND TO SUPPORT ORGANIZATIONS CONDUCTING VARIOUS CHARITABLE ACTIVITIES.</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	U S GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization INITIATIVE FOUNDATION	Employer identification number 36-3451562
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Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		TRCF GOLF EVENT (event type)	CHEERS TO MORRISON COUNTY (event type)	11 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	36,306	27,116	73,220	136,642
	2 Less Contributions	10,606	3,481	42,997	57,084
	3 Gross income (line 1 minus line 2)	25,700	23,635	30,223	79,558
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,081		53	1,134
	6 Rent/facility costs	6,109	500	440	7,049
	7 Food and beverages	1,694	3,394		5,088
	8 Entertainment			12,040	12,040
	9 Other direct expenses		4,043	2,270	6,313
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				31,624
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				47,934

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records					
Name ►					
Address ►					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$					
c If "Yes," enter name and address of the third party					
Name ►					
Address ►					
16 Gaming manager information					
Name ►					
Gaming manager compensation ► \$					
Description of services provided ►					
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor					
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$					

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
INITIATIVE FOUNDATION

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
36-3451562

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

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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) SPIPENDS	34	151,244			
(2) SCHOLARSHIPS	76	217,975			
(2)					
(3)					
(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.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE LOCALLY WITHIN OUR 14 COUNTY SERVICE AREA AS PART OF THE FINAL GRANT REPORT, THE GRANTEE MUST SUBMIT A FINANCIAL REPORT WITH ITEMIZATION OF GRANT EXPENSES
PART I, LINE 2	AS PART OF THE FINAL GRANT REPORT, THE GRANTEE SUBMITS A FINANCIAL REPORT WITH ITEMIZATION OF GRANT FUND EXPENDITURES AND ASSOCIATED DOCUMENTATION

Additional Data

Software ID:
Software Version:
EIN: 36-3451562
Name: INITIATIVE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
A PLACE FOR YOU 220 3RD AVE SE PINE CITY, MN 55063	45-1680589	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
ADVOCATES AGAINST DOMESTIC ABUSE PO 153 AITKIN, MN 56431	41-1543099	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
AITKIN COUNTY SOIL AND WATER CONSERVATION DISTRICT 130 SOUTHGATE DRIVE AITKIN, MN 56431	41-0857184	UNIT OF GOVERNMENT	36,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY ST PAUL, MN 55104	41-0693889	501(C)(3)	5,000				TO PROVIDE ANNUAL SUPPORT TO MINNESOTA COMPASS (WWW.MNCOMPASS.ORG), AN ACCESSIBLE WEBSITE THAT PROVIDES DATA AND RESOURCES ABOUT A WIDE RANGE OF TOPIC AREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
ANDERSON CENTER 122 12TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303	41-1911774	501(C)(3)	10,000				TO SUPPORT THE MISSION AND GENERAL OPERATIONS OF THE ORGANIZATION
ARC OF MN 800 TRANSFER ROAD SUITE 7A ST PAUL, MN 55114	41-0795254	501(C)(3)	5,000				TO SUPPORT AN INTERAGENCY ALLIANCE THAT WILL PROVIDE SELF-DIRECTED TOOLS AND ASSISTANCE TO JOB SEEKERS WITH SIGNIFICANT DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF CASS COUNTY LAKES 14351 EXLEY LANE APPLE VALLEY, MN 55124	20-8076934	501(C)(3)	210,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
AVIVO 1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-0828779	501(C)(3)	8,000				TO SUPPORT THE SKILLS FOR SUCCESS PROGRAM (SERVING ADULTS) AND FOCUS FORWARD AFTER-SCHOOL ELECTIVE (SERVING HIGH SCHOOL STUDENTS) PARTICIPANTS GAIN ESSENTIAL ENGLISH, COMPUTER, AND BUSINESS COMMUNICATION SKILLS AND EMPLOYMENT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
BAPTIST GENERAL CONFERENCE TREEHOUSE SANDSTONE POST OFFICE BOX 34505 HIGHWAY 23 NORTH SANDSTONE, MN 55072	36-2181949	501(C)(3)	5,000				TO SUPPORT YOUNG ADULTS IN PINE AND KANABEC COUNTIES THROUGH CAREER EXPLORATION, ACADEMIC MENTORING, AND SUPPORT FROM CARING ADULTS
BENTON ECONOMIC PARTNERSHIP INC 183 CEDAR DRIVE FOLEY, MN 56329	81-1843779	501(C)(3)	10,000				TO DIRECTLY SUPPORT BENTON COUNTY BASED BUSINESSES IN CREATING OR EXPANDING INTERNSHIP AND APPRENTICE PROGRAMS TO HELP ATTRACT, RETAIN AND DEVELOP SKILLED WORKFORCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
BIG LAKE COMMUNITY FOOD SHELF INC 160 LAKE STREET N BIG LAKE, MN 55309	41-1820136	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
BIG LAKE SCHOOL DISTRICT 701 MINNESOTA AVE BIG LAKE, MN 55309	41-6003819	SCHOOL DISTRICT	7,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CENTRAL MN 345 30TH AVE N ST CLOUD, MN 56303	41-1245177	501(C)(3)	5,000				TO HELP CLUB MEMBERS OF ST CLOUD TO DEVELOP SKILLS ESSENTIAL FOR WORKFORCE SUCCESS, GIVE THEM OPPORTUNITIES TO EXPLORE VARIOUS CAREERS, AND DETERMINE THE CORRESPONDING EDUCATIONAL PATH
BRAINERD LAKES AREA CHAMBER OF COMMERCE EDUCATION ASSOCIATION 224 WEST WASHINGTON ST BRAINERD, MN 56401	41-1787694	501(C)(3)	5,000				THE BRIDGES CAREER INSTITUTE (BCI) WILL IDENTIFY HIGH SCHOOL JUNIORS AND SENIORS AND MATCH THEM FOR SUMMER 2017 EMPLOYMENT IN KEY SECTORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
BRAINERD LAKES AREA ECONOMIC DEVELOPMENT CORPORATION 224 WEST WASHINGTON ST BRAINERD, MN 56401	41-1543292	501(C)(3)	10,000				TO SUPPORT THE LAUNCH OF THE BLAEDC UNIFIED FUND BY PROVIDING UNDERWRITING AND BACK OFFICE SUPPORT TO HELP DEPLOY PREVIOUSLY STAGNANT LOW INTEREST LENDING FUNDS
BRAINERD PUBLIC SCHOOLS FOUNDATION 804 OAK STREET ROOM 209A BRAINERD, MN 56401	36-3542673	501(C)(3)	5,000				TO SUPPORT INNOVATIVE CLASSROOM GRANTS IN THE BRAINERD PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
BRAINERD SCHOOL DISTRICT 804 OAK STREET BRAINERD, MN 56401	41-6000789	SCHOOL DISTRICT	15,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
CAMBRIDGE ISANTI SCHOOL DISTRICT 625A MAIN ST N CAMBRIDGE, MN 55008		SCHOOL DISTRICT	5,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CAREER SOLUTIONS 1542 NORTHWAY DRIVE ST CLOUD, MN 56303	41-1724832	UNIT OF GOVERNMENT	5,000				TO RECRUIT AND TRAIN DIVERSE COLLEGE STUDENTS TO SERVE AS PEER MENTORS FOR HIGH SCHOOL STUDENTS ENGAGED IN CAREER EXPLORATION
CAREER SOLUTIONS 1542 NORTHWAY DRIVE ST CLOUD, MN 56303	41-1724832	UNIT OF GOVERNMENT	5,000				TO PREPARE INDIVIDUALS WHO FACE ENGLISH LANGUAGE BARRIERS, MANY COMING FROM THE AREA'S LARGE POPULATION OF RESIDENTS WHO HAVE JOINED THE COMMUNITY FROM EAST AFRICA, AND HAVE "AGED OUT" OF HIGH SCHOOL AND ARE UNEMPLOYED, WITH THE SKILLS NEEDED TO FILL POSITIONS IN THE STATE'S MANUFACTURING INDUSTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CARNELIAN-MARINE-ST CROIX WATERSHED DISTRICT 21150 OZARK AVE N BOX 188 SCANDIA, MN 55073	41-1625179	UNIT OF GOVERNMENT	13,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
CARVER COUNTY WATER MANAGEMENT ORGANIZATION 600 EAST 4TH STREET CHASKA, MN 55318	41-6005768	UNIT OF GOVERNMENT	22,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CASS COUNTY SOIL AND WATER CONSERVATION DISTRICT PO BOX 3000 WALKER, MN 56484	41-1294154	UNIT OF GOVERNMENT	35,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
CATHOLIC CHARITIES OF THE DIOCESE OF ST CLOUD 911 18TH STREET NORTH PO BOX 2390 ST CLOUD, MN 56302	41-0737799	501(C)(3)	6,380				TO SUPPORT FAMILIES IN NEED AFTER THE SEPTEMBER DOWNTOWN MELROSE FIRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CENTRACARE HEALTH FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303	41-1855173	501(C)(3)	5,000				TO SPONSOR THE EARTH DAY EVENTS IN ST CLOUD
CENTRACARE HEALTH FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303	41-1855173	501(C)(3)	5,000				TO SUPPORT THE ADDITION OF A WELLNESS CENTER IN LONG PRAIRIE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LAKES COLLEGE SMALL BUSINESS DEVELOPMENT CENTER (SBDC) ST CLOUD STATE UNIVERSITY DEBRA LEIGHMILLER CENTER 212B720 FOURTH A ST CLOUD, MN 563014498	41-1687554	UNIT OF GOVERNMENT	10,000				TO SUPPORT CONSULTING SERVICES WHICH PROVIDE ASSISTANCE IN BUSINESS PLAN DEVELOPMENT, LOAN APPLICATION PREPARATION, FINANCIAL PROJECTION ANALYSIS, MARKET FEASIBILITY ASSESSMENTS, AND OTHER GUIDANCE TO HELP PREPARE LOCAL BUSINESSES TO GROW
CENTRAL MINNESOTA COMMUNITY EMPOWERMENT ORGANIZATION PO BOX 792 ST JOSEPH, MN 563749447	47-3521051	501(C)(3)	7,500				TO PROVIDE CAPACITY BUILDING SUPPORT TO LA CRUZ COMMUNITY CENTER TO HELP NEW AMERICANS INTEGRATE TO THE WIDER ST CLOUD COMMUNITY BY PROVIDING SOCIAL SERVICES TO ASSIST FAMILIES THESE SOCIAL SERVICES RANGE FROM MENTORING AND TUTORING FOR K-12 STUDENTS, SUMMER YOUTH ENGAGEMENT EVENTS, AND ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES TO THE PARENTS AND ADULT RESIDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MINNESOTA JOBS AND TRAINING SERVICES INC 406 7TH ST E PO BOX 720 MONTICELLO, MN 55362	41-1484048	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
CENTRAL MN HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN STREET SUITE 108 ST CLOUD, MN 56301	41-1634218	501(C)(3)	5,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF BECKER 12060 SHERBURNE AVENUE BOX 250 BECKER, MN 55308	41-6004965	UNIT OF GOVERNMENT	20,000				TO PROVIDE SUPPORT FOR PRELIMINARY ENGINEERING REPORT FOR BECKER INDUSTRIAL PARK TRANSPORTATION IMPROVEMENTS
CITY OF MELROSE 225 1ST ST NE MELROSE, MN 56352	41-6005362	UNIT OF GOVERNMENT	13,687				TO CREATE A FUND MANAGED LOCALLY BY THE CITY OF MELROSE ON BEHALF OF THE MELROSE AREA WOMEN OF TODAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF PEQUOT LAKES 4638 MAIN STREET PEQUOT LAKES, MN 56472	41-6005452	UNIT OF GOVERNMENT	5,000				TO SUPPORT COMMUNITY DEVELOPMENT
CITY OF WADENA 222 2ND ST SE PO BOX 30 WADENA, MN 56482		UNIT OF GOVERNMENT	7,883				TO SUPPORT THE DEVELOPMENT OF THE WADENA REGIONAL WELLNESS CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF WADENA 222 2ND ST SE PO BOX 30 WADENA, MN 56482		UNIT OF GOVERNMENT	54,270				TO SUPPORT THE BUILDING AND OPERATIONS OF THE WELLNESS CENTER
COLLEGE POSSIBLE 540 FAIRVIEW AVE N ST 201 ST PAUL, MN 55104	41-1968798	501(C)(3)	5,000				TO OFFER A VARIETY OF VIRTUAL AND IN-PERSON SUPPORTS TO HELP LOW-INCOME HIGH SCHOOL STUDENTS CONSIDER AND GAIN COLLEGE ADMISSION AND THEN REMAIN AND SUCCEED ONCE THERE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY GIVING 101 7TH AVENUE SOUTH SUITE 100 ST CLOUD, MN 56301	36-3412544	501(C)(3)	5,000				TO PROVIDE UNDERREPRESENTED COMMUNITY MEMBERS WITH THE KNOWLEDGE, SKILLS AND RESOURCES TO BECOME EFFECTIVE LEADERS AT THE GRASSROOTS LEVEL
COMMUNITY GIVING 101 7TH AVENUE SOUTH SUITE 100 ST CLOUD, MN 56301	36-3412544	501(C)(3)	7,963				TO SUPPORT THE SUSTAINABILITY OF QUIET OAKS HOSPICE HOUSE, A RESIDENTIAL HOSPICE HOME PROVIDING END OF LIFE CARE FOR RESIDENTS AND THEIR FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
CONFLICT RESOLUTION CENTER 2101 HENNEPIN AVE SO MINNEAPOLIS, MN 55405	36-3421329	501(C)(3)	10,000				TO SUPPORT MEDIATION EFFORTS WITH MILLE LACS COUNTY AND THE MILLE LACS BAND OF OJIBWE TO RESOLVE ISSUES ASSOCIATED WITH LAW ENFORCEMENT
CROSBY-IRONTON PUBLIC SCHOOLS FOUNDATION DBA CUYUNA LAKES EDUCATION FOUNDAT PO BOX 355 DEERWOOD, MN 56444	41-1855418	501(C)(3)	5,000				TO PROVIDE GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF ST CLOUD 400 2ND ST SOUTH ST CLOUD, MN 56301	45-5118363	UNIT OF GOVERNMENT	5,400				TO DELIVER CULTURALLY APPROPRIATE FOOD SAFETY TRAINING AND TECHNICAL ASSISTANCE TO NEW IMMIGRANT FOOD BUSINESSES IN ST CLOUD
ELK RIVER SCHOOL DISTRICT 11500 193RD AVENUE NW ELK RIVER, MN 55330	41-6003818	SCHOOL DISTRICT	9,550				TO SUPPORT THE DEVELOPMENT OF A COMMUNITY MULTI-USE SPACE IN THE DISTRICT WELCOME CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
EMPLOYMENT ENTERPRISES INC 307 NINTH AVENUE NW PO BOX 303 LITTLE FALLS, MN 56345	41-0966032	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
FAITH IN ACTION FOR CASS COUNTY PO BOX 512 HACKENSACK, MN 56452	27-0011031	501(C)(3)	5,000				TO SUPPORT PROGRAM EVALUATION, REVIEW OF COMMUNITY NEEDS, AND STRATEGIC PLANNING TO ENCOURAGE MANAGED GROWTH AND SERVICES THAT ARE MISSION-ALIGNED AND COORDINATED WITH OTHER SERVICE PROVIDERS AND BUSINESSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
FLIGHT EXPO INC 31340 125TH STREET PRINCETON, MN 55371	41-1869452	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
FOUNDATION FOR ESSENTIAL NEEDS 701 NORTH 3RD ST 203 MINNEAPOLIS, MN 55401	27-4342240	501(C)(3)	5,000				TO SUPPORT EXPANSION OF FFEN'S CAPACITY-BUILDING WORK TO HELP CENTRAL MN FOOD SHELVES PROVIDE MORE AND BETTER SERVICES WHILE POSITIONING THEMSELVES FOR GREATER SUSTAINABILITY IN CASS, CROW WING, KANABEC AND MILLE LACS COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER LAKE SYLVIA ASSOCIATION PO BOX 41 ANNANDALE, MN 55302	41-1322678	501(C)(3)	623,340				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 W ST GERMAIN ST SUITE 100 ST CLOUD, MN 56301	45-2050341	501(C)(3)	5,000				TO SUPPORT THE WORKPLACE WELL-BEING PROGRAM IN THE GREATER ST CLOUD AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 W ST GERMAIN ST SUITE 100 ST CLOUD, MN 56301	45-2050341	501(C)(3)	7,500				TO SUPPORT THE ORGANIZATION'S PROGRAMS AND ADVANCE ECONOMIC DEVELOPMENT INITIATIVES IN CENTRAL MINNESOTA
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 W ST GERMAIN ST SUITE 100 ST CLOUD, MN 56301	45-2050341	501(C)(3)	7,500				TO SUPPORT ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 W ST GERMAIN ST SUITE 100 ST CLOUD, MN 56301	45-2050341	501(C)(3)	7,500				TO SUPPORT THE MISSION AND OPERATIONS OF THE ORGANIZATION
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 W ST GERMAIN ST SUITE 100 ST CLOUD, MN 56301	45-2050341	501(C)(3)	10,000				TO ENHANCE THE JOB OPPORTUNITIES AND KEY EMPLOYEE RECRUITMENT CAPABILITIES OF THE GREATERSTCLOUD COM AND JOBS POT ONLINE TOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER ST CLOUD PUBLIC SAFETY FOUNDATION 101 11TH AVE N ST CLOUD, MN 56303	47-5625865	501(C)(3)	5,000				TO SUPPORT THE MISSION AND OPERATIONS OF THE ORGANIZATION
HAPPY DANCING TURTLE 2331 DANCING WIND RD SW SUITE 1 PINE RIVER, MN 56474	20-4188279	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
IMMACULATE CONCEPTION CHURCH 535 EIGHTH STREET SOUTHWEST PINE CITY, MN 55063	41-0734735	501(C)(3)	5,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
ISANTI COUNTY 555 18TH AVE SW CAMBRIDGE, MN 55008	41-6005808	UNIT OF GOVERNMENT	5,000				TO CONDUCT A ROBUST MULTI-PARTNER AND COUNTY-WIDE HIGH SPEED INTERNET ACCESS FEASIBILITY STUDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
ISANTI COUNTY HISTORICAL SOCIETY 33525 FLANDERS STREET NE CAMBRIDGE, MN 55008	41-1287313	501(C)(3)	5,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
LAKE REGION CHRISTIAN SCHOOL 7398 FAIRVIEW RD BAXTER, MN 56425		501(C)(3)	11,398				TO SUPPORT SCHOLARSHIPS FOR STUDENTS ATTENDING THE SCHOOL AND CLASSROOM ENHANCEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
LAKES AREA HABITAT FOR HUMANITY PO BOX 234 BRAINERD, MN 56401	41-1659149	501(C)(3)	5,000				TO SUPPORT A JOB TRAINING PROGRAM FOR RECENT GRADUATES OF MINNESOTA TEEN CHALLENGE
LEECH LAKE FINANCIAL SERVICES PO BOX 848 213 SECOND STREET NW CASS LAKE, MN 566330848	46-2579700	501(C)(3)	10,000				TO FOSTER BUSINESS CREATION BY DELIVERING ENTREPRENEURSHIP TRAINING AND SUPPORT SERVICES TO THE GREATER LEECH LAKE BAND OF OJIBWE COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
LITTLE FALLS SCHOOL DISTRICT 1001 5TH AVE SE LITTLE FALLS, MN 56345	41-6002411	SCHOOL DISTRICT	5,450				TO SUPPORT THE LITTLE FALLS MENTORSHIP PROGRAM
LONGVILLE AREA COMMUNITY FOUNDATION PO BOX 92 LONGVILLE, MN 56655	41-1699500	501(C)(3)	5,850				TO PROVIDE OPERATING AND GRANTMAKING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION (MEDA) 250 2ND AVENUE SOUTH STE 106 MINNEAPOLIS, MN 55401	41-0977257	501(C)(3)	5,000				TO DELIVER ONE-ON-ONE TECHNICAL ASSISTANCE TO ACCELERATE THE GROWTH EXISTING MINORITY-OWNED BUSINESSES IN CENTRAL MINNESOTA
MILESTONES PO BOX 548 WAITE PARK, MN 56387	41-1321820	501(C)(3)	5,000				TO SUPPORT CHILDREN AND FAMILIES WITH AN INCARERATED PARENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MILLE LACS COUNTY 635 2ND ST SE MILACA, MN 56353	41-6005845	UNIT OF GOVERNMENT	17,500				TO SUPPORT EDUCATION AND IMPROVED ACCESS TO DENTAL HYGIENE SERVICES FOR LOW-INCOME CHILDREN
MILLE LACS HEALTH SYSTEM 200 N ELM STREET ONAMIA, MN 56359	41-0785161	501(C)(3)	6,000				TO SUPPORT EDUCATION AND IMPROVED ACCESS TO DENTAL HYGIENE SERVICES FOR LOW-INCOME CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
MILLE LACS HEALTH SYSTEM 200 N ELM STREET ONAMIA, MN 56359	41-0785161	501(C)(3)	7,500				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
MN STATE VETERANS CEMETERY ASSOCIATION 15550 HWY 115 LITTLE FALLS, MN 56345	41-1679519	501(C)(3)	19,300				TO SUPPORT THE HISTORIC EDUCATIONAL ART PROJECT AT THE MINNESOTA STATE VERERAN'S CEMETERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MN STATE VETERANS CEMETERY ASSOCIATION 15550 HWY 115 LITTLE FALLS, MN 56345	41-1679519	501(C)(3)	11,000				TO SUPPORT THE VETERAN'S ART PROJECT AT THE MINNESOTA STATE VETERAN'S CEMETERY
NATIONAL JOINT POWERS ALLIANCE 202 12TH ST NE PO BOX 219 STAPLES, MN 56479		UNIT OF GOVERNMENT	5,981				TO SUPPORT THE CEO PROGRAM (ENTREPRENURIAL TRAINING) FOR STAPLES, WADENA AND PILLAGER SCHOOL DISTRICTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PARK SERVICE VOYAGEURS NATIONAL PARK 360 HIGHWAY 11 E INTERNATIONAL FALLS, MN 56649	14-0001849	UNIT OF GOVERNMENT	800,000				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES
NONPROFITS ASSISTANCE FUND 2801 21ST AVE S STE 210 MINNEAPOLIS, MN 55407	41-1916337	501(C)(3)	8,000				TO PROVIDE NONPROFITS ACROSS THE INITIATIVE FOUNDATION SERVICE AREA ACCESS TO A VARIETY OF FINANCIAL AND MANAGEMENT TRAINING OPPORTUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
NORTHERN TECHNOLOGY INITIATIVE DBA GPS 4593 38871 17TH AVENUE PO BOX 815 NORTH BRANCH, MN 55056	31-1709954	501(C)(3)	8,200				TO FACILITATE A NEW ECONOMIC GARDENING PROJECT AND DELIVER AN ECONOMIC DEVELOPMENT BOARD MEMBER TRAINING PILOT PROJECT
NORTHFIELD AREA FAMILY YMCA 1501 HONEYLOCUST DR NORTHFIELD, MN 55057	59-3817686	501(C)(3)	5,000				TO SUPPORT THE FACILITY EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
PAWS & CLAWS ANIMAL SHELTER 501 1ST ST SOUTH HACKENSACK, MN 56452	27-1970863	501(C)(3)	5,000				TO ADVANCE GOALS DEVELOPED THROUGH PARTICIPATION IN THE FOUNDATION'S NEXT-STAGE SOCIAL ENTERPRISE TRAINING
PINE CITY SCHOOL DISTRICT 1400 MAIN STREET SOUTH PINE CITY, MN 55063	41-6003156	SCHOOL DISTRICT	5,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
PINE HABILITATION AND SUPPORTED EMPLOYMENT INC PO BOX 126 SANDSTONE, MN 55072	41-0963283	501(C)(3)	5,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
PINE RIVER-BACKUS ELEMENTARY PARENT TEACHER ORGANIZATION 401 MURRAY AVE PO BOX 610 PINE RIVER, MN 56474	80-0394511	501(C)(3)	5,000				TO SUPPORT THE INNOVATIVE SCHOOLS CLASSROOM GRANTS INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
PINE RIVER-BACKUS SCHOOL DISTRICT PO BOX 610 PINE RIVER, MN 56474	41-6008079	SCHOOL DISTRICT	6,500				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
PINE TECHNICAL & COMMUNITY COLLEGE 900 FOURTH ST SE PINE CITY, MN 55063	41-1687554	501(C)(3)	5,000				TO SUPPORT THE PURCHASE AND OPERATION OF A MOBILE WELDING TRAINING LAB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
PIONEER ELEMENTARY PARENT TEACHER ORGANIZATION (PTO) 66 KAMNIC STREET PIERZ, MN 56364	22-3950703	501(C)(3)	5,000				TO SUPPORT INNOVATIVE CLASSROOM GRANTS IN THE PIERZ SCHOOL DISTRICT
PRINCETON SCHOOL DISTRICT 706 FIRST STREET PRINCETON, MN 55371	41-6008488	SCHOOL DISTRICT	7,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
PROMISE NEIGHBORHOOD OF CENTRAL MINNESOTA PO BOX 6082 ST CLOUD, MN 56302	45-3233276	501(C)(3)	5,000				TO IMPROVE ORGANIZATION'S EFFICIENCY AND EFFECTIVENESS THROUGH BOARD TRAINING AND STAFF DEVELOPMENT IN THE AREAS OF PARTNERSHIP AND FUND DEVELOPMENT, VOLUNTEER COORDINATION, AND DATA MANAGEMENT TO SERVE DISADVANTAGED YOUTH IN GREATER ST CLOUD AREA
ROCORI FOOD SHELF INC PO BOX 307 COLD SPRING, MN 56320	90-1032706	501(C)(3)	5,000				TO PROVIDE GENERAL OPERATING SUPPORT TO THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
SAINT CLOUD AREA FAMILY YMCA 2001 STOCKINGER DRIVE ST CLOUD, MN 56303	41-0952420	501(C)(3)	5,000				TO SUPPORT THE CAPITAL EXPANSION PROJECT
SAINT CLOUD STATE UNIVERSITY 720 FOURTH AVENUE SOUTH ADMINISTRATIVE SERVICES 210 ST CLOUD, MN 56301	41-1687554	UNIT OF GOVERNMENT	10,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
SALEM LUTHERAN CHURCH PO BOX 100 DEERWOOD, MN 56444	41-1463989	501(C)(3)	5,000				TO SUPPORT STRATEGIC PLANNING ASSISTANCE TO HELP SALEM WEST REBUILD AND REORGANIZE MOST EFFECTIVELY AND EFFICIENTLY AFTER THE RECENT FIRE AT THEIR DEERWOOD FACILITY
SAUK RAPIDS-RICE SCHOOL DISTRICT 1833 OSAUKA ROAD NORTHEAST SAUK RAPIDS, MN 56379	41-6000219	SCHOOL DISTRICT	121,549				TO SUPPORT THE COMPASS PROGRAM AT THE SAUK RAPIDS RICE SCHOOL DISTRICT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
SERVEMINNESOTA 120 S 6TH STREET SUITE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	5,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
SHERBURNE COUNTY 13880 BUSINESS CENTER DR ELK RIVER, MN 55330	41-6005895	UNIT OF GOVERNMENT	40,000				TO PROVIDE MATCHING FUNDS FOR A RAIL SPUR FEASIBILITY ANALYSIS THAT WOULD SUPPORT NEW OR EXPANDING BUSINESSES IN THE BECKER INDUSTRIAL PARK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
SHERBURNE COUNTY AREA UNITED WAY 231 MAIN ST NW STE B ELK RIVER, MN 55330	23-7057093	501(C)(3)	5,000				TO SUPPORT A PLANNING PROCESS TO ASSIST THE ORGANIZATION IN ALIGNING WITH UNITED WAY WORLDWIDE'S STANDARDS AND BECOME ISSUES-FOCUSED
SPORTSMEN'S CLUB OF LAKE VERMILION INC DBA VERMILION LAKE ASSOCIATION PO BOX 696 TOWER, MN 55790	41-1311744	501(C)(3)	31,775				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
STAPLES MOTLEY SCHOOL DISTRICT 202 PLEASANT AVE NE STAPLES, MN 564792759	41-1776469	SCHOOL DISTRICT	5,000				TO SUPPORT THE INNOVATIVE SCHOOLS CLASSROOM GRANTS INITIATIVE
STEP PO BOX 206 BROWERVILLE, MN 56438	41-1228493	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
THE LEECH LAKE BAND OF OJIBWE RESERVATION BUSINESS COMMITTEE 190 SAILSTAR DRIVE CASS LAKE, MN 56633	41-1242052	501(C)(3)	5,000				TO SUPPORT PROGRAMMING WHICH HELPS DISCONNECTED YOUTH AGES 16-24 RECEIVE HANDS-ON TRAINING IN CONSTRUCTION, LEADING TO THEIR NATIONAL CENTER FOR CONSTRUCTION EDUCATION & RESEARCH (NCCER) CREDENTIALS AND OBTAIN HIGH SCHOOL DIPLOMAS OR GEDS LEADING TO EMPLOYMENT AND/OR POST-SECONDARY EDUCATION
THE NATIONAL LOON CENTER FOUNDATION 35770 ALLEN AVENUE SUITE 1 CROSSLAKE, MN 56442	82-1717690	501(C)(3)	5,000				TO DEVELOP A SUSTAINABLE BUSINESS PLAN FOR THE NATIONAL LOON CENTER (NLC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
THE YES NETWORK PO BOX 1042 ST CLOUD, MN 56302	32-0419607	501(C)(3)	5,000				TO SUPPORT THE I HAVE A DREAM PROGRAM THAT WILL PROVIDE INTENSIVE SUPPORT TO 35 ELEMENTARY STUDENTS AND THEIR FAMILIES AIMED TO IMPROVE LONG-TERM PHYSICAL AND MENTAL HEALTH OUTCOMES
TRI-COUNTY ACTION PROGRAM INC 1210 23RD AVENUE SOUTH PO BOX 683 WAITE PARK, MN 56387	41-6049739	501(C)(3)	5,000				TO SUPPORT THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT PROVIDES FREE TAX SERVICES TO LOW-INCOME FAMILIES IN THE ST CLOUD AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY COMMUNITY ACTION INC 501 LEMIEUR ST LITTLE FALLS, MN 56345	41-6050237	501(C)(3)	10,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE
UNITED CEREBRAL PALSY OF CENTRAL MN 415 3RD STREET N SUITE 110 WAITE PARK, MN 56387	41-0807591	501(C)(3)	5,000				TO SUPPORT CREATION OF A SOCIAL ENTERPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 ST CLOUD, MN 56303	41-0915124	501(C)(3)	35,000				TO SUPPORT THE GENERAL OPERATIONS AND PROGRAMS OF THE ORGANIZATION
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 ST CLOUD, MN 56303	41-0915124	501(C)(3)	12,000				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ST THOMAS 2115 SUMMIT AVENUE ST PAUL, MN 55105	41-0693970	501(C)(3)	5,000				TO SUPPORT PARTICIPATION OF LOCAL NONPROFIT LEADERS IN A TEN-MONTH COHORT PROGRAM THAT PROVIDES THEM OPPORTUNITIES TO INCREASE LEADERSHIP SKILLS AND ENHANCE ORGANIZATIONAL CAPACITY
UPSALA AREA SCHOOL DISTRICT 415 SOUTH MAIN STREET PO BOX 190 UPSALA, MN 56384		SCHOOL DISTRICT	5,000				TO SUPPORT THE INNOVATIVE SCHOOLS CLASSROOM GRANTS INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
VERNDALE SCHOOL DISTRICT 411 SW BROWN STREET VERNDALE, MN 56481	41-6008239	SCHOOL DISTRICT	5,000				TO SUPPORT THE INNOVATIVE SCHOOLS CLASSROOM GRANTS INITIATIVE
VOLUNTEERS OF AMERICA OF MINNESOTA 7625 METRO BOULEVARD EDINA, MN 55439	41-1554078	501(C)(3)	5,000				TO SUPPORT TRANSITIONAL HOUSING AND SUPPORTIVE CASE MANAGEMENT FOR EIGHT OR MORE FAMILIES TO HELP THEM STABILIZE THEIR LIVING SITUATIONS AND TO ASSIST THEM IN OBTAINING MORE PERMANENT, AFFORDABLE HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
WADENA COUNTY 22 DAYTON AVE SE WADENA, MN 56482	41-6005915	UNIT OF GOVERNMENT	7,540				TO SUPPORT EARLY CHILDHOOD LITERACY AND SCHOOL READINESS
WADENA-DEER CREEK SCHOOL DISTRICT 600 COLFAX AVENUE SW PO BOX 151 WADENA, MN 564820151		SCHOOL DISTRICT	5,000				TO SUPPORT INNOVATIVE CLASSROOM GRANTS IN THE WADENA-DEER CREEK PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
WALKER-HACKENSACK-AKELEY SCHOOL DISTRICT 301 4TH STREET PO BOX 4000 WALKER, MN 56484		SCHOOL DISTRICT	5,000				TO SUPPORT INNOVATIVE CLASSROOM GRANTS IN THE WALKER-HACKENSACK-AKELEY SCHOOLS
WHITEFISH AREA PROPERTY OWNERS ASSOCIATION PO BOX 342 CROSSLAKE, MN 56442	41-1290645	501(C)(3)	7,200				TO SUPPORT THE TESTING OF UP TO 50 LAKES AND STREAMS IN THE PINE RIVER WATERSHED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE FOREVER 2700 FREEWAY BLVD 1000 BROOKLYN CENTER, MN 55430	36-3566121	501(C)(3)	264,800				TO SUPPORT INNOVATIVE STRATEGIES TO PREVENT THE SPREAD OF AQUATIC INVASIVE SPECIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
INITIATIVE FOUNDATION

Employer identification number

36-3451562

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b Yes

2 Yes

4a No

4b Yes

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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 are not 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.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	FOR MOVING EXPENSE AND PERSONAL USE OF COMPANY VEHICLE
PART I, LINE 1B	THERE ARE INTERNAL PROCEDURES TO ADDRESS TREATMENT OF THESE EXPENSES
PART I, LINE 4B	\$1,000 457(B) PLAN CONTRIBUTIONS WERE MADE TO ELIGIBLE EMPLOYEES

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
INITIATIVE FOUNDATION

Employer identification number
36-3451562

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICK BAUERLY	TRUSTEE	50,000	EQUITY INVESTMENT		No
(2) RICK BAUERLY	TRUSTEE	400,204	GIFT OF UNITS FOR FUND		No
(3) RICK BAUERLY	TRUSTEE	300,000	CONTRIBUTIONS FROM PARTNERSHIP TO PARTNER FUND		No
(4) KIM ELLINGSON	TRUSTEE	172,500	PARTICIPATING LENDER WITH EMPLOYER		No
(5) GREG HOHLEN	BUSINESS FINANCE COMMITTEE	654,000	PARTICIPATING LENDER WITH EMPLOYER		No
(6) PAT GORHAM	TRUSTEE	227,122	PARTICIPATING LENDER AT BANK WITH OWNERSHIP		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
INITIATIVE FOUNDATION

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

36-3451562

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RICK BAUERLY AND LARRY KORF ARE INITIATIVE FOUNDATION TRUSTEES RICK BAUERLY IS A PRINCIPAL OWNER FOR GRANITE EQUITY LLC AND LARRY KORF SERVES AS A BOARD MEMBER FOR DEZURIK WHICH IS A GRANITE OWNED COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD HAS DELEGATED REVIEW AND APPROVAL AUTHORITY FOR THE AUDIT APPROVAL AND 990 TO THE INVESTMENT AND AUDIT COMMITTEE PRIOR TO FILING. FOLLOWING COMMITTEE REVIEW AND APPROVAL, THE 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MEMBERS OF THE BOARD OR COMMITTEES WILL NOT PARTICIPATE IN DISCUSSING OR VOTING UPON ANY PROPOSAL OR BUSINESS AGREEMENT IN WHICH THEY HAVE A DIRECT OR INDIRECT PERSONAL OR FINANCIAL INTEREST WITHOUT INFORMING THE BOARD OR COMMITTEE OF A POTENTIAL CONFLICT AS SOON AS IT BECOMES APPARENT. STAFF WILL NOT PROMOTE PROPOSALS OR INITIATE BUSINESS AGREEMENTS THAT WOULD FINANCIALLY BENEFIT THEM OR MEMBERS OF THEIR FAMILY WITHOUT INFORMING THE PRESIDENT. THE BOARD WILL BE NOTIFIED IF THE PRESIDENT HAS A POTENTIAL CONFLICT. IF THE CONFLICT IS DETERMINED TO EXIST, OPTIONS TO BE EMPLOYED, AT THE DISCRETION OF THE CHAIR AND/OR PRESIDENT WOULD INCLUDE, BUT NOT LIMITED TO 1) THE BOARD MEMBER, COMMITTEE MEMBER OR STAFF MEMBER WOULD NOT BE PERMITTED INPUT ON THE DECISION, 2) THE MEMBER IN QUESTION MAY RESPOND TO SPECIFIC INQUIRIES REGARDING THE DECISION, BUT NOT PARTICIPATE IN MAKING THE DECISION, 3) THE MEMBER IN QUESTION SHALL LEAVE THE ROOM WHILE THE ITEM IS UNDER DISCUSSION. BOARD/COMMITTEE/STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AT THE BEGINNING OF EACH CALENDAR YEAR OR UPON APPOINTMENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION STUDY WAS CONDUCTED BY AN EXTERNAL FIRM A REVIEW OF MARKET COMPENSATION FOR COMPARABLE FOUNDATIONS PLUS OTHER MINNESOTA INITIATIVE FOUNDATIONS IS CONDUCTED ANNUALLY A MARKET COMPENSATION STUDIES ARE REVIEWED FROM THE MINNESOTA COUNCIL ON FOUNDATIONS AND COUNCIL OF FOUNDATIONS SHRM RESOURCES ARE ALSO USED ALONG WITH TEMP AGENCY COMPENSATION WAGE REFERENCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST WE ALSO PRODUCE AN ANNUAL REPORT THAT IS AVAILABLE FOR THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE WITHIN THE ANNUAL REPORT OR UPON REQUEST THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC