

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTHWEST MINNESOTA FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
201 3RD ST NW

City or town, state or province, country, and ZIP or foreign postal code
BEMIDJI, MN 56601

D Employer identification number
41-1556013

E Telephone number

G Gross receipts \$ 22,629,098

F Name and address of principal officer
NANCY VYSKOCIL
201 3RD ST NW
BEMIDJI, MN 56601

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: ▶ NWMF.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile
MN

Part I Summary

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

2 Check this box 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)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	22
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,975,762	4,397,418
9 Program service revenue (Part VIII, line 2g)	375,103	406,643
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,441,215	4,339,100
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,792,080	9,143,161
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,572,596	3,193,649
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,390,317	1,486,834
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶237,967		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,196,378	1,061,386
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,159,291	5,741,869
19 Revenue less expenses Subtract line 18 from line 12	4,632,789	3,401,292

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	70,311,259	74,567,715
21 Total liabilities (Part X, line 26)	4,436,023	5,312,550
22 Net assets or fund balances Subtract line 21 from line 20	65,875,236	69,255,165

Part II Signature Block

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

Sign Here

Signature of officer
Date 2019-05-10

NANCY VYSKOCIL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Seth Holte	Preparer's signature Seth Holte	Date 2019-05-02	Check <input type="checkbox"/> if self-employed	PTIN P01693743
Firm's name ▶ Haukebo Van Batavia Holte LLC			Firm's EIN ▶ 81-4233921	
Firm's address ▶ PO Box 348 Park Rapids, MN 56470			Phone no (218) 732-5769	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE NORTHWEST MINNESOTA FOUNDATION INVESTS RESOURCES, FACILITATES COLLABORATION, AND PROMOTES PHILANTHROPY TO MAKE THE REGION A BETTER PLACE TO LIVE AND WORK

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,565,995 including grants of \$ 3,193,649) (Revenue \$ 406,643)
See Additional Data

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

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

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

4e Total program service expenses ▶ 4,565,995

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		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>		No
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>	Yes	
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 Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b 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? (No); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 11b 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] Another's website, [X] 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 (JOHN SHIMKUS 201 3RD ST NW BEMIDJI, MN 56601 (218) 759-2057)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) TOM ANDERSON CHAIR	4 00 0 00	X		X				0	0	0
(2) KRISTIN EGGERLING VICE CHAIR	4 00 0 00	X		X				0	0	0
(3) CATHY FORGIT SECRETARY	4 00 0 00	X		X				0	0	0
(4) LEAH PIGATTI TREASURER	4 00 0 00	X		X				0	0	0
(5) JON LINNELL DIRECTOR	4 00 0 00	X						0	0	0
(6) PETE HAADELAND DIRECTOR	4 00 0 00	X						0	0	0
(7) STEVEN ANDERSON DIRECTOR	4 00 0 00	X						0	0	0
(8) MICHELLE PAQUIN DIRECTOR	4 00 0 00	X						0	0	0
(9) TODD BECKEL DIRECTOR	4 00 0 00	X						0	0	0
(10) KARIE WHITSON-KIRSCHBAUM DIRECTOR	4 00 0 00	X						0	0	0
(11) TIM HAGL DIRECTOR	4 00 0 00	X						0	0	0
(12) DENNIS BONA DIRECTOR	4 00 0 00	X						0	0	0
(13) NANCY VYSKOCIL PRESIDENT	40 00 0 00			X		X		138,853	0	22,029
(14) KAREN WHITE CHIEF STRATEGY OFFICER	0 00 0 00					X		106,311	0	5,427

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										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							245,164	0	27,456	

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 ▶ **2**

	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
COMPASS CAPITAL MANAGEMENT INC, SUITE 400 BAKER BLDG 706 2ND AVE MINNEAPOLIS, MN 55402	INVESTMENT MGMT	144,200

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	85,066			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,312,352			
	g Noncash contributions included in lines 1a-1f \$ _____		2,431,077			
	h Total. Add lines 1a-1f		4,397,418			
Program Service Revenue		Business Code				
	2a PARTICIPATION FEES	900099	239,424	239,424		
	b INTEREST REVENUE - LOAN	900099	159,409	159,409		
	c LOAN APPLICATION FEES	900099	7,810	7,810		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		406,643				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,513,984		1,513,984	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	16,311,053			
		(ii) Other				
		b Less cost or other basis and sales expenses	13,485,937			
		c Gain or (loss)	2,825,116			
	d Net gain or (loss)		2,825,116		2,825,116	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
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 _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		9,143,161	406,643	0	4,339,100	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,879,098	2,879,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	314,551	314,551		
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.				
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.	1,203,950	578,907	498,350	126,693
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	282,884	117,944	118,494	46,446
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,280	2,605		675
c Accounting.	18,100		18,100	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	265,487	260,130	5,357	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	152,112	117,362	9,675	25,075
12 Advertising and promotion.	13,729	479	10,947	2,303
13 Office expenses.	90,235	19,727	57,854	12,654
14 Information technology.				
15 Royalties.				
16 Occupancy.	26,911	12,334	14,577	
17 Travel.	71,274	33,675	23,497	14,102
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	39,304	20,934	18,370	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	114,892	41,270	73,622	
23 Insurance.	9,473	2,093	7,380	
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 MAINTENANCE & REPAIR	91,678	41,602	50,076	
b MISCELLANEOUS	86,731	63,266	18,449	5,016
c EDUCATION	28,573	12,308	12,041	4,224
d LOAN LOSS PROVISION	53,653	53,653		
e All other expenses	-4,046	-5,943	1,118	779
25 Total functional expenses. Add lines 1 through 24e.	5,741,869	4,565,995	937,907	237,967
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	150	1	150
	2 Savings and temporary cash investments	1,072,359	2	811,823
	3 Pledges and grants receivable, net	391,753	3	360,210
	4 Accounts receivable, net	19,471	4	6,741
	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	3,518,521	7	3,695,401
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,824	9	18,449
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,197,569		
	b Less accumulated depreciation	647,244		
		3,329,045	10c	2,550,325
	11 Investments—publicly traded securities	59,952,766	11	64,211,324
	12 Investments—other securities See Part IV, line 11	1,841,975	12	2,125,705
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	175,395	15	787,587	
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,311,259	16	74,567,715	
Liabilities	17 Accounts payable and accrued expenses	151,299	17	148,839
	18 Grants payable	102,950	18	46,000
	19 Deferred revenue	1,747	19	1,061,747
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	2,017,611	23	1,803,652
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,162,416	25	2,252,312
	26 Total liabilities. Add lines 17 through 25	4,436,023	26	5,312,550
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	348,569	27	307,752
	28 Temporarily restricted net assets	26,120,073	28	27,146,992
	29 Permanently restricted net assets	39,406,594	29	41,800,421
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	65,875,236	33	69,255,165
	34 Total liabilities and net assets/fund balances	70,311,259	34	74,567,715

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,143,161
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,741,869
3	Revenue less expenses Subtract line 2 from line 1	3	3,401,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,875,236
5	Net unrealized gains (losses) on investments	5	-21,363
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	69,255,165

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1556013

Name: NORTHWEST MINNESOTA FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

(A) TRAINING AND EDUCATION THE FOUNDATION IS COMMITTED TO STRENGTHENING THE ABILITY OF THE REGIONS COMMUNITIES AND ORGANIZATIONS TO CONFRONT PROBLEMS AND ISSUES WITH GOOD DECISION MAKING SKILLS THE FOUNDATION BELIEVES THAT SKILLED LEADERSHIP IS ESSENTIAL TO ENSURE THAT PEOPLE RETAIN THE ABILITY TO CREATE A BRIGHT FUTURE FOR THE AREA, AS LEADERSHIP IS A KEY INGREDIENT IN IMPLEMENTING CONSTRUCTIVE CHANGE A TOTAL OF \$236,583 WAS SPENT FOR TRAINING AND EDUCATION IN FY 2018 AND INCLUDED THE FOLLOWING ACTIVITIES * TWO TWO DAY, ONE-NIGHT AND TWO ONE-DAY ELEMENTARY AND MIDDLE SCHOOL YOUTH LEADERSHIP SESSIONS WERE HELD IN THE FALL OF 2017 WITH 123 PARTICIPANTS THE RETREAT PARTICIPANTS ALSO RECEIVED SCHOOL SITE SEL(SOCIAL, EMOTIONAL, LEARNING) TRAINING DURING THE WINTER OF 2017 ACTUAL SPENT \$79,869* THE VITAL NONPROFITS PROGRAM IS A TWO-YEAR TRAINING PROGRAM FOR NON-PROFITS FIVE NONPROFIT ORGANIZATIONS FROM THE SERVICE AREA WERE SELECTED THROUGH A COMPETITIVE APPLICATION PROCESS EACH ORGANIZATION IS PAIRED WITH A CONSULTANT GUIDE TO HELP THEM THROUGH EACH OF EIGHT MODULES BY PROVIDING ASSESSMENTS AND TECHNICAL ASSISTANCE TRAINERS WERE HIRED TO LEAD ON TOPICS OF STRENGTHS-BASED COACHING, MISSION AND VISION, PLANNING AND EVALUATION, GOVERNANCE, FINANCIAL MANAGEMENT, FUNDRAISING, HUMAN RESOURCES, AND COMMUNICATIONS IN FY 2018, THE PROGRAM REACHED APPROXIMATELY 35 PARTICIPANTS FROM THESE ORGANIZATIONS (EXECUTIVE DIRECTORS, BOARD AND STAFF) AND 5 PUBLIC PARTICIPANTS THE PEER LEARNING COHORT MODEL ALLOWS FOR THE ORGANIZATIONS TO SHARE COMMON ISSUES AND LEARN FROM EACH OTHER THROUGHOUT THE TWO-YEAR PROGRAM CONSULTANTS WERE ALSO HIRED TO COMPLETE EVALUATION WORK OF THE PROGRAM ACTUAL SPENT \$78,114* TECHNICAL ASSISTANCE IS AVAILABLE TO HELP ENTREPRENEURS UNDERSTAND THEIR STRENGTHS AND NEEDS IN ESTABLISHING OR EXPANDING SELF-EMPLOYMENT OPPORTUNITY INDIVIDUAL TRAINING WAS PROVIDED THROUGHOUT THE REGION ACTUAL SPENT (BOTH NMF AND SBA TA) \$78,600B) GRANTS GRANT PROGRAMS HAVE BEEN ESTABLISHED PROVIDING FLEXIBILITY TO NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES AS THEY ADDRESS ORGANIZATIONAL, COMMUNITY AND REGIONAL ISSUES EACH PROGRAM HAS ITS OWN SET OF PRIORITIES, ELIGIBILITY AND REVIEW PROCESS A TOTAL OF \$2,143,161 WAS AWARDED FOR GRANT PROGRAMS IN FY 2018 AND INCLUDED THE FOLLOWING * FOURTEEN GRANTS TOTALING \$13,416 WERE AWARDED FOR CONTINUING SUPPORT OF SMALL BUSINESSES TO RECEIVE ASSISTANCE WITH BUSINESS MANAGEMENT TECHNIQUES * GRANTS ARE MADE TO PROMOTE, PRESERVE OR ADD VALUE TO THE REGIONS NATURAL RESOURCE BASE THREE GRANTS TOTALING \$57,000 WERE AWARDED UNDER THIS PROGRAM *THREE GRANTS TOTALING \$118,000 WERE AWARDED FOR JOINT VENTURES THAT SPECIFICALLY ADDRESS THE NEEDS OF CHILDREN, FAMILIES, AND THE ELDERLY * AS PART OF THE FOUNDATIONS COMMITMENT TO STRENGTHEN THE CAPACITY OF INDIVIDUALS, ORGANIZATIONS AND COMMUNITIES TO SHAPE THEIR FUTURE, WE ADMINISTER COMPONENT FUNDS TO ASSIST COMMUNITIES AND NON-PROFIT AGENCIES IN BUILDING THEIR RESOURCES THERE WERE 398 COMPONENT FUNDS UNDER THIS PROGRAM A TOTAL OF 595 GRANTS AND SCHOLARSHIPS TOTALING \$1,712,515 WERE AWARDED IN FY 2018 * THIRTEEN GRANTS TOTALING \$152,500 WERE AWARDED TO LOCAL GOVERNMENTS FOR COMMUNITY AND ECONOMIC DEVELOPMENT * THREE GRANTS TOTALING \$57,000 WERE AWARDED UNDER A PROGRAM TO HELP ORGANIZATIONS DEVELOP NEW NETWORKS, FOSTER COALITION BUILDING, AND PROMOTE COLLABORATIONS BETWEEN HUMAN SERVICE PROVIDERS, OTHER ORGANIZATIONS, AND/OR PUBLIC AGENCIES * SIX GRANTS TOTALING \$33,000 WERE AWARDED UNDER THE IDEA (INGENUITY DRIVES ENTREPRENEUR ACCELERATION) PROGRAM, WHICH ASSISTS PROMISING LOCAL ENTREPRENEURS IN THE COMMERCIALIZATION OF INNOVATIVE PRODUCTS, PROCESSES AND DELIVERIES BY CONNECTING THEM TO THE BEST RESOURCES AVAILABLE C) BUSINESS DEVELOPMENT THE FOUNDATION IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN THE NORTHWEST REGION OF MINNESOTA AS PART OF THAT MISSION, SEVERAL BUSINESS DEVELOPMENT PROGRAMS ARE AVAILABLE TO PROMOTE A HIGH LEVEL OF ECONOMIC OPPORTUNITY IN THE REGION TWENTY SIX LOANS WERE FUNDED UNDER THE BUSINESS DEVELOPMENT PROGRAMS IN FY 2018 AND INCLUDED THE FOLLOWING * THE ENTREPRENEUR DEVELOPMENT LOAN PROGRAM PROVIDES SMALL BUSINESS LOANS TO ENTREPRENEURS WHO HAVE EXPERIENCE, EXPERTISE AND A WELL-DEVELOPED BUSINESS PLAN TWENTY LOANS TOTALING \$334,200 WERE FUNDED UNDER THIS PROGRAM * THE BUSINESS FINANCE PROGRAM (BFP) IS AN ECONOMIC DEVELOPMENT LOAN PROGRAM TYPICALLY ENGAGED IN MAKING GAP LOANS THE BFP PARTNERS WITH COMMERCIAL BANKS THAT ARE UNWILLING TO ASSUME THE RISK OF GRANTING AN ENTIRE LOAN REQUEST THE BFP WAS ESTABLISHED WITH THE EXPRESS PURPOSE OF ENCOURAGING PRIVATE INVESTMENT, INCREASING EMPLOYMENT, AND PROMOTING ECONOMIC DEVELOPMENT IN NORTHWEST MINNESOTA LOANS ARE MADE FOR PROJECTS THAT CREATE JOBS THAT HAVE LONG-TERM COMMUNITY BENEFIT, FURTHER DIVERSIFY THE AREAS ECONOMY, AND LEVERAGE OTHER SOURCES OF FUNDS TO INCREASE TOTAL CAPITAL INTO THE REGION IN 2018, SIX LOANS TOTALING \$893,000 WERE FUNDED UNDER THIS PROGRAM TWO OF THESE LOANS WERE EXTENDED TO HELP EXISTING MANUFACTURING BUSINESSES MOVE INTO NMF SERVICE AREA ONE LOAN WAS EXTENDED TO HELP AN INDIVIDUAL START HIS OWN BUSINESS ONE LOAN WAS EXTENDED TO HELP PRESERVE AN EXISTING MANUFACTURING BUSINESS FINALLY, TWO LOANS WERE MADE TO HELP EXISTING BUSINESSES CONSTRUCT NEW BUILDINGS AND EXPAND THEIR SERVICES D) ADMINISTRATIVE EXPENSES THE FOUNDATION INCURRED \$1,170,282 IN ADMINISTRATIVE COSTS FOR DELIVERY OF PROGRAM SERVICES THESE COSTS INCLUDED SALARIES, FRINGE BENEFITS, PURCHASED SERVICES, OFFICE SUPPLIES, TELEPHONE, SUBSCRIPTIONS, POSTAGE, PRINTING, EDUCATION, TRAVEL, LOAN LOSSES, LOAN INTEREST, PROMOTION AND OVERHEAD

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.")	4,158,735	6,302,379	3,943,622	4,975,762	4,397,418	23,777,916
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	4,158,735	6,302,379	3,943,622	4,975,762	4,397,418	23,777,916
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,307,942
6	Public support. Subtract line 5 from line 4						18,469,974

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	4,158,735	6,302,379	3,943,622	4,975,762	4,397,418	23,777,916
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,239,304	3,423,683	2,121,991	5,713,808	4,317,737	19,816,523
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						43,594,439
12	Gross receipts from related activities, etc. (see instructions)					12	

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	42.370 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	43.480 %

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

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

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

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

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

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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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.			

Additional Data

Software ID:

Software Version:

EIN: 41-1556013

Name: NORTHWEST MINNESOTA FOUNDATION

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

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
NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	23	
2 Aggregate value of contributions to (during year)	638,206	
3 Aggregate value of grants from (during year)	130,605	
4 Aggregate value at end of year	5,223,843	

- 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 ▶ \$ _____

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	55,138,579	50,553,751	49,566,521	46,143,331	38,746,587
b Contributions	2,271,226	1,932,869	1,492,415	3,299,905	2,345,619
c Net investment earnings, gains, and losses	4,201,218	5,582,909	1,805,515	2,465,246	6,299,906
d Grants or scholarships					
e Other expenditures for facilities and programs	1,362,000	1,455,000	1,258,000	1,157,000	1,057,000
f Administrative expenses	1,173,991	1,475,950	1,052,700	1,184,961	191,781
g End of year balance	59,075,032	55,138,579	50,553,751	49,566,521	46,143,331

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment 70 760 %
 - b** Permanent endowment 70 760 %
 - c** Temporarily restricted endowment 29 240 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,000		138,000
b Buildings		2,663,654	357,857	2,305,797
c Leasehold improvements				
d Equipment		393,415	289,387	104,028
e Other		2,500		2,500
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,550,325

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER EQUITY INVESTMENTS	2,125,705	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,125,705	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY PAYABLE	211,140
AGENCY ENDOWMENT LIABILITY	2,041,172
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,252,312

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	9,121,798
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-21,363
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	-21,363
3	Subtract line 2e from line 1	3	9,143,161
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,143,161

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	5,741,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,741,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,741,869

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: 41-1556013

Name: NORTHWEST MINNESOTA FOUNDATION

Supplemental Information

Return Reference	Explanation
Endowment funds intended uses (Part V, line 4)	ENDOWMENT FUNDS ARE HELD AND ADMINISTERED FOR THE PURPOSE OF CONTINUING THE ADMINISTRATION AND PROGRAM ACTIVITIES OF THE NORTHWEST MINNESOTA FOUNDATION

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BUSINESS TECHNICAL ASSISTANCE	14	12,651			
(2) IDEA AWARD	6	33,000			
(3) SCHOLARSHIP	238	268,900			
(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
Monitoring procedures (Part I, line 2)	AFTER A GENERAL GRANT IS AWARDED, AN AWARD LETTER IS SENT WHICH IS SIGNED BY THE GRANTEE THIS LETTER IS SUBJECT TO THE GRANTEE ACCEPTING THE TERMS OF THE AWARD LETTER, INCLUDING WHEN PAYMENTS WILL BE SENT AND WHEN REPORTS WILL BE DUE NORMALLY, THE FIRST PAYMENT IS SENT AFTER THE GRANTEE SIGNS THIS AGREEMENT SUBSEQUENT PAYMENTS ARE SENT AFTER SATISFACTORY REPORTS FROM THE GRANTEE ARE RECEIVED WITH COMPONENT FUNDS, PAYMENT IS SENT AFTER REQUIRED MATERIALS ARE RECEIVED FROM THE ADVISORY COMMITTEE SCHOLARSHIP PAYMENTS ARE SENT DIRECTLY TO THE POST-SECONDARY SCHOOLS AFTER REQUIRED INFORMATION IS RECEIVED FROM THE STUDENTS

Additional Data

Software ID:
Software Version:
EIN: 41-1556013
Name: NORTHWEST MINNESOTA 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
ADULT DAY SERVICES INC 620 CARR LAKE RD SE BEMIDJI, MN 56601	43-1690840		10,000				NUTRITIONAL HEALTHON SITE MEAL PROGRAM D
AGASSIZ AUDUBON SOCIETY P O BOX 152 WARREN, MN 56762	41-1434405		18,500				POLLINATOR GARDEN KIOSK AND TRAIL MAP DE

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

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BELTRAMI AREA SERVICE COLLABORATIVE 616 AMERICA AVENUE BEMIDJI, MN 56601	41-1941453		12,000				PACT BEHAVIORAL HEALTH
BELTRAMI COUNTY 701 MINNESOTA AVENUE BEMIDJI, MN 56601	41-6005757		108,500				NORTHLAND REGIONAL SHOOTING SPORTS PARK

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

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BELTRAMI COUNTY AGRICULTURE ASSOCIA 7223 FAIRGROUNDS RD NW STE 7B BEMIDJI, MN 56601	41-0800981		7,000				BELTRAMI COUNTY FAIR CULTURAL AND ECONOM
BEMIDJI AREA COMMUNITY FUND 201 3RD STREET NW BEMIDJI, MN 56601	41-1556013		10,000				NW MN DONATION

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

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BEMIDJI AREA SCHOOL DISTRICT #31 502 MINNESOTA AVENUE BEMIDJI, MN 56601	41-6000018		90,450				SCHOOL ACTIVITIES EQUIPMENT & SERVICES
BEMIDJI COMMUNITY FOOD SHELF POBOX 3118 BEMIDJI, MN 566193118	41-1494430		30,250				GENERAL FUND DONATION DONATION FOR EXP

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

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BEMIDJI COMMUNITY THEATER 314 BELTRAMI AVENUE BEMIDJI, MN 56601	41-1556013		8,350				HOME OF OUR OWN FEASIBILITY STUDY TRAIN
BIG SAND LAKE ASSOCIATION P O BOX 181 PARK RAPIDS, MN 564700181	41-1618390		9,724				HUBBARD COUNTY AIS WATERCRAFT INSPECTION

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

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BOYS & GIRLS CLUB OF THE BEMIDJI AR P O BOX 191 BEMIDJI, MN 56601	81-0599601		21,900				HOLIDAY MATCHING GIFT NATL FINE ARTS P
CENTER CITY HOUSING CORPORATION 105 A12 W FIRST STREET DULUTH, MN 55802	36-3485584		20,000				PARK PLACE APARTMENTS START UP SERVICES

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

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CITY OF ADA P O BOX 32 ADA, MN 56510	41-6004912		130,837				ADA AREA EVENTS CENTER
CITY OF ARGYLE P O BOX 288 ARGYLE, MN 56713	41-6004940		8,379				SUMMER REC GARDEN CLUB CITY PROJECTS F

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

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CITY OF BADGER P O BOX 193 BADGER, MN 56714	41-6008668		18,000				ART WORK FOR HERITAGE WALL VETERANS MEM
CITY OF BEMIDJI PARKSRECS DEPARTME 1351 5TH STREEET NW BEMIDJI, MN 56601	41-6004972		34,304				PAUL BUNYAN PARK INCLUSIVE PLAYGROUND

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

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CITY OF FERTILE 101 S MILL STREET FERTILE, MN 56540	41-6005154		15,000				SAND HILL CLUBHOUSE FLOOR COVERING WIND
CITY OF HALLOCK P O BOX 336 HALLOCK, MN 567280336	41-6005211		36,000				MAIN STREET NATURE- BASED BEAUTIFICATION

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

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CITY OF MAHNOMEN 104 W MADISON AVENUE MAHNOMEN, MN 56557	41-6005340		11,685				REUSE OF 2ND FLOOR HISTORIC CITY HALLPU
CITY OF ROSEAU P O BOX 307 ROSEAU, MN 56751	41-6005499		196,980				GAZEBO CONCERT SERIES FIRE DEPT S RIV

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

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CITY OF STEPHEN P O BOX 630 STEPHEN, MN 56757	41-6005860		13,333				RIVERSIDE GOLF GREEN#3 EXPANSION & REDES
CITY OF THIEF RIVER FALLS 405 3RD STREET E THIEF RIVER FALLS, MN 56701	41-6005572		9,500				SAVE THE LOCOMOTIVE ENGINE FUND TRAIN

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

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CLEAR WATERS LIFE CENTER 256 2ND AVENUE SW CLEARBROOK, MN 56634	77-0643868		26,500				COMMUNITY ART CLASSES YOUTH CONNECTION
CLEARWATER HOSPICE 212 MAIN AVENUE N BAGLEY, MN 56621	41-6005779		34,737				2017 ON CALL EXPENSES HOSPICE EXPENSES

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

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CROOKSTON ISD #593 402 FISHER AVENUE S CROOKSTON, MN 56716	41-6003279		19,333				SAFETY TRIANING ALIGNMENT SUMMITS REIM
FACE IT TOGETHER BEMIDJI 408 BELTRAMI AVENUE BEMIDJI, MN 56601	47-4172828		12,500				SUPPORT FOR INDIVIDUALS IMPACTED BY DRUG

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

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FAIR MEADOW NURSING HOME P O BOX 8 FERTILE, MN 56540	41-0908403		10,000				APOLLO PROJECTS BATHTUBS
FIRST CARE MEDICAL SERVICES FOUNDAT 900 HILLIGOSS BLVD SE FOSSTON, MN 56542	41-0706143		8,400				FIT TRAIL EXERCISE EQUIPMENT INSTALLATIO

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

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FISHER INDEPENDENT SCHOOL DIST #600 313 PARK AVENUE FISHER, MN 56723	41-6003286		5,750				LITTLE KNIGHTS PRESCHOOL SOPHIES COURA
FOSSTON COMMUNITY LIBRARY & ARTS AS P O BOX 73 FOSSTON, MN 56542	41-1382174		9,602				RIGHT SIDE OF THE ARTS III LIBRARY & AR

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

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FOSSTON INDEPENDENT SCHOOL DIST #60 301 E 1ST STREET FOSSTON, MN 56542	41-6003330		18,132				DISCOVERING DIVERSITY CYBER SAFETYDIGI
FRIENDS OF RYDELL AND GLACIAL RIDGE 17788 349TH STREET SE ERSKINE, MN 56535	41-1869202		13,000				COMPUTER SYSTEM FOR GIFT SHOP AND INTERN

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

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HEADWATERS REGIONAL DEVELOPMENT COM P O BOX 906 BEMIDJI, MN 566190906	41-0983661		40,000				YOUTH ENTREPRENEUR DEVELOPMENT PROJECT
HEADWATERS SCHOOL OF MUSIC & ARTS 519 MINNESOTA AVENUE NW BEMIDJI, MN 56601	41-1730200		18,150				THEATER CAMPS ART CAMP VOCAL COMPETITI

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

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HERITAGE COMMUNITY CENTER 301 E 4TH STREET THIEF RIVER FALLS, MN 56701	41-1454506		9,500				OPERATING FUNDS DONATION SR CITIZEN PR
HUBBARD COUNTY REGIONAL ECONOMIC DE 301 COURT AVENUE PARK RAPIDS, MN 56470	20-4208381		10,000				MARKETING & PROGRAM OPERATING EXPENSE

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

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INDEPENDENT LIFESTYLES 215 N BENTON DRIVE SAUK RAPIDS, MN 563791530	41-1871141		10,000				CAMP BLISS RETREATS FOR VETERANS AND PEO
LAKE OF THE WOODS COUNTY EDA P O BOX 937 BAUDETTE, MN 56623	87-0777353		7,000				LAKE OF THE WOODS COUNTY HOUSING CAPACIT

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

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LAO ASSISTANCE CENTER OF MINNESOTA 503 IRVING AVENUE MINNEAPOLIS, MN 55406	36-3255880		12,500				WARROAD LAO ENGAGEMENT PROJECT
LIFECARE MEDICAL CENTER 715 DELMORE DRIVE ROSEAU, MN 56751	41-1804205		13,500				STORAGE SHED GREENBUSH MANOR SWIFT MEDI

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

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LIFECARE ROSEAU MANOR 715 DELMORE DRIVE ROSEAU, MN 56751	41-1556013		6,650				COMFORT CART PULL BEHIND CUSTOM TRAILER
MARSHALL COUNTY CENTRAL SCHOOL DIST P O BOX 189 NEWFOLDEN, MN 56738	41-6002086		10,000				PLAYGROUND EQUIPMENT SUMMER RECREATION

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

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MENTAL HEALTH USA 7899 GRANT CREEK RD NW BEMIDJI, MN 56601	82-3266637		8,000				MENTAL HEALTH SUPPORT GROUP LEADER TRAIN
MINNESOTA COUNCIL OF NONPROFITS 2314 UNIVERSITY AVENUE SAINT PAUL, MN 55114	36-3501477		15,000				STRENGTHENING NW MN NONPROFIT WORKFORCE

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

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MINNESOTA SUPER BOWL HOST COMMITTEE 101 FIFTH STREET E SUITE SAINT PAUL, MN 55101	41-0832480		25,000				52 WEEKS OF GIVING - NORTHWEST MINNESOTA
MISSISSIPPI HEADWATERS AREA DENTAL 1405 ANNE STREET NW BEMIDJI, MN 56601	84-1711812		7,000				FEASIBILITY STUDY FOR SATELLITE CLINIC E

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

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NAMELESS COALITION FOR THE HOMELESS P O BOX 353 BEMIDJI, MN 56601	47-2472053		12,200				DONATION OPERATING FUNDS FOR WOLFE SHEL
NEW ENGLAND AMATEUR SKATING FOUNDAT P O BOX 6881 PROVIDENCE, RI 02940	22-3018121		8,000				SPONSOR EXPENSES FOR KAI KOVAR

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

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NORMAN COUNTY WEST DISTRICT 2527-VA P O BOX 328 HALSTAD, MN 56548	41-1692542		22,000				VALLEY INNOVATOIN PROGRAM DIRECTOR POSIT
NORTH COUNTRY FOOD BANK INC 424 N BROADWAY CROOKSTON, MN 56716	41-1459758		15,000				MORE HEALTHY FRESH PRODUCE FOR NW MINNES

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

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NORTHWEST COMMUNITY ACTION INC P O BOX 57 312 N MAIN BADGER, MN 56714	41-0888567		35,000				ROSEAU COUNTY INMATE TRANSITION PROJECT
NORTHWEST TECHNICAL COLLEGE OF BEMI 905 GRANT AVENUE SE BEMIDJI, MN 566014907	41-1687554		20,000				BREEN SCHOLARSHIPS

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NORTHWOODS INTERFAITH VOLUNTEER CAR 616 AMERICA AVENUE BEMIDJI, MN 56601	41-1993133		12,500				OPTIONS TO STAY AT HOME
PARK RAPIDS COMMUNITY DEVELOPMENT C P O BOX 451 PARK RAPIDS, MN 56470	45-2181580		10,000				PARK RAPIDS COMMUNITY BRANDING PROJECT

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PARK RAPIDS ISD #309 301 HUNTSINGER AVENUE PARK RAPIDS, MN 56470	41-6001518		6,000				COMMUNITY CAREER COLLABORATION PROJECT
PEACEMAKER RESOURCES 3124 HANNAH AVENUE BEMIDJI, MN 56601	45-0507287		16,500				RESPECTFUL COMMUNITIES DONATION

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REAL GOOD BATH AND BODY LLC 1605 RADISSON ROAD CROOKSTON, MN 56716	47-2482937		10,000				IDEA COMPETITION WINNER
RED LAKE BAND OF CHIPPEWA INDIANS 15484 MIGIZI DRIVE REDLAKE, MN 56671	41-0692381		10,000				COMPREHENSIVE LAND USE PLANNING

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

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RED LAKE RIVER CORRIDOR JOINT POWER CROOKSTON CITY HALL CROOKSTON, MN 56716	41-6005076		10,000				ENGAGING COMMUNITIES & CREATING COMMON I
ROSEAU PARKS & RECREATION FUND 704 9TH STREET SE ROSEAU, MN 56751	41-1556013		7,500				KAYAK DOCK EXERCISE EQUIPMENT FOR TRAIL

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

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SANFORD HEALTH FOUNDATION OF NORTHE 1300 ANNE STREET NW BEMIDJI, MN 56601	41-1389317		13,600				HEART CENTER ENBRIDGE MATCH GIFT BAGLE
STEPHEN ARTS COUNCIL PO BOX 403 STEPHEN, MN 56757	41-1793245		5,559				PROJECTOR CEILING TILES SHELVING ART

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

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STEPHEN-ARGYLE SCHOOL DIST #2856 P O BOX 68 STEPHEN, MN 567570068	41-1843125		6,765				EARLY CHILDHOOD DENTAL NETWORK PIANO BO
T DUANE LILLEVOLD DBA SAFE D TRANS 724 31ST STREET NW BEMIDJI, MN 56601	47-7485718		10,000				IDEA COMPETITION WINNER

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

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THE NATURE CONSERVANCY 1101 WEST RIVER PLACE MINNEAPOLIS, MN 55415	53-0242652		12,500				GRASSLAND CONSERVATION FELLOWSHIP PROGRA
THE WHITE EARTH LAND RECOVERY PROJE 607 MAIN AVENUE CALLAWAY, MN 56521	41-1673625		12,500				INSTITUTIONAL ANALYSIS

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

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TREKNORTH JUNIOR AND SENIOR HIGH SC 2400 PINE RIDGE AVENUE NW BEMIDJI, MN 56601	35-2190032		6,000				HARNESSING INNER HERO EMPOWERING AT RIS
TRUE FRIENDS 10509 108TH STREET NW ANNANDALE, MN 55302	41-1543013		14,200				CAMP COURAGE

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

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WARREN LIVING AT HOMEBLOCK NURSE P 110 W JOHNSON AVENUE SUITE 1 WARREN, MN 56762	41-1392863		5,500				HELPING SENIORS STAY AT HOME LONGER
WARREN SENIOR CITIZENS CENTER 120 E BRIDGE AVENUE WARREN, MN 56762	41-0872993		6,500				SENIOR CENTER SOCIALIZATION & HEALTH AW

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

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WARROAD COMMUNITY PARTNERS P O BOX 265 WARROAD, MN 56763	47-2039677		23,000				PLAID WALLEYE COMMUNITY BRANDING & MARK
WARROAD INDEPENDENT SCHOOL DIST #69 510 CEDAR AVENUE WARROAD, MN 56763	41-6003720		7,675				ROBOTICS EQUIPMENT RENOVATIONS AND RETO

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
WARROAD INDEPENDENT SCHOOL DISTRICT 510 CEDAR AVENUE NW WARROAD, MN 567632708	41-6003720		67,079				ELEMENTARY SCHOOL PAMUSIC SYSTEMEVERLA
WATERMARK ART CENTER 505 BEMIDJI AVENUE N BEMIDJI, MN 566013091	41-1287739		180,722				WATERMARK PROJECT FUND

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	1b	
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?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	
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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY VYSKOCIL PRESIDENT	(i)	138,853				22,029	160,882	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	2,431,077	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
NORTHWEST MINNESOTA 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

41-1556013

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	THE 990 WILL BE PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Conflict of interest policy compliance Part VI line 12c	THE BOARD OF DIRECTORS MUST YEARLY SIGN THE CONFLICT OF INTEREST POLICY, WHICH IS WRITTEN TO EMPHASIZE FAIRNESS, CONSISTENCY AND INTEGRITY IN ALL OF ITS DECISION MAKING THE INTENT OF THE POLICY IS TO ENSURE THAT THERE WILL BE NO BASIS FOR LEGAL ACTION OR ACCUSATIONS OF SELF-DEALING THE BOARD WILL EXCLUDE ANY MEMBER FROM ALL DELIBERATIONS AND DECISIONS CONCERNING ACTIONS ON ANY PROJECT, SERVICE, OR OTHER MATTER PROPOSED FOR FUNDING IN WHICH SUCH MEMBER MAY HAVE A DIRECT OR INDIRECT FIDUCIARY INTEREST ANY MEMBER OF THE BOARD MAY QUESTION ANOTHER BOARD MEMBER AS TO CONFLICT OF INTEREST, AND THE BOARD OF DIRECTORS AS A WHOLE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CEO executive director top management comp Part VI line 15a	THE PRESIDENT IS SUBJECT TO ANNUAL REVIEW BY THE BOARD, WHO THEN DETERMINES THE SALARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other officer or key employee compensation Part VI line 15b	KEY EMPLOYEE COMPENSATION IS REVIEWED BY SUPERVISORS AND THE PRESIDENT THE DETERMINATION IS ALSO BASED ON EXTERNAL COMPENSATION DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Governing documents etc available to public Part VI line 19	THE ORGANIZATIONS 990 AND ANNUAL REPORT (INCLUDING FINANCIAL STATEMENTS) ARE AVAILABLE UPON REQUEST THE 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC